

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates	
Plan - Option - Enrollment Code	Total Premium	TCC Rates

Alabama Aetna Advantage

Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02

Alabama Aetna Direct

CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80

Alabama Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	F51	\$978.21	\$997.77
CDHP Self & Family	F52	\$2,230.43	\$2,275.04
CDHP Self Plus One	F53	\$2,208.33	\$2,252.50
Value Self	F54	\$1,008.28	\$1,028.45
Value Self & Family	F55	\$2,308.89	\$2,355.07
Value Self Plus One	F56	\$2,263.58	\$2,308.85

Alabama Aetna HealthFund HDHP

HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73

Alabama UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary

High Self	AS1	\$711.79	\$726.03
High Self & Family	AS2	\$1,683.37	\$1,717.04
High Self Plus One	AS3	\$1,530.34	\$1,560.95

Alabama UnitedHealthcare Insurance Company, Inc. Choice HDHP

HDHP Self	LS1	\$658.84	\$672.02
HDHP Self & Family	LS2	\$1,507.18	\$1,537.32

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
HDHP Self Plus One	LS3	\$1,416.52	\$1,444.85
Alabama UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO			
High Self	KK1	\$940.98	\$959.80
High Self & Family	KK2	\$2,352.52	\$2,399.57
High Self Plus One	KK3	\$2,023.17	\$2,063.63
Alabama UnitedHealthcare Insurance Company, Inc. Choice Primary			
High Self	Y81	\$675.42	\$688.93
High Self & Family	Y82	\$1,597.35	\$1,629.30
High Self Plus One	Y83	\$1,452.14	\$1,481.18
Alaska Aetna Advantage			
Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02
Alaska Aetna Direct			
CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80
Alaska Aetna HealthFund CDHP and Aetna Value Plan			
Value Self	JS4	\$1,106.97	\$1,129.11
Value Self & Family	JS5	\$2,527.05	\$2,577.59
Value Self Plus One	JS6	\$2,502.07	\$2,552.11
CDHP Self	JS1	\$1,166.40	\$1,189.73
CDHP Self & Family	JS2	\$2,658.89	\$2,712.07
CDHP Self Plus One	JS3	\$2,632.54	\$2,685.19
Alaska Aetna HealthFund HDHP			
HDHP Self	224	\$832.65	\$849.30

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Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
Arizona Aetna Advantage			
Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02
Arizona Aetna Direct			
CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80
Arizona Aetna HealthFund CDHP and Aetna Value Plan			
Value Self	G54	\$874.06	\$891.54
Value Self & Family	G55	\$2,001.94	\$2,041.98
Value Self Plus One	G56	\$1,962.70	\$2,001.95
CDHP Self	G51	\$1,152.41	\$1,175.46
CDHP Self & Family	G52	\$2,628.64	\$2,681.21
CDHP Self Plus One	G53	\$2,602.64	\$2,654.69
Arizona Aetna HealthFund HDHP			
HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
Arizona Aetna Open Access			
High Self	WQ1	\$1,445.82	\$1,474.74
High Self & Family	WQ2	\$3,510.39	\$3,580.60
High Self Plus One	WQ3	\$3,475.64	\$3,545.15
Arizona Humana CoverageFirst and Humana Value Plan			

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
CDHP Self	R61	\$894.38	\$912.27
CDHP Self & Family	R62	\$2,012.31	\$2,052.56
CDHP Self Plus One	R63	\$1,922.87	\$1,961.33
Value Self	R64	\$684.88	\$698.58
Value Self & Family	R65	\$1,540.89	\$1,571.71
Value Self Plus One	R66	\$1,472.47	\$1,501.92
Arizona Humana CoverageFirst and Humana Value Plan			
Value Self	R94	\$608.62	\$620.79
Value Self & Family	R95	\$1,369.40	\$1,396.79
Value Self Plus One	R96	\$1,308.58	\$1,334.75
CDHP Self	R91	\$801.88	\$817.92
CDHP Self & Family	R92	\$1,804.21	\$1,840.29
CDHP Self Plus One	R93	\$1,723.97	\$1,758.45
Arizona Humana Health Plan, Inc.			
Standard Self	C74	\$996.58	\$1,016.51
Standard Self & Family	C75	\$2,242.28	\$2,287.13
Standard Self Plus One	C76	\$2,142.60	\$2,185.45
Arizona Humana Health Plan, Inc.			
Standard Self	BF4	\$1,283.99	\$1,309.67
Standard Self & Family	BF5	\$2,888.99	\$2,946.77
Standard Self Plus One	BF6	\$2,760.64	\$2,815.85
Arizona Humana Health Plan, Inc.			
HDHP Self	BV1	\$466.77	\$476.11
HDHP Self & Family	BV2	\$1,162.87	\$1,186.13
HDHP Self Plus One	BV3	\$1,023.66	\$1,044.13
Arizona Humana Health Plan, Inc.			

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2023 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
HDHP Self	BY1	\$409.72	\$417.91
HDHP Self & Family	BY2	\$1,020.24	\$1,040.64
HDHP Self Plus One	BY3	\$898.13	\$916.09
Arizona UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary			
High Self	WF1	\$709.71	\$723.90
High Self & Family	WF2	\$1,678.47	\$1,712.04
High Self Plus One	WF3	\$1,525.88	\$1,556.40
Arizona UnitedHealthcare Insurance Company, Inc. Choice HDHP			
HDHP Self	LU1	\$708.63	\$722.80
HDHP Self & Family	LU2	\$1,629.77	\$1,662.37
HDHP Self Plus One	LU3	\$1,523.51	\$1,553.98
Arizona UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO			
High Self	KT1	\$963.45	\$982.72
High Self & Family	KT2	\$2,408.62	\$2,456.79
High Self Plus One	KT3	\$2,071.40	\$2,112.83
Arizona UnitedHealthcare Insurance Company, Inc. Choice Primary			
High Self	VD1	\$634.34	\$647.03
High Self & Family	VD2	\$1,500.18	\$1,530.18
High Self Plus One	VD3	\$1,363.81	\$1,391.09
Arkansas Aetna Advantage			
Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02
Arkansas Aetna Direct			
CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92

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Plan - Option - Enrollment Code	Total Premium	TCC Rates	
CDHP Self Plus One N63	\$1,406.67	\$1,434.80	
Arkansas Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self F51	\$978.21	\$997.77	
CDHP Self & Family F52	\$2,230.43	\$2,275.04	
CDHP Self Plus One F53	\$2,208.33	\$2,252.50	
Value Self F54	\$1,008.28	\$1,028.45	
Value Self & Family F55	\$2,308.89	\$2,355.07	
Value Self Plus One F56	\$2,263.58	\$2,308.85	
Arkansas Aetna HealthFund HDHP			
HDHP Self 224	\$832.65	\$849.30	
HDHP Self & Family 225	\$1,836.66	\$1,873.39	
HDHP Self Plus One 226	\$1,800.72	\$1,836.73	
Arkansas QualChoice			
High Self DH1	\$794.47	\$810.36	
High Self & Family DH2	\$2,072.31	\$2,113.76	
High Self Plus One DH3	\$1,543.36	\$1,574.23	
Standard Self DH4	\$620.17	\$632.57	
Standard Self & Family DH5	\$1,617.66	\$1,650.01	
Standard Self Plus One DH6	\$1,204.78	\$1,228.88	
Arkansas UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary			
High Self AS1	\$711.79	\$726.03	
High Self & Family AS2	\$1,683.37	\$1,717.04	
High Self Plus One AS3	\$1,530.34	\$1,560.95	
Arkansas UnitedHealthcare Insurance Company, Inc. Choice HDHP			
HDHP Self LS1	\$658.84	\$672.02	
HDHP Self & Family LS2	\$1,507.18	\$1,537.32	

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HDHP Self Plus One LS3	\$1,416.52	\$1,444.85	
Arkansas UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO			
High Self KK1	\$940.98	\$959.80	
High Self & Family KK2	\$2,352.52	\$2,399.57	
High Self Plus One KK3	\$2,023.17	\$2,063.63	
Arkansas UnitedHealthcare Insurance Company, Inc. Choice Primary			
High Self Y81	\$675.42	\$688.93	
High Self & Family Y82	\$1,597.35	\$1,629.30	
High Self Plus One Y83	\$1,452.14	\$1,481.18	
California Aetna Advantage			
Advantage Self Z24	\$500.02	\$510.02	
Advantage Self & Family Z25	\$1,325.00	\$1,351.50	
Advantage Self Plus One Z26	\$1,100.02	\$1,122.02	
California Aetna Direct			
CDHP Self N61	\$641.42	\$654.25	
CDHP Self & Family N62	\$1,617.57	\$1,649.92	
CDHP Self Plus One N63	\$1,406.67	\$1,434.80	
California Aetna HealthFund CDHP and Aetna Value Plan			
Value Self JS4	\$1,106.97	\$1,129.11	
Value Self & Family JS5	\$2,527.05	\$2,577.59	
Value Self Plus One JS6	\$2,502.07	\$2,552.11	
CDHP Self JS1	\$1,166.40	\$1,189.73	
CDHP Self & Family JS2	\$2,658.89	\$2,712.07	
CDHP Self Plus One JS3	\$2,632.54	\$2,685.19	
California Aetna HealthFund HDHP			
HDHP Self 224	\$832.65	\$849.30	

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HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
California Aetna Open Access			
High Self	2X1	\$1,098.41	\$1,120.38
High Self & Family	2X2	\$2,578.72	\$2,630.29
High Self Plus One	2X3	\$2,528.18	\$2,578.74
California Anthem Blue Cross Select HMO			
High Self	B31	\$761.69	\$776.92
High Self & Family	B32	\$1,765.25	\$1,800.56
High Self Plus One	B33	\$1,616.44	\$1,648.77
California Blue Shield of California			
Access + HMO Self	SI1	\$955.39	\$974.50
Access + HMO Self & Family	SI2	\$2,197.43	\$2,241.38
Access + HMO Self Plus One	SI3	\$2,101.88	\$2,143.92
California Health Net of California			
Basic Self	P61	\$405.75	\$413.87
Basic Self & Family	P62	\$973.85	\$993.33
Basic Self Plus One	P63	\$892.69	\$910.54
California Health Net of California			
Standard Self	P64	\$732.81	\$747.47
Standard Self & Family	P65	\$1,758.73	\$1,793.90
Standard Self Plus One	P66	\$1,612.17	\$1,644.41
California Health Net of California			
High Self	LP1	\$1,086.43	\$1,108.16
High Self & Family	LP2	\$2,607.43	\$2,659.58
High Self Plus One	LP3	\$2,390.14	\$2,437.94

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California Health Net of California

High Self	LB1	\$1,688.85	\$1,722.63
High Self & Family	LB2	\$4,053.23	\$4,134.29
High Self Plus One	LB3	\$3,715.44	\$3,789.75

California Health Net of California

Basic Self	T41	\$946.60	\$965.53
Basic Self & Family	T42	\$2,271.84	\$2,317.28
Basic Self Plus One	T43	\$2,082.51	\$2,124.16

California Kaiser Permanente - Fresno California

Standard Self	NZ4	\$588.10	\$599.86
Standard Self & Family	NZ5	\$1,359.22	\$1,386.40
Standard Self Plus One	NZ6	\$1,359.22	\$1,386.40
High Self	NZ1	\$818.74	\$835.11
High Self & Family	NZ2	\$1,892.26	\$1,930.11
High Self Plus One	NZ3	\$1,892.26	\$1,930.11

California Kaiser Permanente - Northern California

Prosper Self	KC1	\$650.30	\$663.31
Prosper Self & Family	KC2	\$1,521.67	\$1,552.10
Prosper Self Plus One	KC3	\$1,521.67	\$1,552.10

California Kaiser Permanente - Northern California

High Self	591	\$992.81	\$1,012.67
High Self & Family	592	\$2,369.94	\$2,417.34
High Self Plus One	593	\$2,369.94	\$2,417.34
Standard Self	594	\$806.15	\$822.27
Standard Self & Family	595	\$1,886.43	\$1,924.16
Standard Self Plus One	596	\$1,886.43	\$1,924.16

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Health Management Organizations (HMO)	2023 Monthly Premium Rates	
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California Kaiser Permanente - Southern California

Standard Self	624	\$528.02	\$538.58
Standard Self & Family	625	\$1,220.33	\$1,244.74
Standard Self Plus One	626	\$1,220.33	\$1,244.74
High Self	621	\$779.24	\$794.82
High Self & Family	622	\$1,800.98	\$1,837.00
High Self Plus One	623	\$1,800.98	\$1,837.00

California Kaiser Permanente - Southern California

Prosper Self	FL1	\$365.34	\$372.65
Prosper Self & Family	FL2	\$1,022.95	\$1,043.41
Prosper Self Plus One	FL3	\$840.30	\$857.11

Colorado Aetna Advantage

Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02

Colorado Aetna Direct

CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80

Colorado Aetna HealthFund CDHP and Aetna Value Plan

Value Self	G54	\$874.06	\$891.54
Value Self & Family	G55	\$2,001.94	\$2,041.98
Value Self Plus One	G56	\$1,962.70	\$2,001.95
CDHP Self	G51	\$1,152.41	\$1,175.46
CDHP Self & Family	G52	\$2,628.64	\$2,681.21
CDHP Self Plus One	G53	\$2,602.64	\$2,654.69

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
Colorado Aetna HealthFund HDHP			
HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
Colorado Humana Health Plan, Inc.			
High Self	NR1	\$1,004.79	\$1,024.89
High Self & Family	NR2	\$2,260.77	\$2,305.99
High Self Plus One	NR3	\$2,160.30	\$2,203.51
Standard Self	NR4	\$750.10	\$765.10
Standard Self & Family	NR5	\$1,687.73	\$1,721.48
Standard Self Plus One	NR6	\$1,612.69	\$1,644.94
Colorado Humana Health Plan, Inc.			
Basic Self	RZ1	\$581.86	\$593.50
Basic Self & Family	RZ2	\$1,309.10	\$1,335.28
Basic Self Plus One	RZ3	\$1,250.97	\$1,275.99
Colorado Humana Health Plan, Inc.			
High Self	NT1	\$911.00	\$929.22
High Self & Family	NT2	\$2,049.80	\$2,090.80
High Self Plus One	NT3	\$1,958.67	\$1,997.84
Standard Self	NT4	\$640.12	\$652.92
Standard Self & Family	NT5	\$1,440.34	\$1,469.15
Standard Self Plus One	NT6	\$1,376.35	\$1,403.88
Colorado Humana Health Plan, Inc.			
Basic Self	R21	\$682.28	\$695.93
Basic Self & Family	R22	\$1,535.15	\$1,565.85
Basic Self Plus One	R23	\$1,466.90	\$1,496.24

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Colorado Kaiser Permanente - Colorado

Standard Self	654	\$673.68	\$687.15
Standard Self & Family	655	\$1,522.50	\$1,552.95
Standard Self Plus One	656	\$1,522.50	\$1,552.95
High Self	651	\$786.39	\$802.12
High Self & Family	652	\$1,777.27	\$1,812.82
High Self Plus One	653	\$1,777.27	\$1,812.82

Colorado Kaiser Permanente - Colorado

Prosper Self	N41	\$418.73	\$427.10
Prosper Self & Family	N42	\$1,030.14	\$1,050.74
Prosper Self Plus One	N43	\$946.38	\$965.31

Colorado UnitedHealthcare Insurance Company, Inc. Choice HDHP

HDHP Self	LU1	\$708.63	\$722.80
HDHP Self & Family	LU2	\$1,629.77	\$1,662.37
HDHP Self Plus One	LU3	\$1,523.51	\$1,553.98

Colorado UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO

High Self	KT1	\$963.45	\$982.72
High Self & Family	KT2	\$2,408.62	\$2,456.79
High Self Plus One	KT3	\$2,071.40	\$2,112.83

Connecticut Aetna Advantage

Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02

Connecticut Aetna Direct

CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
CDHP Self Plus One N63	\$1,406.67	\$1,434.80	
Connecticut Aetna HealthFund CDHP and Aetna Value Plan			
Value Self EP4	\$1,093.78	\$1,115.66	
Value Self & Family EP5	\$2,504.60	\$2,554.69	
Value Self Plus One EP6	\$2,455.48	\$2,504.59	
CDHP Self EP1	\$1,257.23	\$1,282.37	
CDHP Self & Family EP2	\$2,867.17	\$2,924.51	
CDHP Self Plus One EP3	\$2,838.77	\$2,895.55	
Connecticut Aetna HealthFund HDHP			
HDHP Self 224	\$832.65	\$849.30	
HDHP Self & Family 225	\$1,836.66	\$1,873.39	
HDHP Self Plus One 226	\$1,800.72	\$1,836.73	
Delaware Aetna Advantage			
Advantage Self Z24	\$500.02	\$510.02	
Advantage Self & Family Z25	\$1,325.00	\$1,351.50	
Advantage Self Plus One Z26	\$1,100.02	\$1,122.02	
Delaware Aetna Direct			
CDHP Self N61	\$641.42	\$654.25	
CDHP Self & Family N62	\$1,617.57	\$1,649.92	
CDHP Self Plus One N63	\$1,406.67	\$1,434.80	
Delaware Aetna HealthFund CDHP and Aetna Value Plan			
Value Self EP4	\$1,093.78	\$1,115.66	
Value Self & Family EP5	\$2,504.60	\$2,554.69	
Value Self Plus One EP6	\$2,455.48	\$2,504.59	
CDHP Self EP1	\$1,257.23	\$1,282.37	
CDHP Self & Family EP2	\$2,867.17	\$2,924.51	

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CDHP Self Plus One	EP3	\$2,838.77	\$2,895.55
Delaware Aetna HealthFund HDHP			
HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
Delaware Aetna Open Access			
Basic Self	P34	\$1,754.03	\$1,789.11
Basic Self & Family	P35	\$4,071.10	\$4,152.52
Basic Self Plus One	P36	\$4,030.74	\$4,111.35
High Self	P31	\$1,737.97	\$1,772.73
High Self & Family	P32	\$4,213.71	\$4,297.98
High Self Plus One	P33	\$4,172.00	\$4,255.44
District Of Columbia Aetna Advantage			
Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02
District Of Columbia Aetna Direct			
CDHP Self	N61	\$641.42	\$654.25
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CDHP Self Plus One	N63	\$1,406.67	\$1,434.80
District Of Columbia Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	F51	\$978.21	\$997.77
CDHP Self & Family	F52	\$2,230.43	\$2,275.04
CDHP Self Plus One	F53	\$2,208.33	\$2,252.50
Value Self	F54	\$1,008.28	\$1,028.45
Value Self & Family	F55	\$2,308.89	\$2,355.07

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Health Management Organizations (HMO)	2023 Monthly Premium Rates		
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Value Self Plus One F56	\$2,263.58	\$2,308.85	
District Of Columbia Aetna HealthFund HDHP			
HDHP Self 224	\$832.65	\$849.30	
HDHP Self & Family 225	\$1,836.66	\$1,873.39	
HDHP Self Plus One 226	\$1,800.72	\$1,836.73	
District Of Columbia Aetna Open Access			
High Self JN1	\$1,328.84	\$1,355.42	
High Self & Family JN2	\$2,987.40	\$3,047.15	
High Self Plus One JN3	\$2,957.80	\$3,016.96	
Basic Self JN4	\$770.73	\$786.14	
Basic Self & Family JN5	\$1,763.82	\$1,799.10	
Basic Self Plus One JN6	\$1,619.67	\$1,652.06	
District Of Columbia Aetna Saver (Open Access)			
Saver Self QQ4	\$613.56	\$625.83	
Saver Self & Family QQ5	\$1,404.20	\$1,432.28	
Saver Self Plus One QQ6	\$1,289.45	\$1,315.24	
District Of Columbia CareFirst BlueChoice			
Standard Self 2G4	\$1,023.27	\$1,043.74	
Standard Self & Family 2G5	\$2,431.30	\$2,479.93	
Standard Self Plus One 2G6	\$2,046.57	\$2,087.50	
District Of Columbia CareFirst BlueChoice			
HDHP Self B61	\$691.90	\$705.74	
HDHP Self & Family B62	\$1,643.96	\$1,676.84	
HDHP Self Plus One B63	\$1,383.85	\$1,411.53	
Blue Value Plus Self B64	\$759.83	\$775.03	
Blue Value Plus Self & Family B65	\$1,805.35	\$1,841.46	

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
Blue Value Plus Self Plus One B66	\$1,519.68	\$1,550.07	
District Of Columbia Kaiser Permanente - Mid-Atlantic States			
Prosper Self T71	\$379.73	\$387.32	
Prosper Self & Family T72	\$1,068.34	\$1,089.71	
Prosper Self Plus One T73	\$907.18	\$925.32	
District Of Columbia Kaiser Permanente - Mid-Atlantic States			
Standard Self E34	\$635.27	\$647.98	
Standard Self & Family E35	\$1,461.09	\$1,490.31	
Standard Self Plus One E36	\$1,461.09	\$1,490.31	
High Self E31	\$790.90	\$806.72	
High Self & Family E32	\$1,819.03	\$1,855.41	
High Self Plus One E33	\$1,819.03	\$1,855.41	
District Of Columbia M.D. IPA			
High Self JP1	\$1,065.78	\$1,087.10	
High Self & Family JP2	\$2,988.44	\$3,048.21	
High Self Plus One JP3	\$2,081.45	\$2,123.08	
District Of Columbia UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary			
High Self AS1	\$711.79	\$726.03	
High Self & Family AS2	\$1,683.37	\$1,717.04	
High Self Plus One AS3	\$1,530.34	\$1,560.95	
District Of Columbia UnitedHealthcare Insurance Company, Inc. Choice HDHP			
HDHP Self V41	\$665.19	\$678.49	
HDHP Self & Family V42	\$1,529.86	\$1,560.46	
HDHP Self Plus One V43	\$1,430.13	\$1,458.73	
District Of Columbia UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO			
High Self LR1	\$908.01	\$926.17	

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
High Self & Family	LR2	\$2,151.93	\$2,194.97
High Self Plus One	LR3	\$1,952.17	\$1,991.21
District Of Columbia UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced			
Value Self	L91	\$697.00	\$710.94
Value Self & Family	L92	\$1,672.80	\$1,706.26
Value Self Plus One	L93	\$1,481.16	\$1,510.78
District Of Columbia UnitedHealthcare Insurance Company, Inc. Choice Primary			
High Self	Y81	\$675.42	\$688.93
High Self & Family	Y82	\$1,597.35	\$1,629.30
High Self Plus One	Y83	\$1,452.14	\$1,481.18
Florida Aetna Advantage			
Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02
Florida Aetna Direct			
CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80
Florida Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	F51	\$978.21	\$997.77
CDHP Self & Family	F52	\$2,230.43	\$2,275.04
CDHP Self Plus One	F53	\$2,208.33	\$2,252.50
Value Self	F54	\$1,008.28	\$1,028.45
Value Self & Family	F55	\$2,308.89	\$2,355.07
Value Self Plus One	F56	\$2,263.58	\$2,308.85
Florida Aetna HealthFund HDHP			

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2023 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
Florida AvMed			
HDHP Self	WZ1	\$866.21	\$883.53
HDHP Self & Family	WZ2	\$2,015.98	\$2,056.30
HDHP Self Plus One	WZ3	\$1,747.66	\$1,782.61
Florida AvMed			
Standard Self	ML4	\$946.31	\$965.24
Standard Self & Family	ML5	\$2,304.10	\$2,350.18
Standard Self Plus One	ML6	\$1,987.29	\$2,027.04
Florida Capital Health Plan			
High Self	EA1	\$754.04	\$769.12
High Self & Family	EA2	\$1,747.46	\$1,782.41
High Self Plus One	EA3	\$1,649.01	\$1,681.99
Florida Humana CoverageFirst and Humana Value Plan			
Value Self	W94	\$655.76	\$668.88
Value Self & Family	W95	\$1,475.46	\$1,504.97
Value Self Plus One	W96	\$1,409.87	\$1,438.07
CDHP Self	W91	\$762.15	\$777.39
CDHP Self & Family	W92	\$1,714.77	\$1,749.07
CDHP Self Plus One	W93	\$1,638.61	\$1,671.38
Florida Humana CoverageFirst and Humana Value Plan			
CDHP Self	QP1	\$872.91	\$890.37
CDHP Self & Family	QP2	\$1,966.58	\$2,005.91
CDHP Self Plus One	QP3	\$1,879.15	\$1,916.73

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2023 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Value Self	QP4	\$573.30	\$584.77
Value Self & Family	QP5	\$1,289.84	\$1,315.64
Value Self Plus One	QP6	\$1,232.53	\$1,257.18
Florida Humana CoverageFirst and Humana Value Plan			
Value Self	MJ4	\$592.06	\$603.90
Value Self & Family	MJ5	\$1,420.92	\$1,449.34
Value Self Plus One	MJ6	\$1,272.92	\$1,298.38
CDHP Self	MJ1	\$1,112.15	\$1,134.39
CDHP Self & Family	MJ2	\$2,502.28	\$2,552.33
CDHP Self Plus One	MJ3	\$2,391.11	\$2,438.93
Florida Humana CoverageFirst and Humana Value Plan			
Value Self	X24	\$576.03	\$587.55
Value Self & Family	X25	\$1,411.24	\$1,439.46
Value Self Plus One	X26	\$1,238.42	\$1,263.19
CDHP Self	X21	\$674.70	\$688.19
CDHP Self & Family	X22	\$1,518.10	\$1,548.46
CDHP Self Plus One	X23	\$1,450.63	\$1,479.64
Florida Humana Medical Plan, Inc.			
Standard Self	LL4	\$1,420.84	\$1,449.26
Standard Self & Family	LL5	\$3,196.83	\$3,260.77
Standard Self Plus One	LL6	\$3,054.76	\$3,115.86
High Self	LL1	\$2,021.02	\$2,061.44
High Self & Family	LL2	\$4,547.23	\$4,638.17
High Self Plus One	LL3	\$4,345.14	\$4,432.04
Florida Humana Medical Plan, Inc.			
High Self	EE1	\$1,485.62	\$1,515.33

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
High Self & Family	EE2	\$3,342.71	\$3,409.56
High Self Plus One	EE3	\$3,194.21	\$3,258.09
Standard Self	EE4	\$1,337.70	\$1,364.45
Standard Self & Family	EE5	\$3,009.78	\$3,069.98
Standard Self Plus One	EE6	\$2,875.99	\$2,933.51
Florida Humana Medical Plan, Inc.			
Standard Self	E24	\$863.48	\$880.75
Standard Self & Family	E25	\$1,942.81	\$1,981.67
Standard Self Plus One	E26	\$1,856.42	\$1,893.55
High Self	E21	\$1,408.98	\$1,437.16
High Self & Family	E22	\$3,170.12	\$3,233.52
High Self Plus One	E23	\$3,029.22	\$3,089.80
Florida Humana Medical Plan, Inc.			
High Self	EX1	\$1,101.38	\$1,123.41
High Self & Family	EX2	\$2,478.04	\$2,527.60
High Self Plus One	EX3	\$2,367.89	\$2,415.25
Standard Self	EX4	\$937.89	\$956.65
Standard Self & Family	EX5	\$2,110.29	\$2,152.50
Standard Self Plus One	EX6	\$2,016.50	\$2,056.83
Florida Humana Medical Plan, Inc.			
HDHP Self	A41	\$492.77	\$502.63
HDHP Self & Family	A42	\$1,227.89	\$1,252.45
HDHP Self Plus One	A43	\$1,080.86	\$1,102.48
Florida Humana Medical Plan, Inc.			
HDHP Self	FF1	\$418.69	\$427.06
HDHP Self & Family	FF2	\$1,042.71	\$1,063.56

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
HDHP Self Plus One Florida Humana Medical Plan, Inc.	FF3	\$917.89	\$936.25
HDHP Self	AP1	\$497.55	\$507.50
HDHP Self & Family	AP2	\$1,239.88	\$1,264.68
HDHP Self Plus One	AP3	\$1,091.42	\$1,113.25
Florida Humana Medical Plan, Inc.			
HDHP Self	BR1	\$439.25	\$448.04
HDHP Self & Family	BR2	\$1,094.08	\$1,115.96
HDHP Self Plus One	BR3	\$963.13	\$982.39
Florida UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary			
High Self	AS1	\$711.79	\$726.03
High Self & Family	AS2	\$1,683.37	\$1,717.04
High Self Plus One	AS3	\$1,530.34	\$1,560.95
Florida UnitedHealthcare Insurance Company, Inc. Choice HDHP			
HDHP Self	LS1	\$658.84	\$672.02
HDHP Self & Family	LS2	\$1,507.18	\$1,537.32
HDHP Self Plus One	LS3	\$1,416.52	\$1,444.85
Florida UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO			
High Self	KK1	\$940.98	\$959.80
High Self & Family	KK2	\$2,352.52	\$2,399.57
High Self Plus One	KK3	\$2,023.17	\$2,063.63
Florida UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced			
Value Self	LV1	\$1,005.44	\$1,025.55
Value Self & Family	LV2	\$3,016.30	\$3,076.63
Value Self Plus One	LV3	\$2,161.68	\$2,204.91
Florida UnitedHealthcare Insurance Company, Inc. Choice Primary			

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2023 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
High Self	Y81	\$675.42	\$688.93
High Self & Family	Y82	\$1,597.35	\$1,629.30
High Self Plus One	Y83	\$1,452.14	\$1,481.18
Georgia Aetna Advantage			
Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02
Georgia Aetna Direct			
CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80
Georgia Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	F51	\$978.21	\$997.77
CDHP Self & Family	F52	\$2,230.43	\$2,275.04
CDHP Self Plus One	F53	\$2,208.33	\$2,252.50
Value Self	F54	\$1,008.28	\$1,028.45
Value Self & Family	F55	\$2,308.89	\$2,355.07
Value Self Plus One	F56	\$2,263.58	\$2,308.85
Georgia Aetna HealthFund HDHP			
HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
Georgia Aetna Open Access			
High Self	2U1	\$1,782.65	\$1,818.30
High Self & Family	2U2	\$4,106.27	\$4,188.40
High Self Plus One	2U3	\$4,065.62	\$4,146.93

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates	
Plan - Option - Enrollment Code	Total Premium	TCC Rates

Georgia Humana CoverageFirst and Humana Value Plan

Value Self	S94	\$707.96	\$722.12
Value Self & Family	S95	\$1,592.87	\$1,624.73
Value Self Plus One	S96	\$1,522.08	\$1,552.52
CDHP Self	S91	\$835.38	\$852.09
CDHP Self & Family	S92	\$1,879.61	\$1,917.20
CDHP Self Plus One	S93	\$1,796.06	\$1,831.98

Georgia Humana CoverageFirst and Humana Value Plan

Value Self	AD4	\$875.62	\$893.13
Value Self & Family	AD5	\$1,970.04	\$2,009.44
Value Self Plus One	AD6	\$1,882.49	\$1,920.14
CDHP Self	AD1	\$1,248.17	\$1,273.13
CDHP Self & Family	AD2	\$2,808.35	\$2,864.52
CDHP Self Plus One	AD3	\$2,683.53	\$2,737.20

Georgia Humana CoverageFirst and Humana Value Plan

CDHP Self	LM1	\$839.28	\$856.07
CDHP Self & Family	LM2	\$1,888.40	\$1,926.17
CDHP Self Plus One	LM3	\$1,804.47	\$1,840.56
Value Self	LM4	\$786.22	\$801.94
Value Self & Family	LM5	\$1,769.00	\$1,804.38
Value Self Plus One	LM6	\$1,690.41	\$1,724.22

Georgia Humana Employers Health Plan of Georgia, Inc.

Basic Self	RM1	\$892.34	\$910.19
Basic Self & Family	RM2	\$2,007.79	\$2,047.95
Basic Self Plus One	RM3	\$1,918.56	\$1,956.93

Georgia Humana Employers Health Plan of Georgia, Inc.

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2023 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Standard Self	DN4	\$986.31	\$1,006.04
Standard Self & Family	DN5	\$2,219.10	\$2,263.48
Standard Self Plus One	DN6	\$2,120.50	\$2,162.91
Georgia Humana Employers Health Plan of Georgia, Inc.			
Basic Self	RJ1	\$796.42	\$812.35
Basic Self & Family	RJ2	\$1,791.99	\$1,827.83
Basic Self Plus One	RJ3	\$1,712.34	\$1,746.59
Georgia Humana Employers Health Plan of Georgia, Inc.			
Basic Self	Q71	\$1,043.71	\$1,064.58
Basic Self & Family	Q72	\$2,348.34	\$2,395.31
Basic Self Plus One	Q73	\$2,243.93	\$2,288.81
Georgia Humana Employers Health Plan of Georgia, Inc.			
Standard Self	CB4	\$1,376.85	\$1,404.39
Standard Self & Family	CB5	\$3,097.90	\$3,159.86
Standard Self Plus One	CB6	\$2,960.23	\$3,019.43
Georgia Humana Employers Health Plan of Georgia, Inc.			
Standard Self	DG4	\$1,495.22	\$1,525.12
Standard Self & Family	DG5	\$3,364.29	\$3,431.58
Standard Self Plus One	DG6	\$3,214.86	\$3,279.16
Georgia Humana Employers Health Plan of Georgia, Inc.			
HDHP Self	B21	\$501.61	\$511.64
HDHP Self & Family	B22	\$1,250.04	\$1,275.04
HDHP Self Plus One	B23	\$1,100.34	\$1,122.35
Georgia Humana Employers Health Plan of Georgia, Inc.			
HDHP Self	AR1	\$491.77	\$501.61
HDHP Self & Family	AR2	\$1,225.40	\$1,249.91

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
HDHP Self Plus One AR3	\$1,078.68	\$1,100.25	
Georgia Humana Employers Health Plan of Georgia, Inc.			
HDHP Self AZ1	\$486.57	\$496.30	
HDHP Self & Family AZ2	\$1,212.38	\$1,236.63	
HDHP Self Plus One AZ3	\$1,067.21	\$1,088.55	
Georgia Kaiser Permanente - Georgia			
High Self F81	\$807.65	\$823.80	
High Self & Family F82	\$1,825.27	\$1,861.78	
High Self Plus One F83	\$1,825.27	\$1,861.78	
Standard Self F84	\$632.08	\$644.72	
Standard Self & Family F85	\$1,428.53	\$1,457.10	
Standard Self Plus One F86	\$1,428.53	\$1,457.10	
Georgia Kaiser Permanente - Georgia			
Basic Self LA1	\$434.48	\$443.17	
Basic Self & Family LA2	\$1,128.10	\$1,150.66	
Basic Self Plus One LA3	\$981.98	\$1,001.62	
Georgia UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary			
High Self AS1	\$711.79	\$726.03	
High Self & Family AS2	\$1,683.37	\$1,717.04	
High Self Plus One AS3	\$1,530.34	\$1,560.95	
Georgia UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced			
Value Self LV1	\$1,005.44	\$1,025.55	
Value Self & Family LV2	\$3,016.30	\$3,076.63	
Value Self Plus One LV3	\$2,161.68	\$2,204.91	
Georgia UnitedHealthcare Insurance Company, Inc. Choice Primary			
High Self Y81	\$675.42	\$688.93	

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
High Self & Family	Y82	\$1,597.35	\$1,629.30
High Self Plus One	Y83	\$1,452.14	\$1,481.18
Guam Calvo's SelectCare			
Standard Self	B44	\$404.63	\$412.72
Standard Self & Family	B45	\$1,175.66	\$1,199.17
Standard Self Plus One	B46	\$797.64	\$813.59
High Self	B41	\$551.48	\$562.51
High Self & Family	B42	\$1,460.70	\$1,489.91
High Self Plus One	B43	\$1,076.27	\$1,097.80
Guam TakeCare			
HDHP Self	KX1	\$119.95	\$122.35
HDHP Self & Family	KX2	\$321.53	\$327.96
HDHP Self Plus One	KX3	\$289.51	\$295.30
Guam TakeCare			
Standard Self	JK4	\$441.26	\$450.09
Standard Self & Family	JK5	\$1,249.69	\$1,274.68
Standard Self Plus One	JK6	\$869.74	\$887.13
High Self	JK1	\$564.79	\$576.09
High Self & Family	JK2	\$1,347.08	\$1,374.02
High Self Plus One	JK3	\$1,115.79	\$1,138.11
Hawaii Aetna Advantage			
Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02
Hawaii Aetna Direct			
CDHP Self	N61	\$641.42	\$654.25

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2023 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
CDHP Self & Family	N62	\$1,617.57	\$1,649.92
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80
Hawaii Aetna HealthFund CDHP and Aetna Value Plan			
Value Self	JS4	\$1,106.97	\$1,129.11
Value Self & Family	JS5	\$2,527.05	\$2,577.59
Value Self Plus One	JS6	\$2,502.07	\$2,552.11
CDHP Self	JS1	\$1,166.40	\$1,189.73
CDHP Self & Family	JS2	\$2,658.89	\$2,712.07
CDHP Self Plus One	JS3	\$2,632.54	\$2,685.19
Hawaii Aetna HealthFund HDHP			
HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
Hawaii HMSA Plan			
High Self	871	\$631.24	\$643.86
High Self & Family	872	\$1,419.02	\$1,447.40
High Self Plus One	873	\$1,383.07	\$1,410.73
Standard Self	874	\$453.83	\$462.91
Standard Self & Family	875	\$1,020.18	\$1,040.58
Standard Self Plus One	876	\$994.28	\$1,014.17
Hawaii Kaiser Permanente - Hawaii			
High Self	631	\$694.81	\$708.71
High Self & Family	632	\$1,549.47	\$1,580.46
High Self Plus One	633	\$1,549.47	\$1,580.46
Standard Self	634	\$485.38	\$495.09
Standard Self & Family	635	\$1,082.38	\$1,104.03

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
Standard Self Plus One	636	\$1,082.38	\$1,104.03
Idaho Aetna Advantage			
Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02
Idaho Aetna Direct			
CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80
Idaho Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	H41	\$864.93	\$882.23
CDHP Self & Family	H42	\$1,971.52	\$2,010.95
CDHP Self Plus One	H43	\$1,952.41	\$1,991.46
Value Self	H44	\$901.16	\$919.18
Value Self & Family	H45	\$2,068.11	\$2,109.47
Value Self Plus One	H46	\$2,027.59	\$2,068.14
Idaho Aetna HealthFund HDHP			
HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
Idaho Altius Health Plan			
High Self	9K1	\$1,214.72	\$1,239.01
High Self & Family	9K2	\$2,686.39	\$2,740.12
High Self Plus One	9K3	\$2,659.82	\$2,713.02
HDHP Self	9K4	\$794.89	\$810.79
HDHP Self & Family	9K5	\$1,661.25	\$1,694.48

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
HDHP Self Plus One 9K6	\$1,628.62	\$1,661.19	
Idaho Altius Health Plan			
Standard Self DK4	\$993.35	\$1,013.22	
Standard Self & Family DK5	\$2,193.69	\$2,237.56	
Standard Self Plus One DK6	\$2,171.95	\$2,215.39	
Idaho Kaiser Permanente - Washington Core			
Standard Self 544	\$640.86	\$653.68	
Standard Self & Family 545	\$1,473.94	\$1,503.42	
Standard Self Plus One 546	\$1,473.94	\$1,503.42	
High Self 541	\$902.79	\$920.85	
High Self & Family 542	\$1,986.12	\$2,025.84	
High Self Plus One 543	\$1,986.12	\$2,025.84	
Idaho Kaiser Permanente - Washington Core			
Prosper Self PT4	\$390.00	\$397.80	
Prosper Self & Family PT5	\$1,091.98	\$1,113.82	
Prosper Self Plus One PT6	\$944.67	\$963.56	
Illinois Aetna Advantage			
Advantage Self Z24	\$500.02	\$510.02	
Advantage Self & Family Z25	\$1,325.00	\$1,351.50	
Advantage Self Plus One Z26	\$1,100.02	\$1,122.02	
Illinois Aetna Direct			
CDHP Self N61	\$641.42	\$654.25	
CDHP Self & Family N62	\$1,617.57	\$1,649.92	
CDHP Self Plus One N63	\$1,406.67	\$1,434.80	
Illinois Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self H41	\$864.93	\$882.23	

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2023 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
CDHP Self & Family	H42	\$1,971.52	\$2,010.95
CDHP Self Plus One	H43	\$1,952.41	\$1,991.46
Value Self	H44	\$901.16	\$919.18
Value Self & Family	H45	\$2,068.11	\$2,109.47
Value Self Plus One	H46	\$2,027.59	\$2,068.14
Illinois Aetna HealthFund HDHP			
HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
Illinois Health Alliance HMO			
Standard Self	K84	\$788.58	\$804.35
Standard Self & Family	K85	\$1,848.97	\$1,885.95
Standard Self Plus One	K86	\$1,689.55	\$1,723.34
Illinois Humana CoverageFirst and Humana Value Plan			
Value Self	GB4	\$836.16	\$852.88
Value Self & Family	GB5	\$1,881.32	\$1,918.95
Value Self Plus One	GB6	\$1,797.66	\$1,833.61
CDHP Self	GB1	\$1,333.02	\$1,359.68
CDHP Self & Family	GB2	\$2,999.23	\$3,059.21
CDHP Self Plus One	GB3	\$2,866.00	\$2,923.32
Illinois Humana CoverageFirst and Humana Value Plan			
Value Self	MW4	\$815.69	\$832.00
Value Self & Family	MW5	\$1,835.28	\$1,871.99
Value Self Plus One	MW6	\$1,753.74	\$1,788.81
CDHP Self	MW1	\$1,097.50	\$1,119.45
CDHP Self & Family	MW2	\$2,469.55	\$2,518.94

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2023 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
CDHP Self Plus One	MW3	\$2,359.74	\$2,406.93
Illinois Humana Health Plan, Inc.			
Standard Self	754	\$1,160.42	\$1,183.63
Standard Self & Family	755	\$2,610.99	\$2,663.21
Standard Self Plus One	756	\$2,494.94	\$2,544.84
High Self	751	\$1,445.34	\$1,474.25
High Self & Family	752	\$3,251.99	\$3,317.03
High Self Plus One	753	\$3,107.46	\$3,169.61
Illinois Humana Health Plan, Inc.			
High Self	9F1	\$2,691.74	\$2,745.57
High Self & Family	9F2	\$6,056.40	\$6,177.53
High Self Plus One	9F3	\$5,787.17	\$5,902.91
Illinois Humana Health Plan, Inc.			
Standard Self	AB4	\$1,514.76	\$1,545.06
Standard Self & Family	AB5	\$3,408.28	\$3,476.45
Standard Self Plus One	AB6	\$3,256.80	\$3,321.94
Basic Self	AB1	\$948.50	\$967.47
Basic Self & Family	AB2	\$2,134.17	\$2,176.85
Basic Self Plus One	AB3	\$2,039.33	\$2,080.12
Illinois Humana Health Plan, Inc.			
Basic Self	RW1	\$934.79	\$953.49
Basic Self & Family	RW2	\$2,103.27	\$2,145.34
Basic Self Plus One	RW3	\$2,009.78	\$2,049.98
Illinois Humana Health Plan, Inc.			
HDHP Self	BB1	\$458.66	\$467.83
HDHP Self & Family	BB2	\$1,142.61	\$1,165.46

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
HDHP Self Plus One BB3	\$1,005.81	\$1,025.93	
Illinois Humana Health Plan, Inc.			
HDHP Self AW1	\$433.31	\$441.98	
HDHP Self & Family AW2	\$1,079.26	\$1,100.85	
HDHP Self Plus One AW3	\$950.08	\$969.08	
Illinois UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary			
High Self AS1	\$711.79	\$726.03	
High Self & Family AS2	\$1,683.37	\$1,717.04	
High Self Plus One AS3	\$1,530.34	\$1,560.95	
Illinois UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced			
Value Self L91	\$697.00	\$710.94	
Value Self & Family L92	\$1,672.80	\$1,706.26	
Value Self Plus One L93	\$1,481.16	\$1,510.78	
Illinois UnitedHealthcare Insurance Company, Inc. Choice Primary			
High Self Y81	\$675.42	\$688.93	
High Self & Family Y82	\$1,597.35	\$1,629.30	
High Self Plus One Y83	\$1,452.14	\$1,481.18	
Indiana Aetna Advantage			
Advantage Self Z24	\$500.02	\$510.02	
Advantage Self & Family Z25	\$1,325.00	\$1,351.50	
Advantage Self Plus One Z26	\$1,100.02	\$1,122.02	
Indiana Aetna Direct			
CDHP Self N61	\$641.42	\$654.25	
CDHP Self & Family N62	\$1,617.57	\$1,649.92	
CDHP Self Plus One N63	\$1,406.67	\$1,434.80	
Indiana Aetna HealthFund CDHP and Aetna Value Plan			

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2023 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Value Self	JS4	\$1,106.97	\$1,129.11
Value Self & Family	JS5	\$2,527.05	\$2,577.59
Value Self Plus One	JS6	\$2,502.07	\$2,552.11
CDHP Self	JS1	\$1,166.40	\$1,189.73
CDHP Self & Family	JS2	\$2,658.89	\$2,712.07
CDHP Self Plus One	JS3	\$2,632.54	\$2,685.19
Indiana Aetna HealthFund HDHP			
HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
Indiana Health Alliance HMO			
Standard Self	K84	\$788.58	\$804.35
Standard Self & Family	K85	\$1,848.97	\$1,885.95
Standard Self Plus One	K86	\$1,689.55	\$1,723.34
Indiana Humana CoverageFirst			
CDHP Self	TC1	\$806.26	\$822.39
CDHP Self & Family	TC2	\$1,814.02	\$1,850.30
CDHP Self Plus One	TC3	\$1,733.44	\$1,768.11
Value Self	TC4	\$626.10	\$638.62
Value Self & Family	TC5	\$1,408.77	\$1,436.95
Value Self Plus One	TC6	\$1,346.15	\$1,373.07
Indiana Humana CoverageFirst and Humana Value Plan			
Value Self	MW4	\$815.69	\$832.00
Value Self & Family	MW5	\$1,835.28	\$1,871.99
Value Self Plus One	MW6	\$1,753.74	\$1,788.81
CDHP Self	MW1	\$1,097.50	\$1,119.45

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2023 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
CDHP Self & Family	MW2	\$2,469.55	\$2,518.94
CDHP Self Plus One	MW3	\$2,359.74	\$2,406.93
Indiana Humana CoverageFirst and Humana Value Plan			
Value Self	X34	\$732.51	\$747.16
Value Self & Family	X35	\$1,648.16	\$1,681.12
Value Self Plus One	X36	\$1,574.93	\$1,606.43
CDHP Self	X31	\$952.01	\$971.05
CDHP Self & Family	X32	\$2,142.01	\$2,184.85
CDHP Self Plus One	X33	\$2,046.83	\$2,087.77
Indiana Humana Health Plan of Ohio, Inc.			
Standard Self	A64	\$1,304.46	\$1,330.55
Standard Self & Family	A65	\$2,935.05	\$2,993.75
Standard Self Plus One	A66	\$2,804.62	\$2,860.71
Indiana Humana Health Plan, Inc.			
Standard Self	754	\$1,160.42	\$1,183.63
Standard Self & Family	755	\$2,610.99	\$2,663.21
Standard Self Plus One	756	\$2,494.94	\$2,544.84
High Self	751	\$1,445.34	\$1,474.25
High Self & Family	752	\$3,251.99	\$3,317.03
High Self Plus One	753	\$3,107.46	\$3,169.61
Indiana Humana Health Plan, Inc.			
Standard Self	MH4	\$1,098.72	\$1,120.69
Standard Self & Family	MH5	\$2,472.10	\$2,521.54
Standard Self Plus One	MH6	\$2,362.21	\$2,409.45
Indiana Humana Health Plan, Inc.			
High Self	FS1	\$606.23	\$618.35

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
High Self & Family	FS2	\$1,697.45	\$1,731.40
High Self Plus One	FS3	\$1,333.74	\$1,360.41
Indiana Humana Health Plan, Inc.			
HDHP Self	BB1	\$458.66	\$467.83
HDHP Self & Family	BB2	\$1,142.61	\$1,165.46
HDHP Self Plus One	BB3	\$1,005.81	\$1,025.93
Indiana Humana Health Plan, Inc.			
HDHP Self	DT1	\$510.60	\$520.81
HDHP Self & Family	DT2	\$1,272.48	\$1,297.93
HDHP Self Plus One	DT3	\$1,120.10	\$1,142.50
Indiana Humana Health Plan, Inc.			
HDHP Self	FZ1	\$413.68	\$421.95
HDHP Self & Family	FZ2	\$1,030.16	\$1,050.76
HDHP Self Plus One	FZ3	\$906.86	\$925.00
Iowa Aetna Advantage			
Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02
Iowa Aetna Direct			
CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80
Iowa Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	H41	\$864.93	\$882.23
CDHP Self & Family	H42	\$1,971.52	\$2,010.95
CDHP Self Plus One	H43	\$1,952.41	\$1,991.46

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
Value Self	H44	\$901.16	\$919.18
Value Self & Family	H45	\$2,068.11	\$2,109.47
Value Self Plus One	H46	\$2,027.59	\$2,068.14
Iowa Aetna HealthFund HDHP			
HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
Iowa Health Alliance HMO			
Standard Self	K84	\$788.58	\$804.35
Standard Self & Family	K85	\$1,848.97	\$1,885.95
Standard Self Plus One	K86	\$1,689.55	\$1,723.34
Iowa HealthPartners			
Standard Self	V34	\$553.28	\$564.35
Standard Self & Family	V35	\$1,347.84	\$1,374.80
Standard Self Plus One	V36	\$1,222.78	\$1,247.24
High Self	V31	\$737.17	\$751.91
High Self & Family	V32	\$1,795.73	\$1,831.64
High Self Plus One	V33	\$1,629.12	\$1,661.70
Iowa UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary			
High Self	AS1	\$711.79	\$726.03
High Self & Family	AS2	\$1,683.37	\$1,717.04
High Self Plus One	AS3	\$1,530.34	\$1,560.95
Iowa UnitedHealthcare Insurance Company, Inc. Choice HDHP			
HDHP Self	N71	\$757.84	\$773.00
HDHP Self & Family	N72	\$1,743.06	\$1,777.92
HDHP Self Plus One	N73	\$1,629.40	\$1,661.99

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates	
Plan - Option - Enrollment Code	Total Premium	TCC Rates

Iowa UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO

High Self	LJ1	\$975.46	\$994.97
High Self & Family	LJ2	\$2,438.63	\$2,487.40
High Self Plus One	LJ3	\$2,097.20	\$2,139.14

Iowa UnitedHealthcare Insurance Company, Inc. Choice Primary

High Self	Y81	\$675.42	\$688.93
High Self & Family	Y82	\$1,597.35	\$1,629.30
High Self Plus One	Y83	\$1,452.14	\$1,481.18

Kansas Aetna Advantage

Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02

Kansas Aetna Direct

CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80

Kansas Aetna HealthFund CDHP and Aetna Value Plan

Value Self	G54	\$874.06	\$891.54
Value Self & Family	G55	\$2,001.94	\$2,041.98
Value Self Plus One	G56	\$1,962.70	\$2,001.95
CDHP Self	G51	\$1,152.41	\$1,175.46
CDHP Self & Family	G52	\$2,628.64	\$2,681.21
CDHP Self Plus One	G53	\$2,602.64	\$2,654.69

Kansas Aetna HealthFund HDHP

HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
Kansas Aetna Open Access			
High Self	HA1	\$1,196.91	\$1,220.85
High Self & Family	HA2	\$2,827.31	\$2,883.86
High Self Plus One	HA3	\$2,799.33	\$2,855.32
Standard Self	HA4	\$895.01	\$912.91
Standard Self & Family	HA5	\$2,112.54	\$2,154.79
Standard Self Plus One	HA6	\$2,091.64	\$2,133.47
Kansas Humana CoverageFirst and Humana Value Plan			
Value Self	PH4	\$587.58	\$599.33
Value Self & Family	PH5	\$1,322.10	\$1,348.54
Value Self Plus One	PH6	\$1,263.36	\$1,288.63
CDHP Self	PH1	\$750.21	\$765.21
CDHP Self & Family	PH2	\$1,687.96	\$1,721.72
CDHP Self Plus One	PH3	\$1,612.95	\$1,645.21
Kansas Humana Health Plan, Inc.			
Standard Self	MS4	\$1,362.75	\$1,390.01
Standard Self & Family	MS5	\$3,066.20	\$3,127.52
Standard Self Plus One	MS6	\$2,929.96	\$2,988.56
Kansas Humana Health Plan, Inc.			
HDHP Self	BK1	\$415.22	\$423.52
HDHP Self & Family	BK2	\$1,034.06	\$1,054.74
HDHP Self Plus One	BK3	\$910.30	\$928.51
Kentucky Aetna Advantage			
Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2023 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02
Kentucky Aetna Direct			
CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80
Kentucky Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	H41	\$864.93	\$882.23
CDHP Self & Family	H42	\$1,971.52	\$2,010.95
CDHP Self Plus One	H43	\$1,952.41	\$1,991.46
Value Self	H44	\$901.16	\$919.18
Value Self & Family	H45	\$2,068.11	\$2,109.47
Value Self Plus One	H46	\$2,027.59	\$2,068.14
Kentucky Aetna HealthFund HDHP			
HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
Kentucky Humana CoverageFirst			
CDHP Self	TC1	\$806.26	\$822.39
CDHP Self & Family	TC2	\$1,814.02	\$1,850.30
CDHP Self Plus One	TC3	\$1,733.44	\$1,768.11
Value Self			\$0.00
Value Self & Family	TC4	\$626.10	\$638.62
Value Self Plus One	TC5	\$1,408.77	\$1,436.95
Kentucky Humana CoverageFirst			
CDHP Self	TC6	\$1,346.15	
CDHP Self	6N1	\$900.08	\$918.08
CDHP Self & Family	6N2	\$2,025.16	\$2,065.66

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
CDHP Self Plus One	6N3	\$1,935.14	\$1,973.84
Value Self	6N4	\$678.19	\$691.75
Value Self & Family	6N5	\$1,525.90	\$1,556.42
Value Self Plus One	6N6	\$1,458.08	\$1,487.24
Kentucky Humana CoverageFirst and Humana Value Plan			
Value Self	X34	\$732.51	\$747.16
Value Self & Family	X35	\$1,648.16	\$1,681.12
Value Self Plus One	X36	\$1,574.93	\$1,606.43
CDHP Self	X31	\$952.01	\$971.05
CDHP Self & Family	X32	\$2,142.01	\$2,184.85
CDHP Self Plus One	X33	\$2,046.83	\$2,087.77
Kentucky Humana Health Plan of Ohio, Inc.			
Standard Self	A64	\$1,304.46	\$1,330.55
Standard Self & Family	A65	\$2,935.05	\$2,993.75
Standard Self Plus One	A66	\$2,804.62	\$2,860.71
Kentucky Humana Health Plan of Ohio, Inc.			
Basic Self	W61	\$758.25	\$773.42
Basic Self & Family	W62	\$1,706.10	\$1,740.22
Basic Self Plus One	W63	\$1,630.24	\$1,662.84
Kentucky Humana Health Plan, Inc.			
Standard Self	MI4	\$1,040.63	\$1,061.44
Standard Self & Family	MI5	\$2,341.41	\$2,388.24
Standard Self Plus One	MI6	\$2,237.41	\$2,282.16
Kentucky Humana Health Plan, Inc.			
Standard Self	MH4	\$1,098.72	\$1,120.69
Standard Self & Family	MH5	\$2,472.10	\$2,521.54

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2023 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Standard Self Plus One	MH6	\$2,362.21	\$2,409.45
Kentucky Humana Health Plan, Inc.			
HDHP Self	DT1	\$510.60	\$520.81
HDHP Self & Family	DT2	\$1,272.48	\$1,297.93
HDHP Self Plus One	DT3	\$1,120.10	\$1,142.50
Kentucky Humana Health Plan, Inc.			
HDHP Self	FZ1	\$413.68	\$421.95
HDHP Self & Family	FZ2	\$1,030.16	\$1,050.76
HDHP Self Plus One	FZ3	\$906.86	\$925.00
Kentucky Humana Health Plan, Inc.			
HDHP Self	FW1	\$413.68	\$421.95
HDHP Self & Family	FW2	\$1,030.16	\$1,050.76
HDHP Self Plus One	FW3	\$906.86	\$925.00
Kentucky UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary			
High Self	AS1	\$711.79	\$726.03
High Self & Family	AS2	\$1,683.37	\$1,717.04
High Self Plus One	AS3	\$1,530.34	\$1,560.95
Kentucky UnitedHealthcare Insurance Company, Inc. Choice HDHP			
HDHP Self	N71	\$757.84	\$773.00
HDHP Self & Family	N72	\$1,743.06	\$1,777.92
HDHP Self Plus One	N73	\$1,629.40	\$1,661.99
Kentucky UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO			
High Self	LJ1	\$975.46	\$994.97
High Self & Family	LJ2	\$2,438.63	\$2,487.40
High Self Plus One	LJ3	\$2,097.20	\$2,139.14
Kentucky UnitedHealthcare Insurance Company, Inc. Choice Primary			

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
High Self	Y81	\$675.42	\$688.93
High Self & Family	Y82	\$1,597.35	\$1,629.30
High Self Plus One	Y83	\$1,452.14	\$1,481.18
Louisiana Aetna Advantage			
Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02
Louisiana Aetna Direct			
CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80
Louisiana Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	F51	\$978.21	\$997.77
CDHP Self & Family	F52	\$2,230.43	\$2,275.04
CDHP Self Plus One	F53	\$2,208.33	\$2,252.50
Value Self	F54	\$1,008.28	\$1,028.45
Value Self & Family	F55	\$2,308.89	\$2,355.07
Value Self Plus One	F56	\$2,263.58	\$2,308.85
Louisiana Aetna HealthFund HDHP			
HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
Louisiana Humana Health Benefit Plan of Louisiana, Inc.			
Standard Self	BC4	\$848.29	\$865.26
Standard Self & Family	BC5	\$1,908.64	\$1,946.81
Standard Self Plus One	BC6	\$1,823.81	\$1,860.29

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
High Self	BC1	\$1,109.46	\$1,131.65
High Self & Family	BC2	\$2,496.37	\$2,546.30
High Self Plus One	BC3	\$2,385.41	\$2,433.12
Louisiana Humana Health Benefit Plan of Louisiana, Inc.			
High Self	AE1	\$1,366.58	\$1,393.91
High Self & Family	AE2	\$3,074.74	\$3,136.23
High Self Plus One	AE3	\$2,938.11	\$2,996.87
Standard Self	AE4	\$979.03	\$998.61
Standard Self & Family	AE5	\$2,202.85	\$2,246.91
Standard Self Plus One	AE6	\$2,104.96	\$2,147.06
Louisiana UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary			
High Self	AS1	\$711.79	\$726.03
High Self & Family	AS2	\$1,683.37	\$1,717.04
High Self Plus One	AS3	\$1,530.34	\$1,560.95
Louisiana UnitedHealthcare Insurance Company, Inc. Choice HDHP			
HDHP Self	LS1	\$658.84	\$672.02
HDHP Self & Family	LS2	\$1,507.18	\$1,537.32
HDHP Self Plus One	LS3	\$1,416.52	\$1,444.85
Louisiana UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO			
High Self	KK1	\$940.98	\$959.80
High Self & Family	KK2	\$2,352.52	\$2,399.57
High Self Plus One	KK3	\$2,023.17	\$2,063.63
Louisiana UnitedHealthcare Insurance Company, Inc. Choice Primary			
High Self	Y81	\$675.42	\$688.93
High Self & Family	Y82	\$1,597.35	\$1,629.30
High Self Plus One	Y83	\$1,452.14	\$1,481.18

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates	
Plan - Option - Enrollment Code	Total Premium	TCC Rates

Maine Aetna Advantage

Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02

Maine Aetna Direct

CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80

Maine Aetna HealthFund CDHP and Aetna Value Plan

Value Self	EP4	\$1,093.78	\$1,115.66
Value Self & Family	EP5	\$2,504.60	\$2,554.69
Value Self Plus One	EP6	\$2,455.48	\$2,504.59
CDHP Self	EP1	\$1,257.23	\$1,282.37
CDHP Self & Family	EP2	\$2,867.17	\$2,924.51
CDHP Self Plus One	EP3	\$2,838.77	\$2,895.55

Maine Aetna HealthFund HDHP

HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73

Maryland Aetna Advantage

Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02

Maryland Aetna Direct

CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2023 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80
Maryland Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	F51	\$978.21	\$997.77
CDHP Self & Family	F52	\$2,230.43	\$2,275.04
CDHP Self Plus One	F53	\$2,208.33	\$2,252.50
Value Self	F54	\$1,008.28	\$1,028.45
Value Self & Family	F55	\$2,308.89	\$2,355.07
Value Self Plus One	F56	\$2,263.58	\$2,308.85
Maryland Aetna HealthFund HDHP			
HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
Maryland Aetna Open Access			
High Self	JN1	\$1,328.84	\$1,355.42
High Self & Family	JN2	\$2,987.40	\$3,047.15
High Self Plus One	JN3	\$2,957.80	\$3,016.96
Basic Self	JN4	\$770.73	\$786.14
Basic Self & Family	JN5	\$1,763.82	\$1,799.10
Basic Self Plus One	JN6	\$1,619.67	\$1,652.06
Maryland Aetna Saver (Open Access)			
Saver Self	QQ4	\$613.56	\$625.83
Saver Self & Family	QQ5	\$1,404.20	\$1,432.28
Saver Self Plus One	QQ6	\$1,289.45	\$1,315.24
Maryland CareFirst BlueChoice			
Standard Self	2G4	\$1,023.27	\$1,043.74
Standard Self & Family	2G5	\$2,431.30	\$2,479.93

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2023 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Standard Self Plus One	2G6	\$2,046.57	\$2,087.50
Maryland CareFirst BlueChoice			
HDHP Self	B61	\$691.90	\$705.74
HDHP Self & Family	B62	\$1,643.96	\$1,676.84
HDHP Self Plus One	B63	\$1,383.85	\$1,411.53
Blue Value Plus Self	B64	\$759.83	\$775.03
Blue Value Plus Self & Family	B65	\$1,805.35	\$1,841.46
Blue Value Plus Self Plus One	B66	\$1,519.68	\$1,550.07
Maryland Kaiser Permanente - Mid-Atlantic States			
Prosper Self	T71	\$379.73	\$387.32
Prosper Self & Family	T72	\$1,068.34	\$1,089.71
Prosper Self Plus One	T73	\$907.18	\$925.32
Maryland Kaiser Permanente - Mid-Atlantic States			
Standard Self	E34	\$635.27	\$647.98
Standard Self & Family	E35	\$1,461.09	\$1,490.31
Standard Self Plus One	E36	\$1,461.09	\$1,490.31
High Self	E31	\$790.90	\$806.72
High Self & Family	E32	\$1,819.03	\$1,855.41
High Self Plus One	E33	\$1,819.03	\$1,855.41
Maryland M.D. IPA			
High Self	JP1	\$1,065.78	\$1,087.10
High Self & Family	JP2	\$2,988.44	\$3,048.21
High Self Plus One	JP3	\$2,081.45	\$2,123.08
Maryland UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary			
High Self	AS1	\$711.79	\$726.03
High Self & Family	AS2	\$1,683.37	\$1,717.04

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
High Self Plus One AS3	\$1,530.34	\$1,560.95	
Maryland UnitedHealthcare Insurance Company, Inc. Choice HDHP			
HDHP Self V41	\$665.19	\$678.49	
HDHP Self & Family V42	\$1,529.86	\$1,560.46	
HDHP Self Plus One V43	\$1,430.13	\$1,458.73	
Maryland UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO			
High Self LR1	\$908.01	\$926.17	
High Self & Family LR2	\$2,151.93	\$2,194.97	
High Self Plus One LR3	\$1,952.17	\$1,991.21	
Maryland UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced			
Value Self L91	\$697.00	\$710.94	
Value Self & Family L92	\$1,672.80	\$1,706.26	
Value Self Plus One L93	\$1,481.16	\$1,510.78	
Maryland UnitedHealthcare Insurance Company, Inc. Choice Primary			
High Self Y81	\$675.42	\$688.93	
High Self & Family Y82	\$1,597.35	\$1,629.30	
High Self Plus One Y83	\$1,452.14	\$1,481.18	
Massachusetts Aetna Advantage			
Advantage Self Z24	\$500.02	\$510.02	
Advantage Self & Family Z25	\$1,325.00	\$1,351.50	
Advantage Self Plus One Z26	\$1,100.02	\$1,122.02	
Massachusetts Aetna Direct			
CDHP Self N61	\$641.42	\$654.25	
CDHP Self & Family N62	\$1,617.57	\$1,649.92	
CDHP Self Plus One N63	\$1,406.67	\$1,434.80	
Massachusetts Aetna HealthFund CDHP and Aetna Value Plan			

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2023 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Value Self	EP4	\$1,093.78	\$1,115.66
Value Self & Family	EP5	\$2,504.60	\$2,554.69
Value Self Plus One	EP6	\$2,455.48	\$2,504.59
CDHP Self	EP1	\$1,257.23	\$1,282.37
CDHP Self & Family	EP2	\$2,867.17	\$2,924.51
CDHP Self Plus One	EP3	\$2,838.77	\$2,895.55
Massachusetts Aetna HealthFund HDHP			
HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
Michigan Aetna Advantage			
Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02
Michigan Aetna Direct			
CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80
Michigan Aetna HealthFund CDHP and Aetna Value Plan			
Value Self	G54	\$874.06	\$891.54
Value Self & Family	G55	\$2,001.94	\$2,041.98
Value Self Plus One	G56	\$1,962.70	\$2,001.95
CDHP Self	G51	\$1,152.41	\$1,175.46
CDHP Self & Family	G52	\$2,628.64	\$2,681.21
CDHP Self Plus One	G53	\$2,602.64	\$2,654.69
Michigan Aetna HealthFund HDHP			

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2023 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
Michigan Blue Care Network of Michigan			
High Self	LX1	\$850.05	\$867.05
High Self & Family	LX2	\$2,074.19	\$2,115.67
High Self Plus One	LX3	\$1,955.20	\$1,994.30
Michigan Blue Care Network of Michigan			
High Self	K51	\$1,042.28	\$1,063.13
High Self & Family	K52	\$2,543.08	\$2,593.94
High Self Plus One	K53	\$2,397.14	\$2,445.08
Michigan Health Alliance Plan			
High Self	521	\$915.09	\$933.39
High Self & Family	522	\$2,232.86	\$2,277.52
High Self Plus One	523	\$2,104.72	\$2,146.81
Michigan Health Alliance Plan			
Standard Self	GY4	\$533.15	\$543.81
Standard Self & Family	GY5	\$1,300.89	\$1,326.91
Standard Self Plus One	GY6	\$1,226.27	\$1,250.80
Michigan Priority Health			
High Self	LE1	\$1,110.87	\$1,133.09
High Self & Family	LE2	\$2,610.53	\$2,662.74
High Self Plus One	LE3	\$2,443.89	\$2,492.77
Standard Self	LE4	\$671.04	\$684.46
Standard Self & Family	LE5	\$1,576.94	\$1,608.48
Standard Self Plus One	LE6	\$1,476.30	\$1,505.83

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
Michigan Priority Health			
Value Self	Y41	\$473.24	\$482.70
Value Self & Family	Y42	\$1,112.13	\$1,134.37
Value Self Plus One	Y43	\$1,041.13	\$1,061.95
Minnesota Aetna Advantage			
Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02
Minnesota Aetna Direct			
CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80
Minnesota Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	H41	\$864.93	\$882.23
CDHP Self & Family	H42	\$1,971.52	\$2,010.95
CDHP Self Plus One	H43	\$1,952.41	\$1,991.46
Value Self	H44	\$901.16	\$919.18
Value Self & Family	H45	\$2,068.11	\$2,109.47
Value Self Plus One	H46	\$2,027.59	\$2,068.14
Minnesota Aetna HealthFund HDHP			
HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
Minnesota HealthPartners			
Standard Self	V34	\$553.28	\$564.35
Standard Self & Family	V35	\$1,347.84	\$1,374.80

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
Standard Self Plus One	V36	\$1,222.78	\$1,247.24
High Self	V31	\$737.17	\$751.91
High Self & Family	V32	\$1,795.73	\$1,831.64
High Self Plus One	V33	\$1,629.12	\$1,661.70
Mississippi Aetna Advantage			
Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02
Mississippi Aetna Direct			
CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80
Mississippi Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	H41	\$864.93	\$882.23
CDHP Self & Family	H42	\$1,971.52	\$2,010.95
CDHP Self Plus One	H43	\$1,952.41	\$1,991.46
Value Self	H44	\$901.16	\$919.18
Value Self & Family	H45	\$2,068.11	\$2,109.47
Value Self Plus One	H46	\$2,027.59	\$2,068.14
Mississippi Aetna HealthFund HDHP			
HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
Mississippi UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary			
High Self	AS1	\$711.79	\$726.03
High Self & Family	AS2	\$1,683.37	\$1,717.04

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
High Self Plus One AS3	\$1,530.34	\$1,560.95	
Mississippi UnitedHealthcare Insurance Company, Inc. Choice HDHP			
HDHP Self LS1	\$658.84	\$672.02	
HDHP Self & Family LS2	\$1,507.18	\$1,537.32	
HDHP Self Plus One LS3	\$1,416.52	\$1,444.85	
Mississippi UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO			
High Self KK1	\$940.98	\$959.80	
High Self & Family KK2	\$2,352.52	\$2,399.57	
High Self Plus One KK3	\$2,023.17	\$2,063.63	
Mississippi UnitedHealthcare Insurance Company, Inc. Choice Primary			
High Self Y81	\$675.42	\$688.93	
High Self & Family Y82	\$1,597.35	\$1,629.30	
High Self Plus One Y83	\$1,452.14	\$1,481.18	
Missouri Aetna Advantage			
Advantage Self Z24	\$500.02	\$510.02	
Advantage Self & Family Z25	\$1,325.00	\$1,351.50	
Advantage Self Plus One Z26	\$1,100.02	\$1,122.02	
Missouri Aetna Direct			
CDHP Self N61	\$641.42	\$654.25	
CDHP Self & Family N62	\$1,617.57	\$1,649.92	
CDHP Self Plus One N63	\$1,406.67	\$1,434.80	
Missouri Aetna HealthFund CDHP and Aetna Value Plan			
Value Self G54	\$874.06	\$891.54	
Value Self & Family G55	\$2,001.94	\$2,041.98	
Value Self Plus One G56	\$1,962.70	\$2,001.95	
CDHP Self G51	\$1,152.41	\$1,175.46	

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
CDHP Self & Family	G52	\$2,628.64	\$2,681.21
CDHP Self Plus One	G53	\$2,602.64	\$2,654.69
Missouri Aetna HealthFund HDHP			
HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
Missouri Aetna Open Access			
High Self	HA1	\$1,196.91	\$1,220.85
High Self & Family	HA2	\$2,827.31	\$2,883.86
High Self Plus One	HA3	\$2,799.33	\$2,855.32
Standard Self	HA4	\$895.01	\$912.91
Standard Self & Family	HA5	\$2,112.54	\$2,154.79
Standard Self Plus One	HA6	\$2,091.64	\$2,133.47
Missouri Humana CoverageFirst and Humana Value Plan			
Value Self	PH4	\$587.58	\$599.33
Value Self & Family	PH5	\$1,322.10	\$1,348.54
Value Self Plus One	PH6	\$1,263.36	\$1,288.63
CDHP Self	PH1	\$750.21	\$765.21
CDHP Self & Family	PH2	\$1,687.96	\$1,721.72
CDHP Self Plus One	PH3	\$1,612.95	\$1,645.21
Missouri Humana Health Plan, Inc.			
Standard Self	MS4	\$1,362.75	\$1,390.01
Standard Self & Family	MS5	\$3,066.20	\$3,127.52
Standard Self Plus One	MS6	\$2,929.96	\$2,988.56
Missouri Humana Health Plan, Inc.			
HDHP Self	BK1	\$415.22	\$423.52

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
HDHP Self & Family	BK2	\$1,034.06	\$1,054.74
HDHP Self Plus One	BK3	\$910.30	\$928.51
Missouri UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary			
High Self	AS1	\$711.79	\$726.03
High Self & Family	AS2	\$1,683.37	\$1,717.04
High Self Plus One	AS3	\$1,530.34	\$1,560.95
Missouri UnitedHealthcare Insurance Company, Inc. Choice Primary			
High Self	Y81	\$675.42	\$688.93
High Self & Family	Y82	\$1,597.35	\$1,629.30
High Self Plus One	Y83	\$1,452.14	\$1,481.18
Montana Aetna Advantage			
Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02
Montana Aetna Direct			
CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80
Montana Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	H41	\$864.93	\$882.23
CDHP Self & Family	H42	\$1,971.52	\$2,010.95
CDHP Self Plus One	H43	\$1,952.41	\$1,991.46
Value Self	H44	\$901.16	\$919.18
Value Self & Family	H45	\$2,068.11	\$2,109.47
Value Self Plus One	H46	\$2,027.59	\$2,068.14
Montana Aetna HealthFund HDHP			

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2023 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
Nebraska Aetna Advantage			
Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02
Nebraska Aetna Direct			
CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80
Nebraska Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	H41	\$864.93	\$882.23
CDHP Self & Family	H42	\$1,971.52	\$2,010.95
CDHP Self Plus One	H43	\$1,952.41	\$1,991.46
Value Self	H44	\$901.16	\$919.18
Value Self & Family	H45	\$2,068.11	\$2,109.47
Value Self Plus One	H46	\$2,027.59	\$2,068.14
Nebraska Aetna HealthFund HDHP			
HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
Nevada Aetna Advantage			
Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates	
Plan - Option - Enrollment Code	Total Premium	TCC Rates

Nevada Aetna Direct

CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80

Nevada Aetna HealthFund CDHP and Aetna Value Plan

Value Self	G54	\$874.06	\$891.54
Value Self & Family	G55	\$2,001.94	\$2,041.98
Value Self Plus One	G56	\$1,962.70	\$2,001.95
CDHP Self	G51	\$1,152.41	\$1,175.46
CDHP Self & Family	G52	\$2,628.64	\$2,681.21
CDHP Self Plus One	G53	\$2,602.64	\$2,654.69

Nevada Aetna HealthFund HDHP

HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73

Nevada Health Plan of Nevada, Inc.

High Self	NM1	\$752.98	\$768.04
High Self & Family	NM2	\$1,784.47	\$1,820.16
High Self Plus One	NM3	\$1,430.67	\$1,459.28

Nevada UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary

High Self	WF1	\$709.71	\$723.90
High Self & Family	WF2	\$1,678.47	\$1,712.04
High Self Plus One	WF3	\$1,525.88	\$1,556.40

Nevada UnitedHealthcare Insurance Company, Inc. Choice HDHP

HDHP Self	LU1	\$708.63	\$722.80
HDHP Self & Family	LU2	\$1,629.77	\$1,662.37

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
HDHP Self Plus One LU3	\$1,523.51	\$1,553.98	
Nevada UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO			
High Self KT1	\$963.45	\$982.72	
High Self & Family KT2	\$2,408.62	\$2,456.79	
High Self Plus One KT3	\$2,071.40	\$2,112.83	
Nevada UnitedHealthcare Insurance Company, Inc. Choice Primary			
High Self VD1	\$634.34	\$647.03	
High Self & Family VD2	\$1,500.18	\$1,530.18	
High Self Plus One VD3	\$1,363.81	\$1,391.09	
New Hampshire Aetna Advantage			
Advantage Self Z24	\$500.02	\$510.02	
Advantage Self & Family Z25	\$1,325.00	\$1,351.50	
Advantage Self Plus One Z26	\$1,100.02	\$1,122.02	
New Hampshire Aetna Direct			
CDHP Self N61	\$641.42	\$654.25	
CDHP Self & Family N62	\$1,617.57	\$1,649.92	
CDHP Self Plus One N63	\$1,406.67	\$1,434.80	
New Hampshire Aetna HealthFund CDHP and Aetna Value Plan			
Value Self EP4	\$1,093.78	\$1,115.66	
Value Self & Family EP5	\$2,504.60	\$2,554.69	
Value Self Plus One EP6	\$2,455.48	\$2,504.59	
CDHP Self EP1	\$1,257.23	\$1,282.37	
CDHP Self & Family EP2	\$2,867.17	\$2,924.51	
CDHP Self Plus One EP3	\$2,838.77	\$2,895.55	
New Hampshire Aetna HealthFund HDHP			
HDHP Self 224	\$832.65	\$849.30	

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
New Jersey Aetna Advantage			
Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02
New Jersey Aetna Direct			
CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80
New Jersey Aetna HealthFund CDHP and Aetna Value Plan			
Value Self	EP4	\$1,093.78	\$1,115.66
Value Self & Family	EP5	\$2,504.60	\$2,554.69
Value Self Plus One	EP6	\$2,455.48	\$2,504.59
CDHP Self	EP1	\$1,257.23	\$1,282.37
CDHP Self & Family	EP2	\$2,867.17	\$2,924.51
CDHP Self Plus One	EP3	\$2,838.77	\$2,895.55
New Jersey Aetna HealthFund HDHP			
HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
New Jersey Aetna Open Access			
High Self	JR1	\$1,682.03	\$1,715.67
High Self & Family	JR2	\$3,885.25	\$3,962.96
High Self Plus One	JR3	\$3,846.79	\$3,923.73
Basic Self	JR4	\$1,446.40	\$1,475.33

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2023 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Basic Self & Family	JR5	\$3,352.14	\$3,419.18
Basic Self Plus One	JR6	\$3,318.94	\$3,385.32
New Jersey Aetna Open Access			
Basic Self	P34	\$1,754.03	\$1,789.11
Basic Self & Family	P35	\$4,071.10	\$4,152.52
Basic Self Plus One	P36	\$4,030.74	\$4,111.35
High Self	P31	\$1,737.97	\$1,772.73
High Self & Family	P32	\$4,213.71	\$4,297.98
High Self Plus One	P33	\$4,172.00	\$4,255.44
New Mexico Aetna Advantage			
Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02
New Mexico Aetna Direct			
CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80
New Mexico Aetna HealthFund CDHP and Aetna Value Plan			
Value Self	G54	\$874.06	\$891.54
Value Self & Family	G55	\$2,001.94	\$2,041.98
Value Self Plus One	G56	\$1,962.70	\$2,001.95
CDHP Self	G51	\$1,152.41	\$1,175.46
CDHP Self & Family	G52	\$2,628.64	\$2,681.21
CDHP Self Plus One	G53	\$2,602.64	\$2,654.69
New Mexico Aetna HealthFund HDHP			
HDHP Self	224	\$832.65	\$849.30

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2023 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
New Mexico Presbyterian Health Plan			
High Self	P21	\$1,018.20	\$1,038.56
High Self & Family	P22	\$2,392.85	\$2,440.71
High Self Plus One	P23	\$2,311.38	\$2,357.61
New Mexico Presbyterian Health Plan			
Standard Self	PS4	\$853.75	\$870.83
Standard Self & Family	PS5	\$2,006.38	\$2,046.51
Standard Self Plus One	PS6	\$1,938.06	\$1,976.82
Wellness Self	PS1	\$756.54	\$771.67
Wellness Self & Family	PS2	\$1,777.88	\$1,813.44
Wellness Self Plus One	PS3	\$1,717.34	\$1,751.69
New York Aetna Advantage			
Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02
New York Aetna Direct			
CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80
New York Aetna HealthFund CDHP and Aetna Value Plan			
Value Self	EP4	\$1,093.78	\$1,115.66
Value Self & Family	EP5	\$2,504.60	\$2,554.69
Value Self Plus One	EP6	\$2,455.48	\$2,504.59
CDHP Self	EP1	\$1,257.23	\$1,282.37

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
CDHP Self & Family	EP2	\$2,867.17	\$2,924.51
CDHP Self Plus One	EP3	\$2,838.77	\$2,895.55
New York Aetna HealthFund HDHP			
HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
New York Aetna Open Access			
High Self	JC1	\$1,704.13	\$1,738.21
High Self & Family	JC2	\$4,210.87	\$4,295.09
High Self Plus One	JC3	\$4,169.19	\$4,252.57
Basic Self	JC4	\$1,496.69	\$1,526.62
Basic Self & Family	JC5	\$3,650.70	\$3,723.71
Basic Self Plus One	JC6	\$3,614.59	\$3,686.88
New York CDPHP			
Standard Self	SG4	\$879.95	\$897.55
Standard Self & Family	SG5	\$2,111.89	\$2,154.13
Standard Self Plus One	SG6	\$1,953.49	\$1,992.56
New York HIP of Greater NY			
Standard Self	YL4	\$1,005.98	\$1,026.10
Standard Self & Family	YL5	\$2,924.26	\$2,982.75
Standard Self Plus One	YL6	\$1,836.90	\$1,873.64
New York HIP of Greater NY			
High Self	511	\$1,050.75	\$1,071.77
High Self & Family	512	\$3,054.50	\$3,115.59
High Self Plus One	513	\$1,918.71	\$1,957.08
New York Independent Health			

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2023 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Standard Self	C54	\$751.88	\$766.92
Standard Self & Family	C55	\$2,030.08	\$2,070.68
Standard Self Plus One	C56	\$1,917.28	\$1,955.63
New York Independent Health			
High Self	QA1	\$822.86	\$839.32
High Self & Family	QA2	\$2,221.72	\$2,266.15
High Self Plus One	QA3	\$2,098.31	\$2,140.28
HDHP Self	QA4	\$631.09	\$643.71
HDHP Self & Family	QA5	\$1,638.93	\$1,671.71
HDHP Self Plus One	QA6	\$1,558.03	\$1,589.19
North Carolina Aetna Advantage			
Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02
North Carolina Aetna Direct			
CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80
North Carolina Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	F51	\$978.21	\$997.77
CDHP Self & Family	F52	\$2,230.43	\$2,275.04
CDHP Self Plus One	F53	\$2,208.33	\$2,252.50
Value Self	F54	\$1,008.28	\$1,028.45
Value Self & Family	F55	\$2,308.89	\$2,355.07
Value Self Plus One	F56	\$2,263.58	\$2,308.85
North Carolina Aetna HealthFund HDHP			

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2023 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
North Carolina UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary			
High Self	AS1	\$711.79	\$726.03
High Self & Family	AS2	\$1,683.37	\$1,717.04
High Self Plus One	AS3	\$1,530.34	\$1,560.95
North Carolina UnitedHealthcare Insurance Company, Inc. Choice HDHP			
HDHP Self	LS1	\$658.84	\$672.02
HDHP Self & Family	LS2	\$1,507.18	\$1,537.32
HDHP Self Plus One	LS3	\$1,416.52	\$1,444.85
North Carolina UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO			
High Self	KK1	\$940.98	\$959.80
High Self & Family	KK2	\$2,352.52	\$2,399.57
High Self Plus One	KK3	\$2,023.17	\$2,063.63
North Carolina UnitedHealthcare Insurance Company, Inc. Choice Primary			
High Self	Y81	\$675.42	\$688.93
High Self & Family	Y82	\$1,597.35	\$1,629.30
High Self Plus One	Y83	\$1,452.14	\$1,481.18
North Dakota Aetna Advantage			
Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02
North Dakota Aetna Direct			
CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
CDHP Self Plus One N63	\$1,406.67	\$1,434.80	
North Dakota Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self H41	\$864.93	\$882.23	
CDHP Self & Family H42	\$1,971.52	\$2,010.95	
CDHP Self Plus One H43	\$1,952.41	\$1,991.46	
Value Self H44	\$901.16	\$919.18	
Value Self & Family H45	\$2,068.11	\$2,109.47	
Value Self Plus One H46	\$2,027.59	\$2,068.14	
North Dakota Aetna HealthFund HDHP			
HDHP Self 224	\$832.65	\$849.30	
HDHP Self & Family 225	\$1,836.66	\$1,873.39	
HDHP Self Plus One 226	\$1,800.72	\$1,836.73	
North Dakota HealthPartners			
Standard Self V34	\$553.28	\$564.35	
Standard Self & Family V35	\$1,347.84	\$1,374.80	
Standard Self Plus One V36	\$1,222.78	\$1,247.24	
High Self V31	\$737.17	\$751.91	
High Self & Family V32	\$1,795.73	\$1,831.64	
High Self Plus One V33	\$1,629.12	\$1,661.70	
Northern Mariana Islands TakeCare			
HDHP Self KX1	\$119.95	\$122.35	
HDHP Self & Family KX2	\$321.53	\$327.96	
HDHP Self Plus One KX3	\$289.51	\$295.30	
Northern Mariana Islands TakeCare			
Standard Self JK4	\$441.26	\$450.09	
Standard Self & Family JK5	\$1,249.69	\$1,274.68	

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2023 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Standard Self Plus One	JK6	\$869.74	\$887.13
High Self	JK1	\$564.79	\$576.09
High Self & Family	JK2	\$1,347.08	\$1,374.02
High Self Plus One	JK3	\$1,115.79	\$1,138.11
Ohio Aetna Advantage			
Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02
Ohio Aetna Direct			
CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80
Ohio Aetna HealthFund CDHP and Aetna Value Plan			
Value Self	JS4	\$1,106.97	\$1,129.11
Value Self & Family	JS5	\$2,527.05	\$2,577.59
Value Self Plus One	JS6	\$2,502.07	\$2,552.11
CDHP Self	JS1	\$1,166.40	\$1,189.73
CDHP Self & Family	JS2	\$2,658.89	\$2,712.07
CDHP Self Plus One	JS3	\$2,632.54	\$2,685.19
Ohio Aetna HealthFund HDHP			
HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
Ohio AultCare Insurance Company			
High Self	3A1	\$933.99	\$952.67
High Self & Family	3A2	\$2,148.23	\$2,191.19

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
High Self Plus One	3A3	\$1,961.35	\$2,000.58
HDHP Self	3A4	\$438.38	\$447.15
HDHP Self & Family	3A5	\$1,403.74	\$1,431.81
HDHP Self Plus One	3A6	\$833.43	\$850.10
Ohio Humana CoverageFirst and Humana Value Plan			
Value Self	X34	\$732.51	\$747.16
Value Self & Family	X35	\$1,648.16	\$1,681.12
Value Self Plus One	X36	\$1,574.93	\$1,606.43
CDHP Self	X31	\$952.01	\$971.05
CDHP Self & Family	X32	\$2,142.01	\$2,184.85
CDHP Self Plus One	X33	\$2,046.83	\$2,087.77
Ohio Humana Health Plan of Ohio, Inc.			
Standard Self	A64	\$1,304.46	\$1,330.55
Standard Self & Family	A65	\$2,935.05	\$2,993.75
Standard Self Plus One	A66	\$2,804.62	\$2,860.71
Ohio Humana Health Plan of Ohio, Inc.			
Basic Self	W61	\$758.25	\$773.42
Basic Self & Family	W62	\$1,706.10	\$1,740.22
Basic Self Plus One	W63	\$1,630.24	\$1,662.84
Ohio Humana Health Plan of Ohio, Inc.			
HDHP Self	DT1	\$510.60	\$520.81
HDHP Self & Family	DT2	\$1,272.48	\$1,297.93
HDHP Self Plus One	DT3	\$1,120.10	\$1,142.50
Ohio Medical Mutual of Ohio			
Basic Self	YF1	\$406.14	\$414.26
Basic Self & Family	YF2	\$974.74	\$994.23

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2023 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Basic Self Plus One	YF3	\$893.51	\$911.38
Standard Self	YF4	\$1,209.00	\$1,233.18
Standard Self & Family	YF5	\$2,901.62	\$2,959.65
Standard Self Plus One	YF6	\$2,659.82	\$2,713.02
Ohio Medical Mutual of Ohio			
Standard Self	644	\$1,188.59	\$1,212.36
Standard Self & Family	645	\$2,852.63	\$2,909.68
Standard Self Plus One	646	\$2,614.91	\$2,667.21
Ohio Medical Mutual of Ohio			
Basic Self	UX1	\$412.90	\$421.16
Basic Self & Family	UX2	\$990.97	\$1,010.79
Basic Self Plus One	UX3	\$908.40	\$926.57
Oklahoma Aetna Advantage			
Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02
Oklahoma Aetna Direct			
CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80
Oklahoma Aetna HealthFund CDHP and Aetna Value Plan			
Value Self	JS4	\$1,106.97	\$1,129.11
Value Self & Family	JS5	\$2,527.05	\$2,577.59
Value Self Plus One	JS6	\$2,502.07	\$2,552.11
CDHP Self	JS1	\$1,166.40	\$1,189.73
CDHP Self & Family	JS2	\$2,658.89	\$2,712.07

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2023 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
CDHP Self Plus One	JS3	\$2,632.54	\$2,685.19
Oklahoma Aetna HealthFund HDHP			
HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
Oregon Aetna Advantage			
Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02
Oregon Aetna Direct			
CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80
Oregon Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	H41	\$864.93	\$882.23
CDHP Self & Family	H42	\$1,971.52	\$2,010.95
CDHP Self Plus One	H43	\$1,952.41	\$1,991.46
Value Self	H44	\$901.16	\$919.18
Value Self & Family	H45	\$2,068.11	\$2,109.47
Value Self Plus One	H46	\$2,027.59	\$2,068.14
Oregon Aetna HealthFund HDHP			
HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
Oregon Kaiser Permanente - Northwest			
Standard Self	574	\$695.35	\$709.26

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2023 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Standard Self & Family	575	\$1,597.48	\$1,629.43
Standard Self Plus One	576	\$1,597.48	\$1,629.43
High Self	571	\$798.22	\$814.18
High Self & Family	572	\$1,802.91	\$1,838.97
High Self Plus One	573	\$1,802.91	\$1,838.97
Oregon Kaiser Permanente - Northwest			
Prosper Self	AM1	\$410.63	\$418.84
Prosper Self & Family	AM2	\$1,018.38	\$1,038.75
Prosper Self Plus One	AM3	\$882.81	\$900.47
Oregon UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary			
High Self	WF1	\$709.71	\$723.90
High Self & Family	WF2	\$1,678.47	\$1,712.04
High Self Plus One	WF3	\$1,525.88	\$1,556.40
Oregon UnitedHealthcare Insurance Company, Inc. Choice HDHP			
HDHP Self	LU1	\$708.63	\$722.80
HDHP Self & Family	LU2	\$1,629.77	\$1,662.37
HDHP Self Plus One	LU3	\$1,523.51	\$1,553.98
Oregon UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO			
High Self	KT1	\$963.45	\$982.72
High Self & Family	KT2	\$2,408.62	\$2,456.79
High Self Plus One	KT3	\$2,071.40	\$2,112.83
Oregon UnitedHealthcare Insurance Company, Inc. Choice Primary			
High Self	VD1	\$634.34	\$647.03
High Self & Family	VD2	\$1,500.18	\$1,530.18
High Self Plus One	VD3	\$1,363.81	\$1,391.09

Palau TakeCare

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2023 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
HDHP Self	KX1	\$119.95	\$122.35
HDHP Self & Family	KX2	\$321.53	\$327.96
HDHP Self Plus One	KX3	\$289.51	\$295.30
Palau TakeCare			
Standard Self	JK4	\$441.26	\$450.09
Standard Self & Family	JK5	\$1,249.69	\$1,274.68
Standard Self Plus One	JK6	\$869.74	\$887.13
High Self	JK1	\$564.79	\$576.09
High Self & Family	JK2	\$1,347.08	\$1,374.02
High Self Plus One	JK3	\$1,115.79	\$1,138.11
Pennsylvania Aetna Advantage			
Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02
Pennsylvania Aetna Direct			
CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80
Pennsylvania Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	H41	\$864.93	\$882.23
CDHP Self & Family	H42	\$1,971.52	\$2,010.95
CDHP Self Plus One	H43	\$1,952.41	\$1,991.46
Value Self	H44	\$901.16	\$919.18
Value Self & Family	H45	\$2,068.11	\$2,109.47
Value Self Plus One	H46	\$2,027.59	\$2,068.14
Pennsylvania Aetna HealthFund HDHP			

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2023 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
Pennsylvania Aetna Open Access			
Basic Self	P34	\$1,754.03	\$1,789.11
Basic Self & Family	P35	\$4,071.10	\$4,152.52
Basic Self Plus One	P36	\$4,030.74	\$4,111.35
High Self	P31	\$1,737.97	\$1,772.73
High Self & Family	P32	\$4,213.71	\$4,297.98
High Self Plus One	P33	\$4,172.00	\$4,255.44
Pennsylvania Aetna Open Access			
High Self	YE1	\$1,203.69	\$1,227.76
High Self & Family	YE2	\$3,022.48	\$3,082.93
High Self Plus One	YE3	\$2,992.56	\$3,052.41
Pennsylvania Geisinger Health Plan			
Standard Self	GG4	\$956.97	\$976.11
Standard Self & Family	GG5	\$2,190.98	\$2,234.80
Standard Self Plus One	GG6	\$2,067.74	\$2,109.09
Pennsylvania Geisinger Health Plan			
Basic Self	AJ1	\$865.54	\$882.85
Basic Self & Family	AJ2	\$1,981.70	\$2,021.33
Basic Self Plus One	AJ3	\$1,870.22	\$1,907.62
Pennsylvania UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary			
High Self	AS1	\$711.79	\$726.03
High Self & Family	AS2	\$1,683.37	\$1,717.04
High Self Plus One	AS3	\$1,530.34	\$1,560.95

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates	
Plan - Option - Enrollment Code	Total Premium	TCC Rates

Pennsylvania UnitedHealthcare Insurance Company, Inc. Choice HDHP

HDHP Self	V41	\$665.19	\$678.49
HDHP Self & Family	V42	\$1,529.86	\$1,560.46
HDHP Self Plus One	V43	\$1,430.13	\$1,458.73

Pennsylvania UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO

High Self	LR1	\$908.01	\$926.17
High Self & Family	LR2	\$2,151.93	\$2,194.97
High Self Plus One	LR3	\$1,952.17	\$1,991.21

Pennsylvania UnitedHealthcare Insurance Company, Inc. Choice Primary

High Self	Y81	\$675.42	\$688.93
High Self & Family	Y82	\$1,597.35	\$1,629.30
High Self Plus One	Y83	\$1,452.14	\$1,481.18

Pennsylvania UPMC Health Plan

HDHP Self	8W4	\$704.75	\$718.85
HDHP Self & Family	8W5	\$1,625.78	\$1,658.30
HDHP Self Plus One	8W6	\$1,561.93	\$1,593.17

Pennsylvania UPMC Health Plan

Standard Self	UW4	\$732.33	\$746.98
Standard Self & Family	UW5	\$1,725.60	\$1,760.11
Standard Self Plus One	UW6	\$1,646.58	\$1,679.51

Puerto Rico Humana Health Plans of Puerto Rico, Inc.

High Self	ZJ1	\$492.79	\$502.65
High Self & Family	ZJ2	\$1,108.75	\$1,130.93
High Self Plus One	ZJ3	\$1,059.50	\$1,080.69

Puerto Rico Triple-S Salud Inc. Puerto Rico

High Self	891	\$415.16	\$423.46
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Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
High Self & Family	892	\$950.71	\$969.72
High Self Plus One	893	\$932.19	\$950.83
Rhode Island Aetna Advantage			
Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02
Rhode Island Aetna Direct			
CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80
Rhode Island Aetna HealthFund CDHP and Aetna Value Plan			
Value Self	EP4	\$1,093.78	\$1,115.66
Value Self & Family	EP5	\$2,504.60	\$2,554.69
Value Self Plus One	EP6	\$2,455.48	\$2,504.59
CDHP Self	EP1	\$1,257.23	\$1,282.37
CDHP Self & Family	EP2	\$2,867.17	\$2,924.51
CDHP Self Plus One	EP3	\$2,838.77	\$2,895.55
Rhode Island Aetna HealthFund HDHP			
HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
South Carolina Aetna Advantage			
Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02
South Carolina Aetna Direct			

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2023 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80
South Carolina Aetna HealthFund CDHP and Aetna Value Plan			
Value Self	JS4	\$1,106.97	\$1,129.11
Value Self & Family	JS5	\$2,527.05	\$2,577.59
Value Self Plus One	JS6	\$2,502.07	\$2,552.11
CDHP Self	JS1	\$1,166.40	\$1,189.73
CDHP Self & Family	JS2	\$2,658.89	\$2,712.07
CDHP Self Plus One	JS3	\$2,632.54	\$2,685.19
South Carolina Aetna HealthFund HDHP			
HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
South Dakota Aetna Advantage			
Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02
South Dakota Aetna Direct			
CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80
South Dakota Aetna HealthFund CDHP and Aetna Value Plan			
Value Self	G54	\$874.06	\$891.54
Value Self & Family	G55	\$2,001.94	\$2,041.98
Value Self Plus One	G56	\$1,962.70	\$2,001.95

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
CDHP Self	G51	\$1,152.41	\$1,175.46
CDHP Self & Family	G52	\$2,628.64	\$2,681.21
CDHP Self Plus One	G53	\$2,602.64	\$2,654.69
South Dakota Aetna HealthFund HDHP			
HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
South Dakota HealthPartners			
Standard Self	V34	\$553.28	\$564.35
Standard Self & Family	V35	\$1,347.84	\$1,374.80
Standard Self Plus One	V36	\$1,222.78	\$1,247.24
High Self	V31	\$737.17	\$751.91
High Self & Family	V32	\$1,795.73	\$1,831.64
High Self Plus One	V33	\$1,629.12	\$1,661.70
Tennessee Aetna Advantage			
Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02
Tennessee Aetna Direct			
CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80
Tennessee Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	F51	\$978.21	\$997.77
CDHP Self & Family	F52	\$2,230.43	\$2,275.04
CDHP Self Plus One	F53	\$2,208.33	\$2,252.50

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
Value Self	F54	\$1,008.28	\$1,028.45
Value Self & Family	F55	\$2,308.89	\$2,355.07
Value Self Plus One	F56	\$2,263.58	\$2,308.85
Tennessee Aetna HealthFund HDHP			
HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
Tennessee Humana CoverageFirst and Humana Value Plan			
CDHP Self	TT1	\$925.71	\$944.22
CDHP Self & Family	TT2	\$2,082.88	\$2,124.54
CDHP Self Plus One	TT3	\$1,990.32	\$2,030.13
Value Self	TT4	\$805.09	\$821.19
Value Self & Family	TT5	\$1,811.44	\$1,847.67
Value Self Plus One	TT6	\$1,730.95	\$1,765.57
Tennessee Humana Health Plan, Inc.			
Standard Self	GJ4	\$986.92	\$1,006.66
Standard Self & Family	GJ5	\$2,220.55	\$2,264.96
Standard Self Plus One	GJ6	\$2,121.86	\$2,164.30
Tennessee Humana Health Plan, Inc.			
HDHP Self	ER1	\$409.72	\$417.91
HDHP Self & Family	ER2	\$1,020.24	\$1,040.64
HDHP Self Plus One	ER3	\$898.13	\$916.09
Tennessee UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary			
High Self	AS1	\$711.79	\$726.03
High Self & Family	AS2	\$1,683.37	\$1,717.04
High Self Plus One	AS3	\$1,530.34	\$1,560.95

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates	
Plan - Option - Enrollment Code	Total Premium	TCC Rates

Tennessee UnitedHealthcare Insurance Company, Inc. Choice HDHP			
HDHP Self	LS1	\$658.84	\$672.02
HDHP Self & Family	LS2	\$1,507.18	\$1,537.32
HDHP Self Plus One	LS3	\$1,416.52	\$1,444.85
Tennessee UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO			
High Self	KK1	\$940.98	\$959.80
High Self & Family	KK2	\$2,352.52	\$2,399.57
High Self Plus One	KK3	\$2,023.17	\$2,063.63
Tennessee UnitedHealthcare Insurance Company, Inc. Choice Primary			
High Self	Y81	\$675.42	\$688.93
High Self & Family	Y82	\$1,597.35	\$1,629.30
High Self Plus One	Y83	\$1,452.14	\$1,481.18
Texas Aetna Advantage			
Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02
Texas Aetna Direct			
CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80
Texas Aetna HealthFund CDHP and Aetna Value Plan			
Value Self	JS4	\$1,106.97	\$1,129.11
Value Self & Family	JS5	\$2,527.05	\$2,577.59
Value Self Plus One	JS6	\$2,502.07	\$2,552.11
CDHP Self	JS1	\$1,166.40	\$1,189.73
CDHP Self & Family	JS2	\$2,658.89	\$2,712.07

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
CDHP Self Plus One JS3	\$2,632.54	\$2,685.19	
Texas Aetna HealthFund HDHP			
HDHP Self 224	\$832.65	\$849.30	
HDHP Self & Family 225	\$1,836.66	\$1,873.39	
HDHP Self Plus One 226	\$1,800.72	\$1,836.73	
Texas Humana CoverageFirst and Humana Value Plan			
Value Self T34	\$658.65	\$671.82	
Value Self & Family T35	\$1,580.74	\$1,612.35	
Value Self Plus One T36	\$1,416.11	\$1,444.43	
CDHP Self T31	\$964.41	\$983.70	
CDHP Self & Family T32	\$2,169.85	\$2,213.25	
CDHP Self Plus One T33	\$2,073.46	\$2,114.93	
Texas Humana CoverageFirst and Humana Value Plan			
CDHP Self TV1	\$934.68	\$953.37	
CDHP Self & Family TV2	\$2,103.05	\$2,145.11	
CDHP Self Plus One TV3	\$2,009.58	\$2,049.77	
Value Self TV4	\$719.27	\$733.66	
Value Self & Family TV5	\$1,618.41	\$1,650.78	
Value Self Plus One TV6	\$1,546.50	\$1,577.43	
Texas Humana CoverageFirst and Humana Value Plan			
Value Self TU4	\$624.61	\$637.10	
Value Self & Family TU5	\$1,405.37	\$1,433.48	
Value Self Plus One TU6	\$1,342.94	\$1,369.80	
CDHP Self TU1	\$870.85	\$888.27	
CDHP Self & Family TU2	\$1,959.43	\$1,998.62	
CDHP Self Plus One TU3	\$1,872.37	\$1,909.82	

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates	
Plan - Option - Enrollment Code	Total Premium	TCC Rates

Texas Humana CoverageFirst and Humana Value Plan

CDHP Self	TP1	\$866.43	\$883.76
CDHP Self & Family	TP2	\$1,949.46	\$1,988.45
CDHP Self Plus One	TP3	\$1,862.86	\$1,900.12
Value Self	TP4	\$534.56	\$545.25
Value Self & Family	TP5	\$1,282.95	\$1,308.61
Value Self Plus One	TP6	\$1,149.31	\$1,172.30

Texas Humana Health Plan of Texas

Standard Self	UC4	\$993.03	\$1,012.89
Standard Self & Family	UC5	\$2,234.29	\$2,278.98
Standard Self Plus One	UC6	\$2,134.97	\$2,177.67

Texas Humana Health Plan of Texas

Basic Self	QX1	\$962.41	\$981.66
Basic Self & Family	QX2	\$2,165.43	\$2,208.74
Basic Self Plus One	QX3	\$2,069.19	\$2,110.57

Texas Humana Health Plan of Texas

Standard Self	EW4	\$1,004.94	\$1,025.04
Standard Self & Family	EW5	\$2,261.09	\$2,306.31
Standard Self Plus One	EW6	\$2,160.58	\$2,203.79

Texas Humana Health Plan of Texas

Basic Self	QY1	\$1,015.39	\$1,035.70
Basic Self & Family	QY2	\$2,284.62	\$2,330.31
Basic Self Plus One	QY3	\$2,183.09	\$2,226.75

Texas Humana Health Plan of Texas

Basic Self	Q21	\$931.39	\$950.02
Basic Self & Family	Q22	\$2,095.62	\$2,137.53

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2023 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Basic Self Plus One	Q23	\$2,002.43	\$2,042.48
Texas Humana Health Plan of Texas			
Basic Self	Q61	\$792.05	\$807.89
Basic Self & Family	Q62	\$1,782.13	\$1,817.77
Basic Self Plus One	Q63	\$1,702.91	\$1,736.97
Texas Humana Health Plan of Texas			
Standard Self	UU4	\$1,688.57	\$1,722.34
Standard Self & Family	UU5	\$3,799.27	\$3,875.26
Standard Self Plus One	UU6	\$3,630.42	\$3,703.03
Texas Humana Health Plan of Texas			
Standard Self	UR4	\$1,152.75	\$1,175.81
Standard Self & Family	UR5	\$2,593.70	\$2,645.57
Standard Self Plus One	UR6	\$2,478.41	\$2,527.98
Texas Humana Health Plan of Texas			
HDHP Self	CG1	\$527.91	\$538.47
HDHP Self & Family	CG2	\$1,315.77	\$1,342.09
HDHP Self Plus One	CG3	\$1,158.19	\$1,181.35
Texas Humana Health Plan of Texas			
HDHP Self	DX1	\$416.72	\$425.05
HDHP Self & Family	DX2	\$1,037.73	\$1,058.48
HDHP Self Plus One	DX3	\$913.55	\$931.82
Texas Humana Health Plan of Texas			
HDHP Self	FD1	\$409.72	\$417.91
HDHP Self & Family	FD2	\$1,020.24	\$1,040.64
HDHP Self Plus One	FD3	\$898.13	\$916.09
Texas Humana Health Plan of Texas			

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2023 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
HDHP Self	AN1	\$472.40	\$481.85
HDHP Self & Family	AN2	\$1,176.91	\$1,200.45
HDHP Self Plus One	AN3	\$1,036.01	\$1,056.73
Texas Scott and White Health Plan			
Basic Self	A81	\$591.07	\$602.89
Basic Self & Family	A82	\$1,386.71	\$1,414.44
Basic Self Plus One	A83	\$1,310.10	\$1,336.30
Standard Self	A84	\$919.88	\$938.28
Standard Self & Family	A85	\$2,159.39	\$2,202.58
Standard Self Plus One	A86	\$2,040.03	\$2,080.83
Texas Scott and White Health Plan			
Basic Self	P81	\$609.27	\$621.46
Basic Self & Family	P82	\$1,429.50	\$1,458.09
Basic Self Plus One	P83	\$1,350.51	\$1,377.52
Standard Self	P84	\$945.77	\$964.69
Standard Self & Family	P85	\$2,220.25	\$2,264.66
Standard Self Plus One	P86	\$2,097.51	\$2,139.46
Texas UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary			
High Self	AS1	\$711.79	\$726.03
High Self & Family	AS2	\$1,683.37	\$1,717.04
High Self Plus One	AS3	\$1,530.34	\$1,560.95
Texas UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced			
Value Self	L91	\$697.00	\$710.94
Value Self & Family	L92	\$1,672.80	\$1,706.26
Value Self Plus One	L93	\$1,481.16	\$1,510.78
Texas UnitedHealthcare Insurance Company, Inc. Choice Primary			

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
High Self	Y81	\$675.42	\$688.93
High Self & Family	Y82	\$1,597.35	\$1,629.30
High Self Plus One	Y83	\$1,452.14	\$1,481.18
Utah Aetna Advantage			
Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02
Utah Aetna Direct			
CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80
Utah Aetna HealthFund CDHP and Aetna Value Plan			
Value Self	G54	\$874.06	\$891.54
Value Self & Family	G55	\$2,001.94	\$2,041.98
Value Self Plus One	G56	\$1,962.70	\$2,001.95
CDHP Self	G51	\$1,152.41	\$1,175.46
CDHP Self & Family	G52	\$2,628.64	\$2,681.21
CDHP Self Plus One	G53	\$2,602.64	\$2,654.69
Utah Aetna HealthFund HDHP			
HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
Utah Altius Health Plan			
High Self	9K1	\$1,214.72	\$1,239.01
High Self & Family	9K2	\$2,686.39	\$2,740.12
High Self Plus One	9K3	\$2,659.82	\$2,713.02

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2023 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
HDHP Self	9K4	\$794.89	\$810.79
HDHP Self & Family	9K5	\$1,661.25	\$1,694.48
HDHP Self Plus One	9K6	\$1,628.62	\$1,661.19
Utah Altius Health Plan			
Standard Self	DK4	\$993.35	\$1,013.22
Standard Self & Family	DK5	\$2,193.69	\$2,237.56
Standard Self Plus One	DK6	\$2,171.95	\$2,215.39
Utah SelectHealth Plan			
Standard Self	SF4	\$701.59	\$715.62
Standard Self & Family	SF5	\$1,754.03	\$1,789.11
Standard Self Plus One	SF6	\$1,543.51	\$1,574.38
Utah SelectHealth Plan			
HDHP Self	WX1	\$653.64	\$666.71
HDHP Self & Family	WX2	\$1,634.12	\$1,666.80
HDHP Self Plus One	WX3	\$1,438.04	\$1,466.80
Vermont Aetna Advantage			
Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02
Vermont Aetna Direct			
CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80
Vermont Aetna HealthFund CDHP and Aetna Value Plan			
Value Self	EP4	\$1,093.78	\$1,115.66
Value Self & Family	EP5	\$2,504.60	\$2,554.69

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
Value Self Plus One	EP6	\$2,455.48	\$2,504.59
CDHP Self	EP1	\$1,257.23	\$1,282.37
CDHP Self & Family	EP2	\$2,867.17	\$2,924.51
CDHP Self Plus One	EP3	\$2,838.77	\$2,895.55
Vermont Aetna HealthFund HDHP			
HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
Virgin Islands Triple-S Salud Inc. U.S. Virgin Islands			
High Self	851	\$665.45	\$678.76
High Self & Family	852	\$1,523.90	\$1,554.38
High Self Plus One	853	\$1,494.16	\$1,524.04
Virginia Aetna Advantage			
Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02
Virginia Aetna Direct			
CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80
Virginia Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	F51	\$978.21	\$997.77
CDHP Self & Family	F52	\$2,230.43	\$2,275.04
CDHP Self Plus One	F53	\$2,208.33	\$2,252.50
Value Self	F54	\$1,008.28	\$1,028.45
Value Self & Family	F55	\$2,308.89	\$2,355.07

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
Value Self Plus One	F56	\$2,263.58	\$2,308.85
Virginia Aetna HealthFund HDHP			
HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
Virginia Aetna Open Access			
High Self	JN1	\$1,328.84	\$1,355.42
High Self & Family	JN2	\$2,987.40	\$3,047.15
High Self Plus One	JN3	\$2,957.80	\$3,016.96
Basic Self	JN4	\$770.73	\$786.14
Basic Self & Family	JN5	\$1,763.82	\$1,799.10
Basic Self Plus One	JN6	\$1,619.67	\$1,652.06
Virginia Aetna Saver (Open Access)			
Saver Self	QQ4	\$613.56	\$625.83
Saver Self & Family	QQ5	\$1,404.20	\$1,432.28
Saver Self Plus One	QQ6	\$1,289.45	\$1,315.24
Virginia CareFirst BlueChoice			
Standard Self	2G4	\$1,023.27	\$1,043.74
Standard Self & Family	2G5	\$2,431.30	\$2,479.93
Standard Self Plus One	2G6	\$2,046.57	\$2,087.50
Virginia CareFirst BlueChoice			
HDHP Self	B61	\$691.90	\$705.74
HDHP Self & Family	B62	\$1,643.96	\$1,676.84
HDHP Self Plus One	B63	\$1,383.85	\$1,411.53
Blue Value Plus Self	B64	\$759.83	\$775.03
Blue Value Plus Self & Family	B65	\$1,805.35	\$1,841.46

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2023 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Blue Value Plus Self Plus One	B66	\$1,519.68	\$1,550.07
Virginia Kaiser Permanente - Mid-Atlantic States			
Prosper Self	T71	\$379.73	\$387.32
Prosper Self & Family	T72	\$1,068.34	\$1,089.71
Prosper Self Plus One	T73	\$907.18	\$925.32
Virginia Kaiser Permanente - Mid-Atlantic States			
Standard Self	E34	\$635.27	\$647.98
Standard Self & Family	E35	\$1,461.09	\$1,490.31
Standard Self Plus One	E36	\$1,461.09	\$1,490.31
High Self	E31	\$790.90	\$806.72
High Self & Family	E32	\$1,819.03	\$1,855.41
High Self Plus One	E33	\$1,819.03	\$1,855.41
Virginia M.D. IPA			
High Self	JP1	\$1,065.78	\$1,087.10
High Self & Family	JP2	\$2,988.44	\$3,048.21
High Self Plus One	JP3	\$2,081.45	\$2,123.08
Virginia Optima Health			
HDHP Self	PG4	\$585.87	\$597.59
HDHP Self & Family	PG5	\$1,292.31	\$1,318.16
HDHP Self Plus One	PG6	\$1,267.00	\$1,292.34
High Self	PG1	\$805.91	\$822.03
High Self & Family	PG2	\$1,947.34	\$1,986.29
High Self Plus One	PG3	\$1,947.18	\$1,986.12
Virginia UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary			
High Self	AS1	\$711.79	\$726.03
High Self & Family	AS2	\$1,683.37	\$1,717.04

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
High Self Plus One AS3	\$1,530.34	\$1,560.95	
Virginia UnitedHealthcare Insurance Company, Inc. Choice HDHP			
HDHP Self V41	\$665.19	\$678.49	
HDHP Self & Family V42	\$1,529.86	\$1,560.46	
HDHP Self Plus One V43	\$1,430.13	\$1,458.73	
Virginia UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO			
High Self LR1	\$908.01	\$926.17	
High Self & Family LR2	\$2,151.93	\$2,194.97	
High Self Plus One LR3	\$1,952.17	\$1,991.21	
Virginia UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced			
Value Self L91	\$697.00	\$710.94	
Value Self & Family L92	\$1,672.80	\$1,706.26	
Value Self Plus One L93	\$1,481.16	\$1,510.78	
Virginia UnitedHealthcare Insurance Company, Inc. Choice Primary			
High Self Y81	\$675.42	\$688.93	
High Self & Family Y82	\$1,597.35	\$1,629.30	
High Self Plus One Y83	\$1,452.14	\$1,481.18	
Washington Aetna Advantage			
Advantage Self Z24	\$500.02	\$510.02	
Advantage Self & Family Z25	\$1,325.00	\$1,351.50	
Advantage Self Plus One Z26	\$1,100.02	\$1,122.02	
Washington Aetna Direct			
CDHP Self N61	\$641.42	\$654.25	
CDHP Self & Family N62	\$1,617.57	\$1,649.92	
CDHP Self Plus One N63	\$1,406.67	\$1,434.80	
Washington Aetna HealthFund CDHP and Aetna Value Plan			

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2023 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
Value Self	G54	\$874.06	\$891.54
Value Self & Family	G55	\$2,001.94	\$2,041.98
Value Self Plus One	G56	\$1,962.70	\$2,001.95
CDHP Self	G51	\$1,152.41	\$1,175.46
CDHP Self & Family	G52	\$2,628.64	\$2,681.21
CDHP Self Plus One	G53	\$2,602.64	\$2,654.69
Washington Aetna HealthFund HDHP			
HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
Washington Kaiser Permanente - Northwest			
Standard Self	574	\$695.35	\$709.26
Standard Self & Family	575	\$1,597.48	\$1,629.43
Standard Self Plus One	576	\$1,597.48	\$1,629.43
High Self	571	\$798.22	\$814.18
High Self & Family	572	\$1,802.91	\$1,838.97
High Self Plus One	573	\$1,802.91	\$1,838.97
Washington Kaiser Permanente - Northwest			
Prosper Self	AM1	\$410.63	\$418.84
Prosper Self & Family	AM2	\$1,018.38	\$1,038.75
Prosper Self Plus One	AM3	\$882.81	\$900.47
Washington Kaiser Permanente - Washington Core			
Standard Self	544	\$640.86	\$653.68
Standard Self & Family	545	\$1,473.94	\$1,503.42
Standard Self Plus One	546	\$1,473.94	\$1,503.42
High Self	541	\$902.79	\$920.85

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
High Self & Family	542	\$1,986.12	\$2,025.84
High Self Plus One	543	\$1,986.12	\$2,025.84
Washington Kaiser Permanente - Washington Core			
Prosper Self	PT4	\$390.00	\$397.80
Prosper Self & Family	PT5	\$1,091.98	\$1,113.82
Prosper Self Plus One	PT6	\$944.67	\$963.56
Washington Kaiser Permanente Washington Options Federal			
Standard Self	L11	\$676.00	\$689.52
Standard Self & Family	L12	\$1,500.70	\$1,530.71
Standard Self Plus One	L13	\$1,500.70	\$1,530.71
HDHP Self	L14	\$719.98	\$734.38
HDHP Self & Family	L15	\$1,598.26	\$1,630.23
HDHP Self Plus One	L16	\$1,598.26	\$1,630.23
Washington UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary			
High Self	WF1	\$709.71	\$723.90
High Self & Family	WF2	\$1,678.47	\$1,712.04
High Self Plus One	WF3	\$1,525.88	\$1,556.40
Washington UnitedHealthcare Insurance Company, Inc. Choice HDHP			
HDHP Self	LU1	\$708.63	\$722.80
HDHP Self & Family	LU2	\$1,629.77	\$1,662.37
HDHP Self Plus One	LU3	\$1,523.51	\$1,553.98
Washington UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO			
High Self	KT1	\$963.45	\$982.72
High Self & Family	KT2	\$2,408.62	\$2,456.79
High Self Plus One	KT3	\$2,071.40	\$2,112.83
Washington UnitedHealthcare Insurance Company, Inc. Choice Primary			

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2023 Monthly Premium Rates	
Plan - Option - Enrollment Code		Total Premium	TCC Rates
High Self	VD1	\$634.34	\$647.03
High Self & Family	VD2	\$1,500.18	\$1,530.18
High Self Plus One	VD3	\$1,363.81	\$1,391.09
West Virginia Aetna Advantage			
Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02
West Virginia Aetna Direct			
CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80
West Virginia Aetna HealthFund CDHP and Aetna Value Plan			
CDHP Self	F51	\$978.21	\$997.77
CDHP Self & Family	F52	\$2,230.43	\$2,275.04
CDHP Self Plus One	F53	\$2,208.33	\$2,252.50
Value Self	F54	\$1,008.28	\$1,028.45
Value Self & Family	F55	\$2,308.89	\$2,355.07
Value Self Plus One	F56	\$2,263.58	\$2,308.85
West Virginia Aetna HealthFund HDHP			
HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
Wisconsin Aetna Advantage			
Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates	
Plan - Option - Enrollment Code	Total Premium	TCC Rates

Wisconsin Aetna Direct

CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80

Wisconsin Aetna HealthFund CDHP and Aetna Value Plan

Value Self	JS4	\$1,106.97	\$1,129.11
Value Self & Family	JS5	\$2,527.05	\$2,577.59
Value Self Plus One	JS6	\$2,502.07	\$2,552.11
CDHP Self	JS1	\$1,166.40	\$1,189.73
CDHP Self & Family	JS2	\$2,658.89	\$2,712.07
CDHP Self Plus One	JS3	\$2,632.54	\$2,685.19

Wisconsin Aetna HealthFund HDHP

HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73

Wisconsin Dean Health Plan, Inc.

High Self	WD1	\$1,367.71	\$1,395.06
High Self & Family	WD2	\$3,145.76	\$3,208.68
High Self Plus One	WD3	\$2,872.22	\$2,929.66
Standard Self	WD4	\$738.51	\$753.28
Standard Self & Family	WD5	\$1,772.44	\$1,807.89
Standard Self Plus One	WD6	\$1,624.74	\$1,657.23

Wisconsin Dean Health Plan, Inc.

Basic Self	AG1	\$455.07	\$464.17
Basic Self & Family	AG2	\$1,023.90	\$1,044.38
Basic Self Plus One	AG3	\$955.63	\$974.74

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates	
Plan - Option - Enrollment Code	Total Premium	TCC Rates

Wisconsin Group Health Cooperative of South Central Wisconsin

High Self	WJ1	\$1,113.47	\$1,135.74
High Self & Family	WJ2	\$2,895.14	\$2,953.04
High Self Plus One	WJ3	\$2,449.72	\$2,498.71
Standard Self	WJ4	\$641.03	\$653.85
Standard Self & Family	WJ5	\$1,666.75	\$1,700.09
Standard Self Plus One	WJ6	\$1,410.33	\$1,438.54

Wisconsin HealthPartners

Standard Self	V34	\$553.28	\$564.35
Standard Self & Family	V35	\$1,347.84	\$1,374.80
Standard Self Plus One	V36	\$1,222.78	\$1,247.24
High Self	V31	\$737.17	\$751.91
High Self & Family	V32	\$1,795.73	\$1,831.64
High Self Plus One	V33	\$1,629.12	\$1,661.70

Wyoming Aetna Advantage

Advantage Self	Z24	\$500.02	\$510.02
Advantage Self & Family	Z25	\$1,325.00	\$1,351.50
Advantage Self Plus One	Z26	\$1,100.02	\$1,122.02

Wyoming Aetna Direct

CDHP Self	N61	\$641.42	\$654.25
CDHP Self & Family	N62	\$1,617.57	\$1,649.92
CDHP Self Plus One	N63	\$1,406.67	\$1,434.80

Wyoming Aetna HealthFund CDHP and Aetna Value Plan

CDHP Self	H41	\$864.93	\$882.23
CDHP Self & Family	H42	\$1,971.52	\$2,010.95
CDHP Self Plus One	H43	\$1,952.41	\$1,991.46

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2023 Monthly Premium Rates		
Plan - Option - Enrollment Code	Total Premium	TCC Rates	
Value Self	H44	\$901.16	\$919.18
Value Self & Family	H45	\$2,068.11	\$2,109.47
Value Self Plus One	H46	\$2,027.59	\$2,068.14
Wyoming Aetna HealthFund HDHP			
HDHP Self	224	\$832.65	\$849.30
HDHP Self & Family	225	\$1,836.66	\$1,873.39
HDHP Self Plus One	226	\$1,800.72	\$1,836.73
Wyoming Altius Health Plan			
High Self	9K1	\$1,214.72	\$1,239.01
High Self & Family	9K2	\$2,686.39	\$2,740.12
High Self Plus One	9K3	\$2,659.82	\$2,713.02
HDHP Self	9K4	\$794.89	\$810.79
HDHP Self & Family	9K5	\$1,661.25	\$1,694.48
HDHP Self Plus One	9K6	\$1,628.62	\$1,661.19
Wyoming Altius Health Plan			
Standard Self	DK4	\$993.35	\$1,013.22
Standard Self & Family	DK5	\$2,193.69	\$2,237.56
Standard Self Plus One	DK6	\$2,171.95	\$2,215.39