Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
Alabama Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Alabama Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
Alabama Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	F51	$1,059.48	$1,165.21	$645.84	$519.37	$259.69
CDHP Self & Family	F52	$2,415.75	$2,656.85	$1,547.50	$1,109.35	$554.68
CDHP Self Plus One	F53	$2,391.81	$2,630.53	$1,408.33	$1,222.20	$611.10
Value Self	F54	$1,023.97	$1,170.95	$645.84	$525.11	$262.56
Value Self & Family	F55	$2,344.83	$2,681.42	$1,547.50	$1,133.92	$566.96
Value Self Plus One	F56	$2,298.81	$2,628.77	$1,408.33	$1,220.44	$610.22
Alabama Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
Alabama UnitedHealthcare Insurance Company, Inc. - Cl						
High Self	AS1	$791.51	$822.77	$617.08	$205.69	$102.85
High Self & Family	AS2	$1,871.98	$1,945.86	$1,459.40	$486.46	$243.23
High Self Plus One	AS3	$1,701.79	$1,768.93	$1,326.70	$442.23	$221.12
Alabama UnitedHealthcare Insurance Company, Inc. Ch						
HDHP Self	LS1	$767.02	$788.15	$591.11	$197.04	$98.52

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
HDHP Self & Family	LS2	$1,764.04	$1,812.70	$1,359.53	$453.17	$226.59
HDHP Self Plus One	LS3	$1,648.99	$1,694.46	$1,270.85	$423.61	$211.81
Alabama UnitedHealthcare Insurance Company, Inc. Cho						
High Self	Y81	$725.21	$705.77	$529.33	$176.44	$88.22
High Self & Family	Y82	$1,715.13	$1,669.11	$1,251.83	$417.28	$208.64
High Self Plus One	Y83	$1,559.22	$1,517.40	$1,138.05	$379.35	$189.68
Alaska Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Alaska Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
Alaska Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	JS4	$1,170.76	$1,348.36	$645.84	$702.52	$351.26
Value Self & Family	JS5	$2,672.67	$3,078.08	$1,547.50	$1,530.58	$765.29
Value Self Plus One	JS6	$2,646.28	$3,047.70	$1,408.33	$1,639.37	$819.69
CDHP Self	JS1	$1,308.60	$1,403.00	$645.84	$757.16	$378.58
CDHP Self & Family	JS2	$2,983.02	$3,198.20	$1,547.50	$1,650.70	$825.35
CDHP Self Plus One	JS3	$2,953.47	$3,166.52	$1,408.33	$1,758.19	$879.10
Alaska Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
Arizona Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Arizona Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
Arizona Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	G54	$930.52	$1,032.44	$645.84	$386.60	$193.30
Value Self & Family	G55	$2,131.18	$2,364.57	$1,547.50	$817.07	$408.54
Value Self Plus One	G56	$2,089.43	$2,318.27	$1,408.33	$909.94	$454.97
CDHP Self	G51	$1,321.49	$1,357.94	$645.84	$712.10	$356.05
CDHP Self & Family	G52	$3,014.33	$3,097.40	$1,547.50	$1,549.90	$774.95
CDHP Self Plus One	G53	$2,984.52	$3,066.79	$1,408.33	$1,658.46	$829.23
Arizona Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
Arizona Aetna Open Access						
High Self	WQ1	$1,398.89	$1,431.54	$645.84	$785.70	$392.85
High Self & Family	WQ2	$3,396.47	$3,475.72	$1,547.50	$1,928.22	$964.11
High Self Plus One	WQ3	$3,362.84	$3,441.30	$1,408.33	$2,032.97	$1,016.49
Arizona UnitedHealthcare Insurance Company, Inc. - Ch						
High Self	WF1	$791.83	$780.98	$585.74	$195.24	$97.62

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
High Self & Family	WF2	$1,872.67	$1,847.00	$1,385.25	$461.75	$230.88
High Self Plus One	WF3	$1,702.42	$1,679.10	$1,259.33	$419.77	$209.89
Arizona UnitedHealthcare Insurance Company, Inc. Choi						
HDHP Self	LU1	$782.43	$851.87	$638.90	$212.97	$106.49
HDHP Self & Family	LU2	$1,799.55	$1,959.34	$1,469.51	$489.83	$244.92
HDHP Self Plus One	LU3	$1,682.16	$1,831.55	$1,373.66	$457.89	$228.95
Arizona UnitedHealthcare Insurance Company, Inc. Choi						
High Self	VD1	$778.40	$771.38	$578.54	$192.84	$96.42
High Self & Family	VD2	$1,840.91	$1,824.31	$1,368.23	$456.08	$228.04
High Self Plus One	VD3	$1,673.58	$1,658.45	$1,243.84	$414.61	$207.31
Arkansas Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Arkansas Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
Arkansas Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	F51	$1,059.48	$1,165.21	$645.84	$519.37	$259.69
CDHP Self & Family	F52	$2,415.75	$2,656.85	$1,547.50	$1,109.35	$554.68
CDHP Self Plus One	F53	$2,391.81	$2,630.53	$1,408.33	$1,222.20	$611.10
Value Self	F54	$1,023.97	$1,170.95	$645.84	$525.11	$262.56
Value Self & Family	F55	$2,344.83	$2,681.42	$1,547.50	$1,133.92	$566.96
Value Self Plus One	F56	$2,298.81	$2,628.77	$1,408.33	$1,220.44	$610.22

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
Arkansas Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
Arkansas QualChoice						
High Self	DH1	$865.97	$926.62	$645.84	$280.78	$140.39
High Self & Family	DH2	$2,258.82	$2,416.96	$1,547.50	$869.46	$434.73
High Self Plus One	DH3	$1,682.27	$1,800.05	$1,350.04	$450.01	$225.01
Standard Self	DH4	$675.98	$723.30	$542.48	$180.82	$90.41
Standard Self & Family	DH5	$1,763.23	$1,886.69	$1,415.02	$471.67	$235.84
Standard Self Plus One	DH6	$1,313.17	$1,405.11	$1,053.83	$351.28	$175.64
Arkansas UnitedHealthcare Insurance Company, Inc. - Cl						
High Self	AS1	$791.51	$822.77	$617.08	$205.69	$102.85
High Self & Family	AS2	$1,871.98	$1,945.86	$1,459.40	$486.46	$243.23
High Self Plus One	AS3	$1,701.79	$1,768.93	$1,326.70	$442.23	$221.12
Arkansas UnitedHealthcare Insurance Company, Inc. Ch						
HDHP Self	LS1	$767.02	$788.15	$591.11	$197.04	$98.52
HDHP Self & Family	LS2	$1,764.04	$1,812.70	$1,359.53	$453.17	$226.59
HDHP Self Plus One	LS3	$1,648.99	$1,694.46	$1,270.85	$423.61	$211.81
Arkansas UnitedHealthcare Insurance Company, Inc. Ch						
High Self	Y81	$725.21	$705.77	$529.33	$176.44	$88.22
High Self & Family	Y82	$1,715.13	$1,669.11	$1,251.83	$417.28	$208.64
High Self Plus One	Y83	$1,559.22	$1,517.40	$1,138.05	$379.35	$189.68
California Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
California Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
California Aetna HealthFund CDHP and Aetna Value Plar						
Value Self	JS4	$1,170.76	$1,348.36	$645.84	$702.52	$351.26
Value Self & Family	JS5	$2,672.67	$3,078.08	$1,547.50	$1,530.58	$765.29
Value Self Plus One	JS6	$2,646.28	$3,047.70	$1,408.33	$1,639.37	$819.69
CDHP Self	JS1	$1,308.60	$1,403.00	$645.84	$757.16	$378.58
CDHP Self & Family	JS2	$2,983.02	$3,198.20	$1,547.50	$1,650.70	$825.35
CDHP Self Plus One	JS3	$2,953.47	$3,166.52	$1,408.33	$1,758.19	$879.10
California Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
California Aetna Open Access						
High Self	2X1	$1,215.20	$1,370.40	$645.84	$724.56	$362.28
High Self & Family	2X2	$2,852.87	$3,217.18	$1,547.50	$1,669.68	$834.84
High Self Plus One	2X3	$2,796.97	$3,154.15	$1,408.33	$1,745.82	$872.91
California Anthem Blue Cross Select HMO						
High Self	B31	$804.61	$818.72	$614.04	$204.68	$102.34
High Self & Family	B32	$1,864.79	$1,949.39	$1,462.04	$487.35	$243.68
High Self Plus One	B33	$1,707.57	$1,769.26	$1,326.95	$442.31	$221.16

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
California Health Net of California						
High Self	LB1	$1,780.44	$2,011.84	$645.84	$1,366.00	$683.00
High Self & Family	LB2	$4,273.06	$4,828.42	$1,547.50	$3,280.92	$1,640.46
High Self Plus One	LB3	$3,916.94	$4,426.07	$1,408.33	$3,017.74	$1,508.87
Basic Self	P61	$461.46	$573.34	$430.01	$143.33	$71.67
Basic Self & Family	P62	$1,107.47	$1,376.03	$1,032.02	$344.01	$172.01
Basic Self Plus One	P63	$1,015.19	$1,261.33	$946.00	$315.33	$157.67
Standard Self	P64	$784.07	$923.37	$645.84	$277.53	$138.77
Standard Self & Family	P65	$1,881.77	$2,216.09	$1,547.50	$668.59	$334.30
Standard Self Plus One	P66	$1,724.95	$2,031.42	$1,408.33	$623.09	$311.55
High Self	LP1	$1,139.99	$1,487.05	$645.84	$841.21	$420.61
High Self & Family	LP2	$2,735.98	$3,568.87	$1,547.50	$2,021.37	$1,010.69
High Self Plus One	LP3	$2,507.96	$3,271.45	$1,408.33	$1,863.12	$931.56
California Kaiser Permanente - Fresno California						
Standard Self	NZ4	$648.55	$747.48	$560.61	$186.87	$93.44
Standard Self & Family	NZ5	$1,498.94	$1,727.61	$1,295.71	$431.90	$215.95
Standard Self Plus One	NZ6	$1,498.94	$1,727.61	$1,295.71	$431.90	$215.95
High Self	NZ1	$858.00	$988.95	$645.84	$343.11	$171.56
High Self & Family	NZ2	$1,983.04	$2,285.68	$1,547.50	$738.18	$369.09
High Self Plus One	NZ3	$1,983.04	$2,285.68	$1,408.33	$877.35	$438.68
California Kaiser Permanente - Northern California						
Prosper Self	KC1	$687.01	$690.19	$517.64	$172.55	$86.28
Prosper Self & Family	KC2	$1,607.56	$1,615.06	$1,211.30	$403.76	$201.88
Prosper Self Plus One	KC3	$1,607.56	$1,615.06	$1,211.30	$403.76	$201.88
California Kaiser Permanente - Northern California						

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
High Self	591	$1,032.11	$1,067.71	$645.84	$421.87	$210.94
High Self & Family	592	$2,463.83	$2,548.74	$1,547.50	$1,001.24	$500.62
High Self Plus One	593	$2,463.83	$2,548.74	$1,408.33	$1,140.41	$570.21
Standard Self	594	$846.91	$880.71	$645.84	$234.87	$117.44
Standard Self & Family	595	$1,981.79	$2,060.87	$1,545.65	$515.22	$257.61
Standard Self Plus One	596	$1,981.79	$2,060.87	$1,408.33	$652.54	$326.27
California Kaiser Permanente - Southern California						
Standard Self	624	$592.97	$622.83	$467.12	$155.71	$77.86
Standard Self & Family	625	$1,370.50	$1,439.40	$1,079.55	$359.85	$179.93
Standard Self Plus One	626	$1,370.50	$1,439.40	$1,079.55	$359.85	$179.93
High Self	621	$866.32	$924.39	$645.84	$278.55	$139.28
High Self & Family	622	$2,002.26	$2,136.49	$1,547.50	$588.99	$294.50
High Self Plus One	623	$2,002.26	$2,136.49	$1,408.33	$728.16	$364.08
California Kaiser Permanente - Southern California						
Prosper Self	FL1	$399.17	$412.66	$309.50	$103.16	$51.58
Prosper Self & Family	FL2	$1,117.65	$1,155.40	$866.55	$288.85	$144.43
Prosper Self Plus One	FL3	$918.08	$949.09	$711.82	$237.27	$118.64
California Sharp Health Plan						
Standard Self	YJ4	New Plan	$708.72	$531.54	$177.18	$88.59
Standard Self & Family	YJ5	New Plan	$1,700.94	$1,275.71	$425.23	$212.62
Standard Self Plus One	YJ6	New Plan	$1,559.20	$1,169.40	$389.80	$194.90
California Western Health Advantage						
High Self	W51	New Plan	$876.14	$645.84	$230.30	$115.15
High Self & Family	W52	New Plan	$2,102.75	$1,547.50	$555.25	$277.63
High Self Plus One	W53	New Plan	$2,102.75	$1,408.33	$694.42	$347.21

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
Colorado Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Colorado Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
Colorado Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	G54	$930.52	$1,032.44	$645.84	$386.60	$193.30
Value Self & Family	G55	$2,131.18	$2,364.57	$1,547.50	$817.07	$408.54
Value Self Plus One	G56	$2,089.43	$2,318.27	$1,408.33	$909.94	$454.97
CDHP Self	G51	$1,321.49	$1,357.94	$645.84	$712.10	$356.05
CDHP Self & Family	G52	$3,014.33	$3,097.40	$1,547.50	$1,549.90	$774.95
CDHP Self Plus One	G53	$2,984.52	$3,066.79	$1,408.33	$1,658.46	$829.23
Colorado Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
Colorado Kaiser Permanente - Colorado						
Standard Self	654	$740.63	$805.18	$603.89	$201.29	$100.65
Standard Self & Family	655	$1,673.82	$1,819.70	$1,364.78	$454.92	$227.46
Standard Self Plus One	656	$1,673.82	$1,819.70	$1,364.78	$454.92	$227.46
High Self	651	$873.30	$910.93	$645.84	$265.09	$132.55
High Self & Family	652	$1,973.70	$2,058.66	$1,544.00	$514.66	$257.33

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
High Self Plus One	653	$1,973.70	$2,058.66	$1,408.33	$650.33	$325.17
Colorado Kaiser Permanente - Colorado						
Prosper Self	N41	$450.58	$481.76	$361.32	$120.44	$60.22
Prosper Self & Family	N42	$1,108.45	$1,185.15	$888.86	$296.29	$148.15
Prosper Self Plus One	N43	$1,018.33	$1,088.77	$816.58	$272.19	$136.10
Colorado UnitedHealthcare Insurance Company, Inc. Ch						
HDHP Self	LU1	$782.43	$851.87	$638.90	$212.97	$106.49
HDHP Self & Family	LU2	$1,799.55	$1,959.34	$1,469.51	$489.83	$244.92
HDHP Self Plus One	LU3	$1,682.16	$1,831.55	$1,373.66	$457.89	$228.95
Connecticut Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Connecticut Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
Connecticut Aetna HealthFund CDHP and Aetna Value P						
Value Self	EP4	$1,106.45	$1,464.34	$645.84	$818.50	$409.25
Value Self & Family	EP5	$2,533.66	$3,353.22	$1,547.50	$1,805.72	$902.86
Value Self Plus One	EP6	$2,483.93	$3,287.42	$1,408.33	$1,879.09	$939.55
CDHP Self	EP1	$1,215.18	$1,375.05	$645.84	$729.21	$364.61
CDHP Self & Family	EP2	$2,771.23	$3,135.84	$1,547.50	$1,588.34	$794.17
CDHP Self Plus One	EP3	$2,743.80	$3,104.77	$1,408.33	$1,696.44	$848.22
Connecticut Aetna HealthFund HDHP						

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
Delaware Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Delaware Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
Delaware Aetna HealthFund CDHP and Aetna Value Plar						
Value Self	EP4	$1,106.45	$1,464.34	$645.84	$818.50	$409.25
Value Self & Family	EP5	$2,533.66	$3,353.22	$1,547.50	$1,805.72	$902.86
Value Self Plus One	EP6	$2,483.93	$3,287.42	$1,408.33	$1,879.09	$939.55
CDHP Self	EP1	$1,215.18	$1,375.05	$645.84	$729.21	$364.61
CDHP Self & Family	EP2	$2,771.23	$3,135.84	$1,547.50	$1,588.34	$794.17
CDHP Self Plus One	EP3	$2,743.80	$3,104.77	$1,408.33	$1,696.44	$848.22
Delaware Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
Delaware Aetna Open Access						
Basic Self	P34	$1,833.22	$1,794.85	$645.84	$1,149.01	$574.51
Basic Self & Family	P35	$4,254.90	$4,165.85	$1,547.50	$2,618.35	$1,309.18

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
Basic Self Plus One	P36	$4,212.72	$4,124.55	$1,408.33	$2,716.22	$1,358.11
High Self	P31	$1,806.63	$1,826.48	$645.84	$1,180.64	$590.32
High Self & Family	P32	$4,380.18	$4,428.32	$1,547.50	$2,880.82	$1,440.41
High Self Plus One	P33	$4,336.84	$4,384.49	$1,408.33	$2,976.16	$1,488.08
District Of Columbia Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
District Of Columbia Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
District Of Columbia Aetna HealthFund CDHP and Aetna						
CDHP Self	F51	$1,059.48	$1,165.21	$645.84	$519.37	$259.69
CDHP Self & Family	F52	$2,415.75	$2,656.85	$1,547.50	$1,109.35	$554.68
CDHP Self Plus One	F53	$2,391.81	$2,630.53	$1,408.33	$1,222.20	$611.10
Value Self	F54	$1,023.97	$1,170.95	$645.84	$525.11	$262.56
Value Self & Family	F55	$2,344.83	$2,681.42	$1,547.50	$1,133.92	$566.96
Value Self Plus One	F56	$2,298.81	$2,628.77	$1,408.33	$1,220.44	$610.22
District Of Columbia Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
District Of Columbia Aetna Open Access						
High Self	JN1	$1,364.07	$1,471.67	$645.84	$825.83	$412.92

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
High Self & Family	JN2	$3,066.66	$3,308.59	$1,547.50	$1,761.09	$880.55
High Self Plus One	JN3	$3,036.26	$3,275.78	$1,408.33	$1,867.45	$933.73
Basic Self	JN4	$804.83	$863.85	$645.84	$218.01	$109.01
Basic Self & Family	JN5	$1,841.80	$1,976.93	$1,482.70	$494.23	$247.12
Basic Self Plus One	JN6	$1,691.28	$1,815.39	$1,361.54	$453.85	$226.93
District Of Columbia Aetna Saver (Open Access)						
Saver Self	QQ4	$622.29	$586.58	$439.94	$146.64	$73.32
Saver Self & Family	QQ5	$1,424.11	$1,342.40	$1,006.80	$335.60	$167.80
Saver Self Plus One	QQ6	$1,307.76	$1,232.70	$924.53	$308.17	$154.09
District Of Columbia CareFirst BlueChoice						
Standard Self	2G4	$1,115.38	$1,171.15	$645.84	$525.31	$262.66
Standard Self & Family	2G5	$2,650.12	$2,782.63	$1,547.50	$1,235.13	$617.57
Standard Self Plus One	2G6	$2,230.76	$2,342.30	$1,408.33	$933.97	$466.99
District Of Columbia CareFirst BlueChoice						
HDHP Self	B61	$726.53	$748.30	$561.23	$187.07	$93.54
HDHP Self & Family	B62	$1,726.16	$1,777.95	$1,333.46	$444.49	$222.25
HDHP Self Plus One	B63	$1,453.01	$1,496.60	$1,122.45	$374.15	$187.08
Blue Value Plus Self	B64	$775.04	$775.04	$581.28	$193.76	$96.88
Blue Value Plus Self & Family	B65	$1,841.45	$1,841.45	$1,381.09	$460.36	$230.18
Blue Value Plus Self Plus One	B66	$1,550.08	$1,550.08	$1,162.56	$387.52	$193.76
District Of Columbia Kaiser Permanente - Mid-Atlantic S						
Prosper Self	T71	$425.01	$449.30	$336.98	$112.32	$56.16
Prosper Self & Family	T72	$1,195.81	$1,264.10	$948.08	$316.02	$158.01
Prosper Self Plus One	T73	$1,015.45	$1,073.39	$805.04	$268.35	$134.18
District Of Columbia Kaiser Permanente - Mid-Atlantic S						

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
Standard Self	E34	$707.53	$770.08	$577.56	$192.52	$96.26
Standard Self & Family	E35	$1,627.30	$1,771.21	$1,328.41	$442.80	$221.40
Standard Self Plus One	E36	$1,627.30	$1,771.21	$1,328.41	$442.80	$221.40
High Self	E31	$889.87	$962.28	$645.84	$316.44	$158.22
High Self & Family	E32	$2,046.70	$2,213.27	$1,547.50	$665.77	$332.89
High Self Plus One	E33	$2,046.70	$2,213.27	$1,408.33	$804.94	$402.47
District Of Columbia M.D. IPA						
High Self	JP1	$1,153.30	$1,159.28	$645.84	$513.44	$256.72
High Self & Family	JP2	$3,233.86	$3,250.67	$1,547.50	$1,703.17	$851.59
High Self Plus One	JP3	$2,252.42	$2,264.10	$1,408.33	$855.77	$427.89
District Of Columbia UnitedHealthcare Insurance Compa						
High Self	AS1	$791.51	$822.77	$617.08	$205.69	$102.85
High Self & Family	AS2	$1,871.98	$1,945.86	$1,459.40	$486.46	$243.23
High Self Plus One	AS3	$1,701.79	$1,768.93	$1,326.70	$442.23	$221.12
District Of Columbia UnitedHealthcare Insurance Compa						
HDHP Self	V41	$693.55	$702.15	$526.61	$175.54	$87.77
HDHP Self & Family	V42	$1,587.80	$1,607.23	$1,205.42	$401.81	$200.91
HDHP Self Plus One	V43	$1,491.19	$1,509.65	$1,132.24	$377.41	$188.71
District Of Columbia UnitedHealthcare Insurance Compa						
High Self	LR1	$1,007.54	$1,132.39	$645.84	$486.55	$243.28
High Self & Family	LR2	$2,387.88	$2,683.72	$1,547.50	$1,136.22	$568.11
High Self Plus One	LR3	$2,166.21	$2,434.60	$1,408.33	$1,026.27	$513.14
District Of Columbia UnitedHealthcare Insurance Compa						
Value Self	L91	$769.25	$830.38	$622.79	$207.59	$103.80
Value Self & Family	L92	$1,846.24	$1,992.03	$1,494.02	$498.01	$249.01

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
Value Self Plus One	L93	$1,634.69	$1,763.73	$1,322.80	$440.93	$220.47
District Of Columbia UnitedHealthcare Insurance Compa						
High Self	Y81	$725.21	$705.77	$529.33	$176.44	$88.22
High Self & Family	Y82	$1,715.13	$1,669.11	$1,251.83	$417.28	$208.64
High Self Plus One	Y83	$1,559.22	$1,517.40	$1,138.05	$379.35	$189.68
Florida Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Florida Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
Florida Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	F51	$1,059.48	$1,165.21	$645.84	$519.37	$259.69
CDHP Self & Family	F52	$2,415.75	$2,656.85	$1,547.50	$1,109.35	$554.68
CDHP Self Plus One	F53	$2,391.81	$2,630.53	$1,408.33	$1,222.20	$611.10
Value Self	F54	$1,023.97	$1,170.95	$645.84	$525.11	$262.56
Value Self & Family	F55	$2,344.83	$2,681.42	$1,547.50	$1,133.92	$566.96
Value Self Plus One	F56	$2,298.81	$2,628.77	$1,408.33	$1,220.44	$610.22
Florida Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
Florida AvMed						

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
HDHP Self	WZ1	$871.35	$927.42	$645.84	$281.58	$140.79
HDHP Self & Family	WZ2	$2,030.32	$2,167.90	$1,547.50	$620.40	$310.20
HDHP Self Plus One	WZ3	$1,759.85	$1,877.96	$1,408.33	$469.63	$234.82
Florida AvMed						
Standard Self	ML4	$987.03	$1,171.86	$645.84	$526.02	$263.01
Standard Self & Family	ML5	$2,403.20	$2,853.26	$1,547.50	$1,305.76	$652.88
Standard Self Plus One	ML6	$2,072.74	$2,460.21	$1,408.33	$1,051.88	$525.94
Florida Capital Health Plan						
High Self	EA1	$815.79	$909.87	$645.84	$264.03	$132.02
High Self & Family	EA2	$1,946.14	$2,170.52	$1,547.50	$623.02	$311.51
High Self Plus One	EA3	$1,784.03	$1,989.74	$1,408.33	$581.41	$290.71
Florida UnitedHealthcare Insurance Company, Inc. - Cho						
High Self	AS1	$791.51	$822.77	$617.08	$205.69	$102.85
High Self & Family	AS2	$1,871.98	$1,945.86	$1,459.40	$486.46	$243.23
High Self Plus One	AS3	$1,701.79	$1,768.93	$1,326.70	$442.23	$221.12
Florida UnitedHealthcare Insurance Company, Inc. Choic						
HDHP Self	LS1	$767.02	$788.15	$591.11	$197.04	$98.52
HDHP Self & Family	LS2	$1,764.04	$1,812.70	$1,359.53	$453.17	$226.59
HDHP Self Plus One	LS3	$1,648.99	$1,694.46	$1,270.85	$423.61	$211.81
Florida UnitedHealthcare Insurance Company, Inc. Choic						
High Self	Y81	$725.21	$705.77	$529.33	$176.44	$88.22
High Self & Family	Y82	$1,715.13	$1,669.11	$1,251.83	$417.28	$208.64
High Self Plus One	Y83	$1,559.22	$1,517.40	$1,138.05	$379.35	$189.68
Georgia Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Georgia Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
Georgia Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	F51	$1,059.48	$1,165.21	$645.84	$519.37	$259.69
CDHP Self & Family	F52	$2,415.75	$2,656.85	$1,547.50	$1,109.35	$554.68
CDHP Self Plus One	F53	$2,391.81	$2,630.53	$1,408.33	$1,222.20	$611.10
Value Self	F54	$1,023.97	$1,170.95	$645.84	$525.11	$262.56
Value Self & Family	F55	$2,344.83	$2,681.42	$1,547.50	$1,133.92	$566.96
Value Self Plus One	F56	$2,298.81	$2,628.77	$1,408.33	$1,220.44	$610.22
Georgia Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
Georgia Aetna Open Access						
High Self	2U1	$1,803.97	$1,860.32	$645.84	$1,214.48	$607.24
High Self & Family	2U2	$4,155.34	$4,285.17	$1,547.50	$2,737.67	$1,368.84
High Self Plus One	2U3	$4,114.20	$4,242.72	$1,408.33	$2,834.39	$1,417.20
Georgia Kaiser Permanente - Georgia						
High Self	F81	$926.55	$974.94	$645.84	$329.10	$164.55
High Self & Family	F82	$2,093.98	$2,203.35	$1,547.50	$655.85	$327.93
High Self Plus One	F83	$2,093.98	$2,203.35	$1,408.33	$795.02	$397.51

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO) Plan - Option - Enrollment Code		2024 Total Monthly Premium	2025 Monthly Premium Rates Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
Standard Self	F84	$726.33	$750.43	$562.82	$187.61	$93.80
Standard Self & Family	F85	$1,641.55	$1,695.96	$1,271.97	$423.99	$212.00
Standard Self Plus One	F86	$1,641.55	$1,695.96	$1,271.97	$423.99	$212.00
Georgia Kaiser Permanente - Georgia						
Basic Self	LA1	$506.18	$524.77	$393.58	$131.19	$65.60
Basic Self & Family	LA2	$1,314.17	$1,362.38	$1,021.79	$340.59	$170.30
Basic Self Plus One	LA3	$1,143.96	$1,185.93	$889.45	$296.48	$148.24
Georgia UnitedHealthcare Insurance Company, Inc. - Ch						
High Self	AS1	$791.51	$822.77	$617.08	$205.69	$102.85
High Self & Family	AS2	$1,871.98	$1,945.86	$1,459.40	$486.46	$243.23
High Self Plus One	AS3	$1,701.79	$1,768.93	$1,326.70	$442.23	$221.12
Georgia UnitedHealthcare Insurance Company, Inc. Choi						
High Self	Y81	$725.21	$705.77	$529.33	$176.44	$88.22
High Self & Family	Y82	$1,715.13	$1,669.11	$1,251.83	$417.28	$208.64
High Self Plus One	Y83	$1,559.22	$1,517.40	$1,138.05	$379.35	$189.68
Guam Calvo's SelectCare						
Standard Self	B44	$400.79	$425.27	$318.95	$106.32	$53.16
Standard Self & Family	B45	$1,164.63	$1,235.78	$926.84	$308.94	$154.47
Standard Self Plus One	B46	$790.14	$838.41	$628.81	$209.60	$104.80
High Self	B41	$545.89	$584.42	$438.32	$146.10	$73.05
High Self & Family	B42	$1,445.90	$1,547.95	$1,160.96	$386.99	$193.50
High Self Plus One	B43	$1,065.35	$1,140.53	$855.40	$285.13	$142.57
Guam TakeCare						
HDHP Self	KX1	$155.13	$170.91	$128.18	$42.73	$21.37
HDHP Self & Family	KX2	$415.91	$458.21	$343.66	$114.55	$57.28

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
HDHP Self Plus One	KX3	$374.51	$412.60	$309.45	$103.15	$51.58
Guam TakeCare						
Standard Self	JK4	$461.93	$426.75	$320.06	$106.69	$53.35
Standard Self & Family	JK5	$1,524.58	$1,408.44	$1,056.33	$352.11	$176.06
Standard Self Plus One	JK6	$925.56	$855.05	$641.29	$213.76	$106.88
High Self	JK1	$610.31	$581.36	$436.02	$145.34	$72.67
High Self & Family	JK2	$1,754.68	$1,671.43	$1,253.57	$417.86	$208.93
High Self Plus One	JK3	$1,220.20	$1,162.31	$871.73	$290.58	$145.29
Hawaii Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Hawaii Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
Hawaii Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	JS4	$1,170.76	$1,348.36	$645.84	$702.52	$351.26
Value Self & Family	JS5	$2,672.67	$3,078.08	$1,547.50	$1,530.58	$765.29
Value Self Plus One	JS6	$2,646.28	$3,047.70	$1,408.33	$1,639.37	$819.69
CDHP Self	JS1	$1,308.60	$1,403.00	$645.84	$757.16	$378.58
CDHP Self & Family	JS2	$2,983.02	$3,198.20	$1,547.50	$1,650.70	$825.35
CDHP Self Plus One	JS3	$2,953.47	$3,166.52	$1,408.33	$1,758.19	$879.10
Hawaii Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
Hawaii HMSA Plan						
High Self	871	$675.42	$742.95	$557.21	$185.74	$92.87
High Self & Family	872	$1,518.34	$1,670.18	$1,252.64	$417.54	$208.77
High Self Plus One	873	$1,479.90	$1,627.90	$1,220.93	$406.97	$203.49
Standard Self	874	$485.59	$509.88	$382.41	$127.47	$63.74
Standard Self & Family	875	$1,091.59	$1,146.17	$859.63	$286.54	$143.27
Standard Self Plus One	876	$1,063.90	$1,117.09	$837.82	$279.27	$139.64
Hawaii Kaiser Permanente - Hawaii						
High Self	631	$755.65	$755.65	$566.74	$188.91	$94.46
High Self & Family	632	$1,685.10	$1,685.10	$1,263.83	$421.27	$210.64
High Self Plus One	633	$1,685.10	$1,685.10	$1,263.83	$421.27	$210.64
Standard Self	634	$520.07	$520.07	$390.05	$130.02	$65.01
Standard Self & Family	635	$1,159.77	$1,159.77	$869.83	$289.94	$144.97
Standard Self Plus One	636	$1,159.77	$1,159.77	$869.83	$289.94	$144.97
Idaho Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Idaho Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
Idaho Aetna HealthFund CDHP and Aetna Value Plan						

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
CDHP Self	H41	$898.32	$1,143.22	$645.84	$497.38	$248.69
CDHP Self & Family	H42	$2,047.65	$2,605.89	$1,547.50	$1,058.39	$529.20
CDHP Self Plus One	H43	$2,027.81	$2,580.65	$1,408.33	$1,172.32	$586.16
Value Self	H44	$1,113.04	$1,404.95	$645.84	$759.11	$379.56
Value Self & Family	H45	$2,554.35	$3,224.28	$1,547.50	$1,676.78	$838.39
Value Self Plus One	H46	$2,504.28	$3,161.06	$1,408.33	$1,752.73	$876.37
Idaho Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
Idaho Altius Health Plan						
High Self	9K1	$1,357.79	$1,371.93	$645.84	$726.09	$363.05
High Self & Family	9K2	$3,002.81	$3,034.07	$1,547.50	$1,486.57	$743.29
High Self Plus One	9K3	$2,973.12	$3,004.08	$1,408.33	$1,595.75	$797.88
HDHP Self	9K4	$884.59	$959.27	$645.84	$313.43	$156.72
HDHP Self & Family	9K5	$1,848.77	$2,004.84	$1,503.63	$501.21	$250.61
HDHP Self Plus One	9K6	$1,812.44	$1,965.43	$1,408.33	$557.10	$278.55
Idaho Altius Health Plan						
Standard Self	DK4	$1,110.74	$1,109.64	$645.84	$463.80	$231.90
Standard Self & Family	DK5	$2,452.91	$2,450.48	$1,547.50	$902.98	$451.49
Standard Self Plus One	DK6	$2,428.62	$2,426.21	$1,408.33	$1,017.88	$508.94
Idaho Kaiser Permanente - Washington Core						
Standard Self	544	$711.53	$834.25	$625.69	$208.56	$104.28
Standard Self & Family	545	$1,636.55	$1,918.82	$1,439.12	$479.70	$239.85
Standard Self Plus One	546	$1,636.55	$1,918.82	$1,408.33	$510.49	$255.25

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
High Self	541	$958.32	$1,098.09	$645.84	$452.25	$226.13
High Self & Family	542	$2,108.32	$2,415.81	$1,547.50	$868.31	$434.16
High Self Plus One	543	$2,108.32	$2,415.81	$1,408.33	$1,007.48	$503.74
Idaho Kaiser Permanente - Washington Core						
Prosper Self	PT4	$397.82	$412.25	$309.19	$103.06	$51.53
Prosper Self & Family	PT5	$1,113.88	$1,154.31	$865.73	$288.58	$144.29
Prosper Self Plus One	PT6	$963.60	$998.57	$748.93	$249.64	$124.82
Illinois Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Illinois Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
Illinois Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	H41	$898.32	$1,143.22	$645.84	$497.38	$248.69
CDHP Self & Family	H42	$2,047.65	$2,605.89	$1,547.50	$1,058.39	$529.20
CDHP Self Plus One	H43	$2,027.81	$2,580.65	$1,408.33	$1,172.32	$586.16
Value Self	H44	$1,113.04	$1,404.95	$645.84	$759.11	$379.56
Value Self & Family	H45	$2,554.35	$3,224.28	$1,547.50	$1,676.78	$838.39
Value Self Plus One	H46	$2,504.28	$3,161.06	$1,408.33	$1,752.73	$876.37
Illinois Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
Illinois Health Alliance HMO						
Standard Self	K84	$867.45	$1,110.33	$645.84	$464.49	$232.25
Standard Self & Family	K85	$2,033.87	$2,603.36	$1,547.50	$1,055.86	$527.93
Standard Self Plus One	K86	$1,858.50	$2,378.89	$1,408.33	$970.56	$485.28
Illinois UnitedHealthcare Insurance Company, Inc. - Choi						
High Self	AS1	$791.51	$822.77	$617.08	$205.69	$102.85
High Self & Family	AS2	$1,871.98	$1,945.86	$1,459.40	$486.46	$243.23
High Self Plus One	AS3	$1,701.79	$1,768.93	$1,326.70	$442.23	$221.12
Illinois UnitedHealthcare Insurance Company, Inc. Choic						
Value Self	L91	$769.25	$830.38	$622.79	$207.59	$103.80
Value Self & Family	L92	$1,846.24	$1,992.03	$1,494.02	$498.01	$249.01
Value Self Plus One	L93	$1,634.69	$1,763.73	$1,322.80	$440.93	$220.47
Illinois UnitedHealthcare Insurance Company, Inc. Choic						
High Self	Y81	$725.21	$705.77	$529.33	$176.44	$88.22
High Self & Family	Y82	$1,715.13	$1,669.11	$1,251.83	$417.28	$208.64
High Self Plus One	Y83	$1,559.22	$1,517.40	$1,138.05	$379.35	$189.68
Indiana Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Indiana Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
Indiana Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	JS4	$1,170.76	$1,348.36	$645.84	$702.52	$351.26
Value Self & Family	JS5	$2,672.67	$3,078.08	$1,547.50	$1,530.58	$765.29
Value Self Plus One	JS6	$2,646.28	$3,047.70	$1,408.33	$1,639.37	$819.69
CDHP Self	JS1	$1,308.60	$1,403.00	$645.84	$757.16	$378.58
CDHP Self & Family	JS2	$2,983.02	$3,198.20	$1,547.50	$1,650.70	$825.35
CDHP Self Plus One	JS3	$2,953.47	$3,166.52	$1,408.33	$1,758.19	$879.10
Indiana Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
Indiana Health Alliance HMO						
Standard Self	K84	$867.45	$1,110.33	$645.84	$464.49	$232.25
Standard Self & Family	K85	$2,033.87	$2,603.36	$1,547.50	$1,055.86	$527.93
Standard Self Plus One	K86	$1,858.50	$2,378.89	$1,408.33	$970.56	$485.28
Iowa Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Iowa Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
Iowa Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	H41	$898.32	$1,143.22	$645.84	$497.38	$248.69

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
CDHP Self & Family	H42	$2,047.65	$2,605.89	$1,547.50	$1,058.39	$529.20
CDHP Self Plus One	H43	$2,027.81	$2,580.65	$1,408.33	$1,172.32	$586.16
Value Self	H44	$1,113.04	$1,404.95	$645.84	$759.11	$379.56
Value Self & Family	H45	$2,554.35	$3,224.28	$1,547.50	$1,676.78	$838.39
Value Self Plus One	H46	$2,504.28	$3,161.06	$1,408.33	$1,752.73	$876.37
Iowa Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
Iowa Health Alliance HMO						
Standard Self	K84	$867.45	$1,110.33	$645.84	$464.49	$232.25
Standard Self & Family	K85	$2,033.87	$2,603.36	$1,547.50	$1,055.86	$527.93
Standard Self Plus One	K86	$1,858.50	$2,378.89	$1,408.33	$970.56	$485.28
Iowa HealthPartners						
Standard Self	V34	$553.28	$632.08	$474.06	$158.02	$79.01
Standard Self & Family	V35	$1,347.84	$1,539.76	$1,154.82	$384.94	$192.47
Standard Self Plus One	V36	$1,222.78	$1,396.92	$1,047.69	$349.23	$174.62
High Self	V31	$778.16	$909.98	$645.84	$264.14	$132.07
High Self & Family	V32	$1,895.62	$2,216.72	$1,547.50	$669.22	$334.61
High Self Plus One	V33	$1,719.75	$2,011.06	$1,408.33	$602.73	$301.37
Iowa UnitedHealthcare Insurance Company, Inc. - Choic						
High Self	AS1	$791.51	$822.77	$617.08	$205.69	$102.85
High Self & Family	AS2	$1,871.98	$1,945.86	$1,459.40	$486.46	$243.23
High Self Plus One	AS3	$1,701.79	$1,768.93	$1,326.70	$442.23	$221.12
Iowa UnitedHealthcare Insurance Company, Inc. Choice						

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
High Self	Y81	$725.21	$705.77	$529.33	$176.44	$88.22
High Self & Family	Y82	$1,715.13	$1,669.11	$1,251.83	$417.28	$208.64
High Self Plus One	Y83	$1,559.22	$1,517.40	$1,138.05	$379.35	$189.68
Kansas Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Kansas Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
Kansas Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	G54	$930.52	$1,032.44	$645.84	$386.60	$193.30
Value Self & Family	G55	$2,131.18	$2,364.57	$1,547.50	$817.07	$408.54
Value Self Plus One	G56	$2,089.43	$2,318.27	$1,408.33	$909.94	$454.97
CDHP Self	G51	$1,321.49	$1,357.94	$645.84	$712.10	$356.05
CDHP Self & Family	G52	$3,014.33	$3,097.40	$1,547.50	$1,549.90	$774.95
CDHP Self Plus One	G53	$2,984.52	$3,066.79	$1,408.33	$1,658.46	$829.23
Kansas Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
Kentucky Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Kentucky Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
Kentucky Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	H41	$898.32	$1,143.22	$645.84	$497.38	$248.69
CDHP Self & Family	H42	$2,047.65	$2,605.89	$1,547.50	$1,058.39	$529.20
CDHP Self Plus One	H43	$2,027.81	$2,580.65	$1,408.33	$1,172.32	$586.16
Value Self	H44	$1,113.04	$1,404.95	$645.84	$759.11	$379.56
Value Self & Family	H45	$2,554.35	$3,224.28	$1,547.50	$1,676.78	$838.39
Value Self Plus One	H46	$2,504.28	$3,161.06	$1,408.33	$1,752.73	$876.37
Kentucky Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
Kentucky UnitedHealthcare Insurance Company, Inc. - C						
High Self	AS1	$791.51	$822.77	$617.08	$205.69	$102.85
High Self & Family	AS2	$1,871.98	$1,945.86	$1,459.40	$486.46	$243.23
High Self Plus One	AS3	$1,701.79	$1,768.93	$1,326.70	$442.23	$221.12
Kentucky UnitedHealthcare Insurance Company, Inc. Ch						
High Self	Y81	$725.21	$705.77	$529.33	$176.44	$88.22
High Self & Family	Y82	$1,715.13	$1,669.11	$1,251.83	$417.28	$208.64
High Self Plus One	Y83	$1,559.22	$1,517.40	$1,138.05	$379.35	$189.68
Louisiana Aetna Advantage						

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Louisiana Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
Louisiana Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	F51	$1,059.48	$1,165.21	$645.84	$519.37	$259.69
CDHP Self & Family	F52	$2,415.75	$2,656.85	$1,547.50	$1,109.35	$554.68
CDHP Self Plus One	F53	$2,391.81	$2,630.53	$1,408.33	$1,222.20	$611.10
Value Self	F54	$1,023.97	$1,170.95	$645.84	$525.11	$262.56
Value Self & Family	F55	$2,344.83	$2,681.42	$1,547.50	$1,133.92	$566.96
Value Self Plus One	F56	$2,298.81	$2,628.77	$1,408.33	$1,220.44	$610.22
Louisiana Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
Louisiana UnitedHealthcare Insurance Company, Inc. - C						
High Self	AS1	$791.51	$822.77	$617.08	$205.69	$102.85
High Self & Family	AS2	$1,871.98	$1,945.86	$1,459.40	$486.46	$243.23
High Self Plus One	AS3	$1,701.79	$1,768.93	$1,326.70	$442.23	$221.12
Louisiana UnitedHealthcare Insurance Company, Inc. Ch						
HDHP Self	LS1	$767.02	$788.15	$591.11	$197.04	$98.52
HDHP Self & Family	LS2	$1,764.04	$1,812.70	$1,359.53	$453.17	$226.59

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
HDHP Self Plus One	LS3	$1,648.99	$1,694.46	$1,270.85	$423.61	$211.81
Louisiana UnitedHealthcare Insurance Company, Inc. Ch						
High Self	Y81	$725.21	$705.77	$529.33	$176.44	$88.22
High Self & Family	Y82	$1,715.13	$1,669.11	$1,251.83	$417.28	$208.64
High Self Plus One	Y83	$1,559.22	$1,517.40	$1,138.05	$379.35	$189.68
Maine Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Maine Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
Maine Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	EP4	$1,106.45	$1,464.34	$645.84	$818.50	$409.25
Value Self & Family	EP5	$2,533.66	$3,353.22	$1,547.50	$1,805.72	$902.86
Value Self Plus One	EP6	$2,483.93	$3,287.42	$1,408.33	$1,879.09	$939.55
CDHP Self	EP1	$1,215.18	$1,375.05	$645.84	$729.21	$364.61
CDHP Self & Family	EP2	$2,771.23	$3,135.84	$1,547.50	$1,588.34	$794.17
CDHP Self Plus One	EP3	$2,743.80	$3,104.77	$1,408.33	$1,696.44	$848.22
Maine Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
Maryland Aetna Advantage						

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Maryland Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
Maryland Aetna HealthFund CDHP and Aetna Value Plar						
CDHP Self	F51	$1,059.48	$1,165.21	$645.84	$519.37	$259.69
CDHP Self & Family	F52	$2,415.75	$2,656.85	$1,547.50	$1,109.35	$554.68
CDHP Self Plus One	F53	$2,391.81	$2,630.53	$1,408.33	$1,222.20	$611.10
Value Self	F54	$1,023.97	$1,170.95	$645.84	$525.11	$262.56
Value Self & Family	F55	$2,344.83	$2,681.42	$1,547.50	$1,133.92	$566.96
Value Self Plus One	F56	$2,298.81	$2,628.77	$1,408.33	$1,220.44	$610.22
Maryland Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
Maryland Aetna Open Access						
High Self	JN1	$1,364.07	$1,471.67	$645.84	$825.83	$412.92
High Self & Family	JN2	$3,066.66	$3,308.59	$1,547.50	$1,761.09	$880.55
High Self Plus One	JN3	$3,036.26	$3,275.78	$1,408.33	$1,867.45	$933.73
Basic Self	JN4	$804.83	$863.85	$645.84	$218.01	$109.01
Basic Self & Family	JN5	$1,841.80	$1,976.93	$1,482.70	$494.23	$247.12
Basic Self Plus One	JN6	$1,691.28	$1,815.39	$1,361.54	$453.85	$226.93

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
Maryland Aetna Saver (Open Access)						
Saver Self	QQ4	$622.29	$586.58	$439.94	$146.64	$73.32
Saver Self & Family	QQ5	$1,424.11	$1,342.40	$1,006.80	$335.60	$167.80
Saver Self Plus One	QQ6	$1,307.76	$1,232.70	$924.53	$308.17	$154.09
Maryland CareFirst BlueChoice						
Standard Self	2G4	$1,115.38	$1,171.15	$645.84	$525.31	$262.66
Standard Self & Family	2G5	$2,650.12	$2,782.63	$1,547.50	$1,235.13	$617.57
Standard Self Plus One	2G6	$2,230.76	$2,342.30	$1,408.33	$933.97	$466.99
Maryland CareFirst BlueChoice						
HDHP Self	B61	$726.53	$748.30	$561.23	$187.07	$93.54
HDHP Self & Family	B62	$1,726.16	$1,777.95	$1,333.46	$444.49	$222.25
HDHP Self Plus One	B63	$1,453.01	$1,496.60	$1,122.45	$374.15	$187.08
Blue Value Plus Self	B64	$775.04	$775.04	$581.28	$193.76	$96.88
Blue Value Plus Self & Family	B65	$1,841.45	$1,841.45	$1,381.09	$460.36	$230.18
Blue Value Plus Self Plus One	B66	$1,550.08	$1,550.08	$1,162.56	$387.52	$193.76
Maryland Kaiser Permanente - Mid-Atlantic States						
Prosper Self	T71	$425.01	$449.30	$336.98	$112.32	$56.16
Prosper Self & Family	T72	$1,195.81	$1,264.10	$948.08	$316.02	$158.01
Prosper Self Plus One	T73	$1,015.45	$1,073.39	$805.04	$268.35	$134.18
Maryland Kaiser Permanente - Mid-Atlantic States						
Standard Self	E34	$707.53	$770.08	$577.56	$192.52	$96.26
Standard Self & Family	E35	$1,627.30	$1,771.21	$1,328.41	$442.80	$221.40
Standard Self Plus One	E36	$1,627.30	$1,771.21	$1,328.41	$442.80	$221.40
High Self	E31	$889.87	$962.28	$645.84	$316.44	$158.22
High Self & Family	E32	$2,046.70	$2,213.27	$1,547.50	$665.77	$332.89

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
High Self Plus One	E33	$2,046.70	$2,213.27	$1,408.33	$804.94	$402.47
Maryland M.D. IPA						
High Self	JP1	$1,153.30	$1,159.28	$645.84	$513.44	$256.72
High Self & Family	JP2	$3,233.86	$3,250.67	$1,547.50	$1,703.17	$851.59
High Self Plus One	JP3	$2,252.42	$2,264.10	$1,408.33	$855.77	$427.89
Maryland UnitedHealthcare Insurance Company, Inc. - C						
High Self	AS1	$791.51	$822.77	$617.08	$205.69	$102.85
High Self & Family	AS2	$1,871.98	$1,945.86	$1,459.40	$486.46	$243.23
High Self Plus One	AS3	$1,701.79	$1,768.93	$1,326.70	$442.23	$221.12
Maryland UnitedHealthcare Insurance Company, Inc. Ch						
HDHP Self	V41	$693.55	$702.15	$526.61	$175.54	$87.77
HDHP Self & Family	V42	$1,587.80	$1,607.23	$1,205.42	$401.81	$200.91
HDHP Self Plus One	V43	$1,491.19	$1,509.65	$1,132.24	$377.41	$188.71
Maryland UnitedHealthcare Insurance Company, Inc. Ch						
High Self	LR1	$1,007.54	$1,132.39	$645.84	$486.55	$243.28
High Self & Family	LR2	$2,387.88	$2,683.72	$1,547.50	$1,136.22	$568.11
High Self Plus One	LR3	$2,166.21	$2,434.60	$1,408.33	$1,026.27	$513.14
Maryland UnitedHealthcare Insurance Company, Inc. Ch						
Value Self	L91	$769.25	$830.38	$622.79	$207.59	$103.80
Value Self & Family	L92	$1,846.24	$1,992.03	$1,494.02	$498.01	$249.01
Value Self Plus One	L93	$1,634.69	$1,763.73	$1,322.80	$440.93	$220.47
Maryland UnitedHealthcare Insurance Company, Inc. Ch						
High Self	Y81	$725.21	$705.77	$529.33	$176.44	$88.22
High Self & Family	Y82	$1,715.13	$1,669.11	$1,251.83	$417.28	$208.64
High Self Plus One	Y83	$1,559.22	$1,517.40	$1,138.05	$379.35	$189.68

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
Massachusetts Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Massachusetts Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
Massachusetts Aetna HealthFund CDHP and Aetna Valu						
Value Self	EP4	$1,106.45	$1,464.34	$645.84	$818.50	$409.25
Value Self & Family	EP5	$2,533.66	$3,353.22	$1,547.50	$1,805.72	$902.86
Value Self Plus One	EP6	$2,483.93	$3,287.42	$1,408.33	$1,879.09	$939.55
CDHP Self	EP1	$1,215.18	$1,375.05	$645.84	$729.21	$364.61
CDHP Self & Family	EP2	$2,771.23	$3,135.84	$1,547.50	$1,588.34	$794.17
CDHP Self Plus One	EP3	$2,743.80	$3,104.77	$1,408.33	$1,696.44	$848.22
Massachusetts Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
Michigan Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Michigan Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
Michigan Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	G54	$930.52	$1,032.44	$645.84	$386.60	$193.30
Value Self & Family	G55	$2,131.18	$2,364.57	$1,547.50	$817.07	$408.54
Value Self Plus One	G56	$2,089.43	$2,318.27	$1,408.33	$909.94	$454.97
CDHP Self	G51	$1,321.49	$1,357.94	$645.84	$712.10	$356.05
CDHP Self & Family	G52	$3,014.33	$3,097.40	$1,547.50	$1,549.90	$774.95
CDHP Self Plus One	G53	$2,984.52	$3,066.79	$1,408.33	$1,658.46	$829.23
Michigan Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
Michigan Blue Care Network of Michigan						
High Self	LX1	$947.09	$1,122.10	$645.84	$476.26	$238.13
High Self & Family	LX2	$2,310.99	$2,737.91	$1,547.50	$1,190.41	$595.21
High Self Plus One	LX3	$2,178.37	$2,580.85	$1,408.33	$1,172.52	$586.26
Michigan Blue Care Network of Michigan						
High Self	K51	$1,003.21	$1,048.28	$645.84	$402.44	$201.22
High Self & Family	K52	$2,447.88	$2,557.84	$1,547.50	$1,010.34	$505.17
High Self Plus One	K53	$2,307.44	$2,411.05	$1,408.33	$1,002.72	$501.36
Michigan Health Alliance Plan						
High Self	521	$1,017.27	$1,324.03	$645.84	$678.19	$339.10
High Self & Family	522	$2,482.13	$3,230.65	$1,547.50	$1,683.15	$841.58
High Self Plus One	523	$2,339.72	$3,045.29	$1,408.33	$1,636.96	$818.48

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
Michigan Health Alliance Plan						
Standard Self	GY4	$609.42	$790.99	$593.24	$197.75	$98.88
Standard Self & Family	GY5	$1,486.96	$1,930.00	$1,447.50	$482.50	$241.25
Standard Self Plus One	GY6	$1,401.64	$1,819.26	$1,364.45	$454.81	$227.41
Michigan Priority Health						
High Self	LE1	$1,205.32	$1,493.64	$645.84	$847.80	$423.90
High Self & Family	LE2	$2,832.48	$3,510.09	$1,547.50	$1,962.59	$981.30
High Self Plus One	LE3	$2,651.70	$3,286.03	$1,408.33	$1,877.70	$938.85
Standard Self	LE4	$715.04	$766.09	$574.57	$191.52	$95.76
Standard Self & Family	LE5	$1,680.36	$1,800.28	$1,350.21	$450.07	$225.04
Standard Self Plus One	LE6	$1,573.09	$1,685.39	$1,264.04	$421.35	$210.68
Michigan Priority Health						
Value Self	Y41	$473.22	$524.85	$393.64	$131.21	$65.61
Value Self & Family	Y42	$1,112.09	$1,233.38	$925.04	$308.34	$154.17
Value Self Plus One	Y43	$1,041.11	$1,154.66	$866.00	$288.66	$144.33
Minnesota Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Minnesota Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
Minnesota Aetna HealthFund CDHP and Aetna Value Pla						
CDHP Self	H41	$898.32	$1,143.22	$645.84	$497.38	$248.69

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
CDHP Self & Family	H42	$2,047.65	$2,605.89	$1,547.50	$1,058.39	$529.20
CDHP Self Plus One	H43	$2,027.81	$2,580.65	$1,408.33	$1,172.32	$586.16
Value Self	H44	$1,113.04	$1,404.95	$645.84	$759.11	$379.56
Value Self & Family	H45	$2,554.35	$3,224.28	$1,547.50	$1,676.78	$838.39
Value Self Plus One	H46	$2,504.28	$3,161.06	$1,408.33	$1,752.73	$876.37
Minnesota Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
Minnesota HealthPartners						
Standard Self	V34	$553.28	$632.08	$474.06	$158.02	$79.01
Standard Self & Family	V35	$1,347.84	$1,539.76	$1,154.82	$384.94	$192.47
Standard Self Plus One	V36	$1,222.78	$1,396.92	$1,047.69	$349.23	$174.62
High Self	V31	$778.16	$909.98	$645.84	$264.14	$132.07
High Self & Family	V32	$1,895.62	$2,216.72	$1,547.50	$669.22	$334.61
High Self Plus One	V33	$1,719.75	$2,011.06	$1,408.33	$602.73	$301.37
Mississippi Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Mississippi Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
Mississippi Aetna HealthFund CDHP and Aetna Value Pla						

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
CDHP Self	H41	$898.32	$1,143.22	$645.84	$497.38	$248.69
CDHP Self & Family	H42	$2,047.65	$2,605.89	$1,547.50	$1,058.39	$529.20
CDHP Self Plus One	H43	$2,027.81	$2,580.65	$1,408.33	$1,172.32	$586.16
Value Self	H44	$1,113.04	$1,404.95	$645.84	$759.11	$379.56
Value Self & Family	H45	$2,554.35	$3,224.28	$1,547.50	$1,676.78	$838.39
Value Self Plus One	H46	$2,504.28	$3,161.06	$1,408.33	$1,752.73	$876.37
Mississippi Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
Mississippi UnitedHealthcare Insurance Company, Inc. -						
High Self	AS1	$791.51	$822.77	$617.08	$205.69	$102.85
High Self & Family	AS2	$1,871.98	$1,945.86	$1,459.40	$486.46	$243.23
High Self Plus One	AS3	$1,701.79	$1,768.93	$1,326.70	$442.23	$221.12
Mississippi UnitedHealthcare Insurance Company, Inc. C						
HDHP Self	LS1	$767.02	$788.15	$591.11	$197.04	$98.52
HDHP Self & Family	LS2	$1,764.04	$1,812.70	$1,359.53	$453.17	$226.59
HDHP Self Plus One	LS3	$1,648.99	$1,694.46	$1,270.85	$423.61	$211.81
Mississippi UnitedHealthcare Insurance Company, Inc. C						
High Self	Y81	$725.21	$705.77	$529.33	$176.44	$88.22
High Self & Family	Y82	$1,715.13	$1,669.11	$1,251.83	$417.28	$208.64
High Self Plus One	Y83	$1,559.22	$1,517.40	$1,138.05	$379.35	$189.68
Missouri Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Missouri Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
Missouri Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	G54	$930.52	$1,032.44	$645.84	$386.60	$193.30
Value Self & Family	G55	$2,131.18	$2,364.57	$1,547.50	$817.07	$408.54
Value Self Plus One	G56	$2,089.43	$2,318.27	$1,408.33	$909.94	$454.97
CDHP Self	G51	$1,321.49	$1,357.94	$645.84	$712.10	$356.05
CDHP Self & Family	G52	$3,014.33	$3,097.40	$1,547.50	$1,549.90	$774.95
CDHP Self Plus One	G53	$2,984.52	$3,066.79	$1,408.33	$1,658.46	$829.23
Missouri Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
Missouri UnitedHealthcare Insurance Company, Inc. - Ch						
High Self	AS1	$791.51	$822.77	$617.08	$205.69	$102.85
High Self & Family	AS2	$1,871.98	$1,945.86	$1,459.40	$486.46	$243.23
High Self Plus One	AS3	$1,701.79	$1,768.93	$1,326.70	$442.23	$221.12
Missouri UnitedHealthcare Insurance Company, Inc. Chc						
High Self	Y81	$725.21	$705.77	$529.33	$176.44	$88.22
High Self & Family	Y82	$1,715.13	$1,669.11	$1,251.83	$417.28	$208.64
High Self Plus One	Y83	$1,559.22	$1,517.40	$1,138.05	$379.35	$189.68
Montana Aetna Advantage						

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Montana Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
Montana Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	H41	$898.32	$1,143.22	$645.84	$497.38	$248.69
CDHP Self & Family	H42	$2,047.65	$2,605.89	$1,547.50	$1,058.39	$529.20
CDHP Self Plus One	H43	$2,027.81	$2,580.65	$1,408.33	$1,172.32	$586.16
Value Self	H44	$1,113.04	$1,404.95	$645.84	$759.11	$379.56
Value Self & Family	H45	$2,554.35	$3,224.28	$1,547.50	$1,676.78	$838.39
Value Self Plus One	H46	$2,504.28	$3,161.06	$1,408.33	$1,752.73	$876.37
Montana Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
Nebraska Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Nebraska Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
Nebraska Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	H41	$898.32	$1,143.22	$645.84	$497.38	$248.69
CDHP Self & Family	H42	$2,047.65	$2,605.89	$1,547.50	$1,058.39	$529.20
CDHP Self Plus One	H43	$2,027.81	$2,580.65	$1,408.33	$1,172.32	$586.16
Value Self	H44	$1,113.04	$1,404.95	$645.84	$759.11	$379.56
Value Self & Family	H45	$2,554.35	$3,224.28	$1,547.50	$1,676.78	$838.39
Value Self Plus One	H46	$2,504.28	$3,161.06	$1,408.33	$1,752.73	$876.37
Nebraska Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
Nevada Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Nevada Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
Nevada Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	G54	$930.52	$1,032.44	$645.84	$386.60	$193.30
Value Self & Family	G55	$2,131.18	$2,364.57	$1,547.50	$817.07	$408.54
Value Self Plus One	G56	$2,089.43	$2,318.27	$1,408.33	$909.94	$454.97
CDHP Self	G51	$1,321.49	$1,357.94	$645.84	$712.10	$356.05

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
CDHP Self & Family	G52	$3,014.33	$3,097.40	$1,547.50	$1,549.90	$774.95
CDHP Self Plus One	G53	$2,984.52	$3,066.79	$1,408.33	$1,658.46	$829.23
Nevada Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
Nevada Health Plan of Nevada, Inc.						
High Self	NM1	$847.67	$923.87	$645.84	$278.03	$139.02
High Self & Family	NM2	$2,008.89	$2,189.53	$1,547.50	$642.03	$321.02
High Self Plus One	NM3	$1,610.57	$1,755.37	$1,316.53	$438.84	$219.42
Nevada UnitedHealthcare Insurance Company, Inc. - Cho						
High Self	WF1	$791.83	$780.98	$585.74	$195.24	$97.62
High Self & Family	WF2	$1,872.67	$1,847.00	$1,385.25	$461.75	$230.88
High Self Plus One	WF3	$1,702.42	$1,679.10	$1,259.33	$419.77	$209.89
Nevada UnitedHealthcare Insurance Company, Inc. Choi						
HDHP Self	LU1	$782.43	$851.87	$638.90	$212.97	$106.49
HDHP Self & Family	LU2	$1,799.55	$1,959.34	$1,469.51	$489.83	$244.92
HDHP Self Plus One	LU3	$1,682.16	$1,831.55	$1,373.66	$457.89	$228.95
Nevada UnitedHealthcare Insurance Company, Inc. Choi						
High Self	VD1	$778.40	$771.38	$578.54	$192.84	$96.42
High Self & Family	VD2	$1,840.91	$1,824.31	$1,368.23	$456.08	$228.04
High Self Plus One	VD3	$1,673.58	$1,658.45	$1,243.84	$414.61	$207.31
New Hampshire Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
New Hampshire Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
New Hampshire Aetna HealthFund CDHP and Aetna Valı						
Value Self	EP4	$1,106.45	$1,464.34	$645.84	$818.50	$409.25
Value Self & Family	EP5	$2,533.66	$3,353.22	$1,547.50	$1,805.72	$902.86
Value Self Plus One	EP6	$2,483.93	$3,287.42	$1,408.33	$1,879.09	$939.55
CDHP Self	EP1	$1,215.18	$1,375.05	$645.84	$729.21	$364.61
CDHP Self & Family	EP2	$2,771.23	$3,135.84	$1,547.50	$1,588.34	$794.17
CDHP Self Plus One	EP3	$2,743.80	$3,104.77	$1,408.33	$1,696.44	$848.22
New Hampshire Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
New Jersey Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
New Jersey Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
New Jersey Aetna HealthFund CDHP and Aetna Value Pl						

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
Value Self	EP4	$1,106.45	$1,464.34	$645.84	$818.50	$409.25
Value Self & Family	EP5	$2,533.66	$3,353.22	$1,547.50	$1,805.72	$902.86
Value Self Plus One	EP6	$2,483.93	$3,287.42	$1,408.33	$1,879.09	$939.55
CDHP Self	EP1	$1,215.18	$1,375.05	$645.84	$729.21	$364.61
CDHP Self & Family	EP2	$2,771.23	$3,135.84	$1,547.50	$1,588.34	$794.17
CDHP Self Plus One	EP3	$2,743.80	$3,104.77	$1,408.33	$1,696.44	$848.22
New Jersey Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
New Jersey Aetna Open Access						
High Self	JR1	$1,712.53	$2,308.87	$645.84	$1,663.03	$831.52
High Self & Family	JR2	$3,955.71	$5,333.12	$1,547.50	$3,785.62	$1,892.81
High Self Plus One	JR3	$3,916.53	$5,280.30	$1,408.33	$3,871.97	$1,935.99
Basic Self	JR4	$1,470.19	$1,869.64	$645.84	$1,223.80	$611.90
Basic Self & Family	JR5	$3,407.26	$4,333.03	$1,547.50	$2,785.53	$1,392.77
Basic Self Plus One	JR6	$3,373.50	$4,290.11	$1,408.33	$2,881.78	$1,440.89
New Jersey Aetna Open Access						
Basic Self	P34	$1,833.22	$1,794.85	$645.84	$1,149.01	$574.51
Basic Self & Family	P35	$4,254.90	$4,165.85	$1,547.50	$2,618.35	$1,309.18
Basic Self Plus One	P36	$4,212.72	$4,124.55	$1,408.33	$2,716.22	$1,358.11
High Self	P31	$1,806.63	$1,826.48	$645.84	$1,180.64	$590.32
High Self & Family	P32	$4,380.18	$4,428.32	$1,547.50	$2,880.82	$1,440.41
High Self Plus One	P33	$4,336.84	$4,384.49	$1,408.33	$2,976.16	$1,488.08
New Mexico Aetna Advantage						

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
New Mexico Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
New Mexico Aetna HealthFund CDHP and Aetna Value P						
Value Self	G54	$930.52	$1,032.44	$645.84	$386.60	$193.30
Value Self & Family	G55	$2,131.18	$2,364.57	$1,547.50	$817.07	$408.54
Value Self Plus One	G56	$2,089.43	$2,318.27	$1,408.33	$909.94	$454.97
CDHP Self	G51	$1,321.49	$1,357.94	$645.84	$712.10	$356.05
CDHP Self & Family	G52	$3,014.33	$3,097.40	$1,547.50	$1,549.90	$774.95
CDHP Self Plus One	G53	$2,984.52	$3,066.79	$1,408.33	$1,658.46	$829.23
New Mexico Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
New Mexico Presbyterian Health Plan						
High Self	P21	$1,099.76	$1,087.86	$645.84	$442.02	$221.01
High Self & Family	P22	$2,584.38	$2,556.49	$1,547.50	$1,008.99	$504.50
High Self Plus One	P23	$2,496.37	$2,469.59	$1,408.33	$1,061.26	$530.63
New Mexico Presbyterian Health Plan						
Standard Self	PS4	$914.96	$911.71	$645.84	$265.87	$132.94
Standard Self & Family	PS5	$2,150.20	$2,142.55	$1,547.50	$595.05	$297.53

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
Standard Self Plus One	PS6	$2,077.03	$2,069.71	$1,408.33	$661.38	$330.69
Wellness Self	PS1	$817.35	$810.75	$608.06	$202.69	$101.35
Wellness Self & Family	PS2	$1,920.86	$1,905.24	$1,428.93	$476.31	$238.16
Wellness Self Plus One	PS3	$1,855.49	$1,840.45	$1,380.34	$460.11	$230.06
New York Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
New York Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
New York Aetna HealthFund CDHP and Aetna Value Plar						
Value Self	EP4	$1,106.45	$1,464.34	$645.84	$818.50	$409.25
Value Self & Family	EP5	$2,533.66	$3,353.22	$1,547.50	$1,805.72	$902.86
Value Self Plus One	EP6	$2,483.93	$3,287.42	$1,408.33	$1,879.09	$939.55
CDHP Self	EP1	$1,215.18	$1,375.05	$645.84	$729.21	$364.61
CDHP Self & Family	EP2	$2,771.23	$3,135.84	$1,547.50	$1,588.34	$794.17
CDHP Self Plus One	EP3	$2,743.80	$3,104.77	$1,408.33	$1,696.44	$848.22
New York Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
New York Aetna Open Access						
High Self	JC1	$1,763.34	$1,922.33	$645.84	$1,276.49	$638.25

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
High Self & Family	JC2	$4,357.23	$4,750.11	$1,547.50	$3,202.61	$1,601.31
High Self Plus One	JC3	$4,314.09	$4,703.10	$1,408.33	$3,294.77	$1,647.39
Basic Self	JC4	$1,546.13	$1,690.80	$645.84	$1,044.96	$522.48
Basic Self & Family	JC5	$3,771.32	$4,124.23	$1,547.50	$2,576.73	$1,288.37
Basic Self Plus One	JC6	$3,734.01	$4,083.43	$1,408.33	$2,675.10	$1,337.55
New York Independent Health						
Standard Self	C54	$793.48	$859.86	$644.90	$214.96	$107.48
Standard Self & Family	C55	$2,142.31	$2,321.63	$1,547.50	$774.13	$387.07
Standard Self Plus One	C56	$2,023.32	$2,192.65	$1,408.33	$784.32	$392.16
New York Independent Health						
High Self	QA1	$874.97	$954.59	$645.84	$308.75	$154.38
High Self & Family	QA2	$2,362.40	$2,577.38	$1,547.50	$1,029.88	$514.94
High Self Plus One	QA3	$2,231.17	$2,434.19	$1,408.33	$1,025.86	$512.93
HDHP Self	QA4	$676.76	$732.59	$549.44	$183.15	$91.58
HDHP Self & Family	QA5	$1,763.54	$1,906.95	$1,430.21	$476.74	$238.37
HDHP Self Plus One	QA6	$1,675.51	$1,812.14	$1,359.11	$453.03	$226.52
North Carolina Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
North Carolina Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
North Carolina Aetna HealthFund CDHP and Aetna Valu						

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
CDHP Self	F51	$1,059.48	$1,165.21	$645.84	$519.37	$259.69
CDHP Self & Family	F52	$2,415.75	$2,656.85	$1,547.50	$1,109.35	$554.68
CDHP Self Plus One	F53	$2,391.81	$2,630.53	$1,408.33	$1,222.20	$611.10
Value Self	F54	$1,023.97	$1,170.95	$645.84	$525.11	$262.56
Value Self & Family	F55	$2,344.83	$2,681.42	$1,547.50	$1,133.92	$566.96
Value Self Plus One	F56	$2,298.81	$2,628.77	$1,408.33	$1,220.44	$610.22
North Carolina Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
North Carolina UnitedHealthcare Insurance Company, Ir						
High Self	AS1	$791.51	$822.77	$617.08	$205.69	$102.85
High Self & Family	AS2	$1,871.98	$1,945.86	$1,459.40	$486.46	$243.23
High Self Plus One	AS3	$1,701.79	$1,768.93	$1,326.70	$442.23	$221.12
North Carolina UnitedHealthcare Insurance Company, Ir						
HDHP Self	LS1	$767.02	$788.15	$591.11	$197.04	$98.52
HDHP Self & Family	LS2	$1,764.04	$1,812.70	$1,359.53	$453.17	$226.59
HDHP Self Plus One	LS3	$1,648.99	$1,694.46	$1,270.85	$423.61	$211.81
North Carolina UnitedHealthcare Insurance Company, Ir						
High Self	Y81	$725.21	$705.77	$529.33	$176.44	$88.22
High Self & Family	Y82	$1,715.13	$1,669.11	$1,251.83	$417.28	$208.64
High Self Plus One	Y83	$1,559.22	$1,517.40	$1,138.05	$379.35	$189.68
North Dakota Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
North Dakota Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
North Dakota Aetna HealthFund CDHP and Aetna Value						
CDHP Self	H41	$898.32	$1,143.22	$645.84	$497.38	$248.69
CDHP Self & Family	H42	$2,047.65	$2,605.89	$1,547.50	$1,058.39	$529.20
CDHP Self Plus One	H43	$2,027.81	$2,580.65	$1,408.33	$1,172.32	$586.16
Value Self	H44	$1,113.04	$1,404.95	$645.84	$759.11	$379.56
Value Self & Family	H45	$2,554.35	$3,224.28	$1,547.50	$1,676.78	$838.39
Value Self Plus One	H46	$2,504.28	$3,161.06	$1,408.33	$1,752.73	$876.37
North Dakota Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
North Dakota HealthPartners						
Standard Self	V34	$553.28	$632.08	$474.06	$158.02	$79.01
Standard Self & Family	V35	$1,347.84	$1,539.76	$1,154.82	$384.94	$192.47
Standard Self Plus One	V36	$1,222.78	$1,396.92	$1,047.69	$349.23	$174.62
High Self	V31	$778.16	$909.98	$645.84	$264.14	$132.07
High Self & Family	V32	$1,895.62	$2,216.72	$1,547.50	$669.22	$334.61
High Self Plus One	V33	$1,719.75	$2,011.06	$1,408.33	$602.73	$301.37
Northern Mariana Islands Calvo's Select Care						
Standard Self	B44	$400.79	$425.27	$318.95	$106.32	$53.16

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
Standard Self & Family	B45	$1,164.63	$1,235.78	$926.84	$308.94	$154.47
Standard Self Plus One	B46	$790.14	$838.41	$628.81	$209.60	$104.80
High Self	B41	$545.89	$584.42	$438.32	$146.10	$73.05
High Self & Family	B42	$1,445.90	$1,547.95	$1,160.96	$386.99	$193.50
High Self Plus One	B43	$1,065.35	$1,140.53	$855.40	$285.13	$142.57
Northern Mariana Islands TakeCare						
HDHP Self	KX1	$155.13	$170.91	$128.18	$42.73	$21.37
HDHP Self & Family	KX2	$415.91	$458.21	$343.66	$114.55	$57.28
HDHP Self Plus One	KX3	$374.51	$412.60	$309.45	$103.15	$51.58
Northern Mariana Islands TakeCare						
Standard Self	JK4	$461.93	$426.75	$320.06	$106.69	$53.35
Standard Self & Family	JK5	$1,524.58	$1,408.44	$1,056.33	$352.11	$176.06
Standard Self Plus One	JK6	$925.56	$855.05	$641.29	$213.76	$106.88
High Self	JK1	$610.31	$581.36	$436.02	$145.34	$72.67
High Self & Family	JK2	$1,754.68	$1,671.43	$1,253.57	$417.86	$208.93
High Self Plus One	JK3	$1,220.20	$1,162.31	$871.73	$290.58	$145.29
Ohio Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Ohio Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
Ohio Aetna HealthFund CDHP and Aetna Value Plan						

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
Value Self	JS4	$1,170.76	$1,348.36	$645.84	$702.52	$351.26
Value Self & Family	JS5	$2,672.67	$3,078.08	$1,547.50	$1,530.58	$765.29
Value Self Plus One	JS6	$2,646.28	$3,047.70	$1,408.33	$1,639.37	$819.69
CDHP Self	JS1	$1,308.60	$1,403.00	$645.84	$757.16	$378.58
CDHP Self & Family	JS2	$2,983.02	$3,198.20	$1,547.50	$1,650.70	$825.35
CDHP Self Plus One	JS3	$2,953.47	$3,166.52	$1,408.33	$1,758.19	$879.10
Ohio Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
Ohio Medical Mutual of Ohio						
Basic Self	YF1	$400.14	$482.84	$362.13	$120.71	$60.36
Basic Self & Family	YF2	$960.35	$1,158.86	$869.15	$289.71	$144.86
Basic Self Plus One	YF3	$880.34	$1,062.27	$796.70	$265.57	$132.79
Ohio Medical Mutual of Ohio						
Standard Self	644	$1,157.46	$1,328.56	$645.84	$682.72	$341.36
Standard Self & Family	645	$2,777.86	$3,188.53	$1,547.50	$1,641.03	$820.52
Standard Self Plus One	646	$2,546.38	$2,922.79	$1,408.33	$1,514.46	$757.23
Ohio Medical Mutual of Ohio						
Basic Self	UX1	$406.62	$464.71	$348.53	$116.18	$58.09
Basic Self & Family	UX2	$975.87	$1,115.27	$836.45	$278.82	$139.41
Basic Self Plus One	UX3	$894.55	$1,022.34	$766.76	$255.58	$127.79
Oklahoma Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Oklahoma Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
Oklahoma Aetna HealthFund CDHP and Aetna Value Pla						
Value Self	JS4	$1,170.76	$1,348.36	$645.84	$702.52	$351.26
Value Self & Family	JS5	$2,672.67	$3,078.08	$1,547.50	$1,530.58	$765.29
Value Self Plus One	JS6	$2,646.28	$3,047.70	$1,408.33	$1,639.37	$819.69
CDHP Self	JS1	$1,308.60	$1,403.00	$645.84	$757.16	$378.58
CDHP Self & Family	JS2	$2,983.02	$3,198.20	$1,547.50	$1,650.70	$825.35
CDHP Self Plus One	JS3	$2,953.47	$3,166.52	$1,408.33	$1,758.19	$879.10
Oklahoma Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
Oregon Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Oregon Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
Oregon Aetna HealthFund CDHP and Aetna Value Plan						

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
CDHP Self	H41	$898.32	$1,143.22	$645.84	$497.38	$248.69
CDHP Self & Family	H42	$2,047.65	$2,605.89	$1,547.50	$1,058.39	$529.20
CDHP Self Plus One	H43	$2,027.81	$2,580.65	$1,408.33	$1,172.32	$586.16
Value Self	H44	$1,113.04	$1,404.95	$645.84	$759.11	$379.56
Value Self & Family	H45	$2,554.35	$3,224.28	$1,547.50	$1,676.78	$838.39
Value Self Plus One	H46	$2,504.28	$3,161.06	$1,408.33	$1,752.73	$876.37
Oregon Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
Oregon Kaiser Permanente - Northwest						
Standard Self	574	$751.01	$836.05	$627.04	$209.01	$104.51
Standard Self & Family	575	$1,725.32	$1,920.64	$1,440.48	$480.16	$240.08
Standard Self Plus One	576	$1,725.32	$1,920.64	$1,408.33	$512.31	$256.16
High Self	571	$848.90	$932.92	$645.84	$287.08	$143.54
High Self & Family	572	$1,917.37	$2,107.19	$1,547.50	$559.69	$279.85
High Self Plus One	573	$1,917.37	$2,107.19	$1,408.33	$698.86	$349.43
Oregon Kaiser Permanente - Northwest						
Prosper Self	AM1	$439.10	$461.33	$346.00	$115.33	$57.67
Prosper Self & Family	AM2	$1,088.97	$1,144.07	$858.05	$286.02	$143.01
Prosper Self Plus One	AM3	$944.04	$991.79	$743.84	$247.95	$123.98
Oregon UnitedHealthcare Insurance Company, Inc. - Chc						
High Self	WF1	$791.83	$780.98	$585.74	$195.24	$97.62
High Self & Family	WF2	$1,872.67	$1,847.00	$1,385.25	$461.75	$230.88
High Self Plus One	WF3	$1,702.42	$1,679.10	$1,259.33	$419.77	$209.89

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
Oregon UnitedHealthcare Insurance Company, Inc. Choi						
HDHP Self	LU1	$782.43	$851.87	$638.90	$212.97	$106.49
HDHP Self & Family	LU2	$1,799.55	$1,959.34	$1,469.51	$489.83	$244.92
HDHP Self Plus One	LU3	$1,682.16	$1,831.55	$1,373.66	$457.89	$228.95
Oregon UnitedHealthcare Insurance Company, Inc. Choi						
High Self	VD1	$778.40	$771.38	$578.54	$192.84	$96.42
High Self & Family	VD2	$1,840.91	$1,824.31	$1,368.23	$456.08	$228.04
High Self Plus One	VD3	$1,673.58	$1,658.45	$1,243.84	$414.61	$207.31
Palau Calvo's Select Care						
Standard Self	B44	$400.79	$425.27	$318.95	$106.32	$53.16
Standard Self & Family	B45	$1,164.63	$1,235.78	$926.84	$308.94	$154.47
Standard Self Plus One	B46	$790.14	$838.41	$628.81	$209.60	$104.80
High Self	B41	$545.89	$584.42	$438.32	$146.10	$73.05
High Self & Family	B42	$1,445.90	$1,547.95	$1,160.96	$386.99	$193.50
High Self Plus One	B43	$1,065.35	$1,140.53	$855.40	$285.13	$142.57
Palau TakeCare						
HDHP Self	KX1	$155.13	$170.91	$128.18	$42.73	$21.37
HDHP Self & Family	KX2	$415.91	$458.21	$343.66	$114.55	$57.28
HDHP Self Plus One	KX3	$374.51	$412.60	$309.45	$103.15	$51.58
Palau TakeCare						
Standard Self	JK4	$461.93	$426.75	$320.06	$106.69	$53.35
Standard Self & Family	JK5	$1,524.58	$1,408.44	$1,056.33	$352.11	$176.06
Standard Self Plus One	JK6	$925.56	$855.05	$641.29	$213.76	$106.88
High Self	JK1	$610.31	$581.36	$436.02	$145.34	$72.67
High Self & Family	JK2	$1,754.68	$1,671.43	$1,253.57	$417.86	$208.93

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
High Self Plus One	JK3	$1,220.20	$1,162.31	$871.73	$290.58	$145.29
Pennsylvania Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Pennsylvania Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
Pennsylvania Aetna HealthFund CDHP and Aetna Value						
CDHP Self	H41	$898.32	$1,143.22	$645.84	$497.38	$248.69
CDHP Self & Family	H42	$2,047.65	$2,605.89	$1,547.50	$1,058.39	$529.20
CDHP Self Plus One	H43	$2,027.81	$2,580.65	$1,408.33	$1,172.32	$586.16
Value Self	H44	$1,113.04	$1,404.95	$645.84	$759.11	$379.56
Value Self & Family	H45	$2,554.35	$3,224.28	$1,547.50	$1,676.78	$838.39
Value Self Plus One	H46	$2,504.28	$3,161.06	$1,408.33	$1,752.73	$876.37
Pennsylvania Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
Pennsylvania Aetna Open Access						
Basic Self	P34	$1,833.22	$1,794.85	$645.84	$1,149.01	$574.51
Basic Self & Family	P35	$4,254.90	$4,165.85	$1,547.50	$2,618.35	$1,309.18
Basic Self Plus One	P36	$4,212.72	$4,124.55	$1,408.33	$2,716.22	$1,358.11
High Self	P31	$1,806.63	$1,826.48	$645.84	$1,180.64	$590.32

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
High Self & Family	P32	$4,380.18	$4,428.32	$1,547.50	$2,880.82	$1,440.41
High Self Plus One	P33	$4,336.84	$4,384.49	$1,408.33	$2,976.16	$1,488.08
Pennsylvania Aetna Open Access						
High Self	YE1	$1,285.66	$1,696.83	$645.84	$1,050.99	$525.50
High Self & Family	YE2	$3,228.33	$4,260.75	$1,547.50	$2,713.25	$1,356.63
High Self Plus One	YE3	$3,196.38	$4,218.61	$1,408.33	$2,810.28	$1,405.14
Pennsylvania Geisinger Health Plan						
Standard Self	GG4	$932.34	$1,107.10	$645.84	$461.26	$230.63
Standard Self & Family	GG5	$2,134.60	$2,534.74	$1,547.50	$987.24	$493.62
Standard Self Plus One	GG6	$2,014.52	$2,392.11	$1,408.33	$983.78	$491.89
Pennsylvania Geisinger Health Plan						
Basic Self	AJ1	$843.31	$1,011.62	$645.84	$365.78	$182.89
Basic Self & Family	AJ2	$1,930.76	$2,316.10	$1,547.50	$768.60	$384.30
Basic Self Plus One	AJ3	$1,822.15	$2,185.78	$1,408.33	$777.45	$388.73
Pennsylvania UnitedHealthcare Insurance Company, Inc						
High Self	AS1	$791.51	$822.77	$617.08	$205.69	$102.85
High Self & Family	AS2	$1,871.98	$1,945.86	$1,459.40	$486.46	$243.23
High Self Plus One	AS3	$1,701.79	$1,768.93	$1,326.70	$442.23	$221.12
Pennsylvania UnitedHealthcare Insurance Company, Inc						
HDHP Self	V41	$693.55	$702.15	$526.61	$175.54	$87.77
HDHP Self & Family	V42	$1,587.80	$1,607.23	$1,205.42	$401.81	$200.91
HDHP Self Plus One	V43	$1,491.19	$1,509.65	$1,132.24	$377.41	$188.71
Pennsylvania UnitedHealthcare Insurance Company, Inc						
High Self	LR1	$1,007.54	$1,132.39	$645.84	$486.55	$243.28
High Self & Family	LR2	$2,387.88	$2,683.72	$1,547.50	$1,136.22	$568.11

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
High Self Plus One	LR3	$2,166.21	$2,434.60	$1,408.33	$1,026.27	$513.14
Pennsylvania UnitedHealthcare Insurance Company, Inc						
High Self	Y81	$725.21	$705.77	$529.33	$176.44	$88.22
High Self & Family	Y82	$1,715.13	$1,669.11	$1,251.83	$417.28	$208.64
High Self Plus One	Y83	$1,559.22	$1,517.40	$1,138.05	$379.35	$189.68
Pennsylvania UPMC Health Plan						
HDHP Self	8W4	$699.55	$713.55	$535.16	$178.39	$89.20
HDHP Self & Family	8W5	$1,613.30	$1,897.94	$1,423.46	$474.48	$237.24
HDHP Self Plus One	8W6	$1,550.03	$1,704.54	$1,278.41	$426.13	$213.07
Pennsylvania UPMC Health Plan						
Standard Self	UW4	$771.85	$774.09	$580.57	$193.52	$96.76
Standard Self & Family	UW5	$1,815.58	$2,122.38	$1,547.50	$574.88	$287.44
Standard Self Plus One	UW6	$1,733.16	$1,888.53	$1,408.33	$480.20	$240.10
Puerto Rico Triple-S Salud Inc. Puerto Rico						
High Self	891	$444.41	$466.61	$349.96	$116.65	$58.33
High Self & Family	892	$1,017.71	$1,068.58	$801.44	$267.14	$133.57
High Self Plus One	893	$997.84	$1,047.74	$785.81	$261.93	$130.97
Rhode Island Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Rhode Island Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
Rhode Island Aetna HealthFund CDHP and Aetna Value I						
Value Self	EP4	$1,106.45	$1,464.34	$645.84	$818.50	$409.25
Value Self & Family	EP5	$2,533.66	$3,353.22	$1,547.50	$1,805.72	$902.86
Value Self Plus One	EP6	$2,483.93	$3,287.42	$1,408.33	$1,879.09	$939.55
CDHP Self	EP1	$1,215.18	$1,375.05	$645.84	$729.21	$364.61
CDHP Self & Family	EP2	$2,771.23	$3,135.84	$1,547.50	$1,588.34	$794.17
CDHP Self Plus One	EP3	$2,743.80	$3,104.77	$1,408.33	$1,696.44	$848.22
Rhode Island Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
South Carolina Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
South Carolina Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
South Carolina Aetna HealthFund CDHP and Aetna Value						
Value Self	JS4	$1,170.76	$1,348.36	$645.84	$702.52	$351.26
Value Self & Family	JS5	$2,672.67	$3,078.08	$1,547.50	$1,530.58	$765.29
Value Self Plus One	JS6	$2,646.28	$3,047.70	$1,408.33	$1,639.37	$819.69
CDHP Self	JS1	$1,308.60	$1,403.00	$645.84	$757.16	$378.58
CDHP Self & Family	JS2	$2,983.02	$3,198.20	$1,547.50	$1,650.70	$825.35

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
CDHP Self Plus One	JS3	$2,953.47	$3,166.52	$1,408.33	$1,758.19	$879.10
South Carolina Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
South Dakota Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
South Dakota Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
South Dakota Aetna HealthFund CDHP and Aetna Value						
Value Self	G54	$930.52	$1,032.44	$645.84	$386.60	$193.30
Value Self & Family	G55	$2,131.18	$2,364.57	$1,547.50	$817.07	$408.54
Value Self Plus One	G56	$2,089.43	$2,318.27	$1,408.33	$909.94	$454.97
CDHP Self	G51	$1,321.49	$1,357.94	$645.84	$712.10	$356.05
CDHP Self & Family	G52	$3,014.33	$3,097.40	$1,547.50	$1,549.90	$774.95
CDHP Self Plus One	G53	$2,984.52	$3,066.79	$1,408.33	$1,658.46	$829.23
South Dakota Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
South Dakota HealthPartners						

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
Standard Self	V34	$553.28	$632.08	$474.06	$158.02	$79.01
Standard Self & Family	V35	$1,347.84	$1,539.76	$1,154.82	$384.94	$192.47
Standard Self Plus One	V36	$1,222.78	$1,396.92	$1,047.69	$349.23	$174.62
High Self	V31	$778.16	$909.98	$645.84	$264.14	$132.07
High Self & Family	V32	$1,895.62	$2,216.72	$1,547.50	$669.22	$334.61
High Self Plus One	V33	$1,719.75	$2,011.06	$1,408.33	$602.73	$301.37
Tennessee Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Tennessee Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
Tennessee Aetna HealthFund CDHP and Aetna Value Pla						
CDHP Self	F51	$1,059.48	$1,165.21	$645.84	$519.37	$259.69
CDHP Self & Family	F52	$2,415.75	$2,656.85	$1,547.50	$1,109.35	$554.68
CDHP Self Plus One	F53	$2,391.81	$2,630.53	$1,408.33	$1,222.20	$611.10
Value Self	F54	$1,023.97	$1,170.95	$645.84	$525.11	$262.56
Value Self & Family	F55	$2,344.83	$2,681.42	$1,547.50	$1,133.92	$566.96
Value Self Plus One	F56	$2,298.81	$2,628.77	$1,408.33	$1,220.44	$610.22
Tennessee Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
Tennessee UnitedHealthcare Insurance Company, Inc. -						
High Self	AS1	$791.51	$822.77	$617.08	$205.69	$102.85
High Self & Family	AS2	$1,871.98	$1,945.86	$1,459.40	$486.46	$243.23
High Self Plus One	AS3	$1,701.79	$1,768.93	$1,326.70	$442.23	$221.12
Tennessee UnitedHealthcare Insurance Company, Inc. C						
HDHP Self	LS1	$767.02	$788.15	$591.11	$197.04	$98.52
HDHP Self & Family	LS2	$1,764.04	$1,812.70	$1,359.53	$453.17	$226.59
HDHP Self Plus One	LS3	$1,648.99	$1,694.46	$1,270.85	$423.61	$211.81
Tennessee UnitedHealthcare Insurance Company, Inc. C						
High Self	Y81	$725.21	$705.77	$529.33	$176.44	$88.22
High Self & Family	Y82	$1,715.13	$1,669.11	$1,251.83	$417.28	$208.64
High Self Plus One	Y83	$1,559.22	$1,517.40	$1,138.05	$379.35	$189.68
Texas Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Texas Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
Texas Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	JS4	$1,170.76	$1,348.36	$645.84	$702.52	$351.26
Value Self & Family	JS5	$2,672.67	$3,078.08	$1,547.50	$1,530.58	$765.29
Value Self Plus One	JS6	$2,646.28	$3,047.70	$1,408.33	$1,639.37	$819.69
CDHP Self	JS1	$1,308.60	$1,403.00	$645.84	$757.16	$378.58

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
CDHP Self & Family	JS2	$2,983.02	$3,198.20	$1,547.50	$1,650.70	$825.35
CDHP Self Plus One	JS3	$2,953.47	$3,166.52	$1,408.33	$1,758.19	$879.10
Texas Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
Texas Scott and White Health Plan						
Basic Self	A81	$510.01	$543.36	$407.52	$135.84	$67.92
Basic Self & Family	A82	$1,198.54	$1,276.84	$957.63	$319.21	$159.61
Basic Self Plus One	A83	$1,132.21	$1,206.18	$904.64	$301.54	$150.77
Standard Self	A84	$876.09	$930.24	$645.84	$284.40	$142.20
Standard Self & Family	A85	$2,058.81	$2,186.10	$1,547.50	$638.60	$319.30
Standard Self Plus One	A86	$1,944.93	$2,065.16	$1,408.33	$656.83	$328.42
Texas Scott and White Health Plan						
Basic Self	P81	$525.76	$576.75	$432.56	$144.19	$72.10
Basic Self & Family	P82	$1,235.54	$1,355.36	$1,016.52	$338.84	$169.42
Basic Self Plus One	P83	$1,167.21	$1,280.37	$960.28	$320.09	$160.05
Standard Self	P84	$950.47	$1,059.70	$645.84	$413.86	$206.93
Standard Self & Family	P85	$2,233.62	$2,490.30	$1,547.50	$942.80	$471.40
Standard Self Plus One	P86	$2,110.05	$2,352.52	$1,408.33	$944.19	$472.10
Texas UnitedHealthcare Insurance Company, Inc. - Choic						
High Self	AS1	$791.51	$822.77	$617.08	$205.69	$102.85
High Self & Family	AS2	$1,871.98	$1,945.86	$1,459.40	$486.46	$243.23
High Self Plus One	AS3	$1,701.79	$1,768.93	$1,326.70	$442.23	$221.12
Texas UnitedHealthcare Insurance Company, Inc. Choice						

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
Value Self	L91	$769.25	$830.38	$622.79	$207.59	$103.80
Value Self & Family	L92	$1,846.24	$1,992.03	$1,494.02	$498.01	$249.01
Value Self Plus One	L93	$1,634.69	$1,763.73	$1,322.80	$440.93	$220.47
Texas UnitedHealthcare Insurance Company, Inc. Choice						
High Self	Y81	$725.21	$705.77	$529.33	$176.44	$88.22
High Self & Family	Y82	$1,715.13	$1,669.11	$1,251.83	$417.28	$208.64
High Self Plus One	Y83	$1,559.22	$1,517.40	$1,138.05	$379.35	$189.68
Utah Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Utah Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
Utah Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	G54	$930.52	$1,032.44	$645.84	$386.60	$193.30
Value Self & Family	G55	$2,131.18	$2,364.57	$1,547.50	$817.07	$408.54
Value Self Plus One	G56	$2,089.43	$2,318.27	$1,408.33	$909.94	$454.97
CDHP Self	G51	$1,321.49	$1,357.94	$645.84	$712.10	$356.05
CDHP Self & Family	G52	$3,014.33	$3,097.40	$1,547.50	$1,549.90	$774.95
CDHP Self Plus One	G53	$2,984.52	$3,066.79	$1,408.33	$1,658.46	$829.23
Utah Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
Utah Altius Health Plan						
High Self	9K1	$1,357.79	$1,371.93	$645.84	$726.09	$363.05
High Self & Family	9K2	$3,002.81	$3,034.07	$1,547.50	$1,486.57	$743.29
High Self Plus One	9K3	$2,973.12	$3,004.08	$1,408.33	$1,595.75	$797.88
HDHP Self	9K4	$884.59	$959.27	$645.84	$313.43	$156.72
HDHP Self & Family	9K5	$1,848.77	$2,004.84	$1,503.63	$501.21	$250.61
HDHP Self Plus One	9K6	$1,812.44	$1,965.43	$1,408.33	$557.10	$278.55
Utah Altius Health Plan						
Standard Self	DK4	$1,110.74	$1,109.64	$645.84	$463.80	$231.90
Standard Self & Family	DK5	$2,452.91	$2,450.48	$1,547.50	$902.98	$451.49
Standard Self Plus One	DK6	$2,428.62	$2,426.21	$1,408.33	$1,017.88	$508.94
Utah SelectHealth Plan						
Standard Self	SF4	$827.88	$885.82	$645.84	$239.98	$119.99
Standard Self & Family	SF5	$2,069.71	$2,214.59	$1,547.50	$667.09	$333.55
Standard Self Plus One	SF6	$1,821.32	$1,948.81	$1,408.33	$540.48	$270.24
Utah SelectHealth Plan						
HDHP Self	WX1	$766.52	$819.02	$614.27	$204.75	$102.38
HDHP Self & Family	WX2	$1,916.31	$2,047.57	$1,535.68	$511.89	$255.95
HDHP Self Plus One	WX3	$1,686.32	$1,801.84	$1,351.38	$450.46	$225.23
Vermont Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Vermont Aetna Direct						

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
Vermont Aetna HealthFund CDHP and Aetna Value Plan						
Value Self	EP4	$1,106.45	$1,464.34	$645.84	$818.50	$409.25
Value Self & Family	EP5	$2,533.66	$3,353.22	$1,547.50	$1,805.72	$902.86
Value Self Plus One	EP6	$2,483.93	$3,287.42	$1,408.33	$1,879.09	$939.55
CDHP Self	EP1	$1,215.18	$1,375.05	$645.84	$729.21	$364.61
CDHP Self & Family	EP2	$2,771.23	$3,135.84	$1,547.50	$1,588.34	$794.17
CDHP Self Plus One	EP3	$2,743.80	$3,104.77	$1,408.33	$1,696.44	$848.22
Vermont Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
Virgin Islands Triple-S Salud Inc. U.S. Virgin Islands						
High Self	851	$652.15	$652.15	$489.11	$163.04	$81.52
High Self & Family	852	$1,493.42	$1,493.42	$1,120.07	$373.35	$186.68
High Self Plus One	853	$1,464.26	$1,464.26	$1,098.20	$366.06	$183.03
Virginia Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Virginia Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
Virginia Aetna HealthFund CDHP and Aetna Value Plan						
CDHP Self	F51	$1,059.48	$1,165.21	$645.84	$519.37	$259.69
CDHP Self & Family	F52	$2,415.75	$2,656.85	$1,547.50	$1,109.35	$554.68
CDHP Self Plus One	F53	$2,391.81	$2,630.53	$1,408.33	$1,222.20	$611.10
Value Self	F54	$1,023.97	$1,170.95	$645.84	$525.11	$262.56
Value Self & Family	F55	$2,344.83	$2,681.42	$1,547.50	$1,133.92	$566.96
Value Self Plus One	F56	$2,298.81	$2,628.77	$1,408.33	$1,220.44	$610.22
Virginia Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
Virginia Aetna Open Access						
High Self	JN1	$1,364.07	$1,471.67	$645.84	$825.83	$412.92
High Self & Family	JN2	$3,066.66	$3,308.59	$1,547.50	$1,761.09	$880.55
High Self Plus One	JN3	$3,036.26	$3,275.78	$1,408.33	$1,867.45	$933.73
Basic Self	JN4	$804.83	$863.85	$645.84	$218.01	$109.01
Basic Self & Family	JN5	$1,841.80	$1,976.93	$1,482.70	$494.23	$247.12
Basic Self Plus One	JN6	$1,691.28	$1,815.39	$1,361.54	$453.85	$226.93
Virginia Aetna Saver (Open Access)						
Saver Self	QQ4	$622.29	$586.58	$439.94	$146.64	$73.32
Saver Self & Family	QQ5	$1,424.11	$1,342.40	$1,006.80	$335.60	$167.80
Saver Self Plus One	QQ6	$1,307.76	$1,232.70	$924.53	$308.17	$154.09
Virginia CareFirst BlueChoice						
Standard Self	2G4	$1,115.38	$1,171.15	$645.84	$525.31	$262.66

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
Standard Self & Family	2G5	$2,650.12	$2,782.63	$1,547.50	$1,235.13	$617.57
Standard Self Plus One	2G6	$2,230.76	$2,342.30	$1,408.33	$933.97	$466.99
Virginia CareFirst BlueChoice						
HDHP Self	B61	$726.53	$748.30	$561.23	$187.07	$93.54
HDHP Self & Family	B62	$1,726.16	$1,777.95	$1,333.46	$444.49	$222.25
HDHP Self Plus One	B63	$1,453.01	$1,496.60	$1,122.45	$374.15	$187.08
Blue Value Plus Self	B64	$775.04	$775.04	$581.28	$193.76	$96.88
Blue Value Plus Self & Family	B65	$1,841.45	$1,841.45	$1,381.09	$460.36	$230.18
Blue Value Plus Self Plus One	B66	$1,550.08	$1,550.08	$1,162.56	$387.52	$193.76
Virginia Kaiser Permanente - Mid-Atlantic States						
Prosper Self	T71	$425.01	$449.30	$336.98	$112.32	$56.16
Prosper Self & Family	T72	$1,195.81	$1,264.10	$948.08	$316.02	$158.01
Prosper Self Plus One	T73	$1,015.45	$1,073.39	$805.04	$268.35	$134.18
Virginia Kaiser Permanente - Mid-Atlantic States						
Standard Self	E34	$707.53	$770.08	$577.56	$192.52	$96.26
Standard Self & Family	E35	$1,627.30	$1,771.21	$1,328.41	$442.80	$221.40
Standard Self Plus One	E36	$1,627.30	$1,771.21	$1,328.41	$442.80	$221.40
High Self	E31	$889.87	$962.28	$645.84	$316.44	$158.22
High Self & Family	E32	$2,046.70	$2,213.27	$1,547.50	$665.77	$332.89
High Self Plus One	E33	$2,046.70	$2,213.27	$1,408.33	$804.94	$402.47
Virginia M.D. IPA						
High Self	JP1	$1,153.30	$1,159.28	$645.84	$513.44	$256.72
High Self & Family	JP2	$3,233.86	$3,250.67	$1,547.50	$1,703.17	$851.59
High Self Plus One	JP3	$2,252.42	$2,264.10	$1,408.33	$855.77	$427.89
Virginia Optima Health						

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
HDHP Self	PG4	$652.12	$701.03	$525.77	$175.26	$87.63
HDHP Self & Family	PG5	$1,438.43	$1,546.33	$1,159.75	$386.58	$193.29
HDHP Self Plus One	PG6	$1,410.26	$1,516.04	$1,137.03	$379.01	$189.51
High Self	PG1	$854.23	$922.59	$645.84	$276.75	$138.38
High Self & Family	PG2	$2,064.10	$2,229.22	$1,547.50	$681.72	$340.86
High Self Plus One	PG3	$2,063.95	$2,229.07	$1,408.33	$820.74	$410.37
Virigina Sentara Health Plans						
High Self	F21	$709.41	$709.41	$532.06	$177.35	$88.68
High Self & Family	F22	$1,623.53	$1,623.53	$1,217.65	$405.88	$202.94
High Self Plus One	F23	$1,623.40	$1,623.40	$1,217.55	$405.85	$202.93
Virginia UnitedHealthcare Insurance Company, Inc. - Ch						
High Self	AS1	$791.51	$822.77	$617.08	$205.69	$102.85
High Self & Family	AS2	$1,871.98	$1,945.86	$1,459.40	$486.46	$243.23
High Self Plus One	AS3	$1,701.79	$1,768.93	$1,326.70	$442.23	$221.12
Virginia UnitedHealthcare Insurance Company, Inc. Choi						
HDHP Self	V41	$693.55	$702.15	$526.61	$175.54	$87.77
HDHP Self & Family	V42	$1,587.80	$1,607.23	$1,205.42	$401.81	$200.91
HDHP Self Plus One	V43	$1,491.19	$1,509.65	$1,132.24	$377.41	$188.71
Virginia UnitedHealthcare Insurance Company, Inc. Choi						
High Self	LR1	$1,007.54	$1,132.39	$645.84	$486.55	$243.28
High Self & Family	LR2	$2,387.88	$2,683.72	$1,547.50	$1,136.22	$568.11
High Self Plus One	LR3	$2,166.21	$2,434.60	$1,408.33	$1,026.27	$513.14
Virginia UnitedHealthcare Insurance Company, Inc. Choi						
Value Self	L91	$769.25	$830.38	$622.79	$207.59	$103.80
Value Self & Family	L92	$1,846.24	$1,992.03	$1,494.02	$498.01	$249.01

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
Value Self Plus One	L93	$1,634.69	$1,763.73	$1,322.80	$440.93	$220.47
Virginia UnitedHealthcare Insurance Company, Inc. Choi						
High Self	Y81	$725.21	$705.77	$529.33	$176.44	$88.22
High Self & Family	Y82	$1,715.13	$1,669.11	$1,251.83	$417.28	$208.64
High Self Plus One	Y83	$1,559.22	$1,517.40	$1,138.05	$379.35	$189.68
Washington Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Washington Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
Washington Aetna HealthFund CDHP and Aetna Value P						
Value Self	G54	$930.52	$1,032.44	$645.84	$386.60	$193.30
Value Self & Family	G55	$2,131.18	$2,364.57	$1,547.50	$817.07	$408.54
Value Self Plus One	G56	$2,089.43	$2,318.27	$1,408.33	$909.94	$454.97
CDHP Self	G51	$1,321.49	$1,357.94	$645.84	$712.10	$356.05
CDHP Self & Family	G52	$3,014.33	$3,097.40	$1,547.50	$1,549.90	$774.95
CDHP Self Plus One	G53	$2,984.52	$3,066.79	$1,408.33	$1,658.46	$829.23
Washington Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
Washington Kaiser Permanente - Northwest						

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
Standard Self	574	$751.01	$836.05	$627.04	$209.01	$104.51
Standard Self & Family	575	$1,725.32	$1,920.64	$1,440.48	$480.16	$240.08
Standard Self Plus One	576	$1,725.32	$1,920.64	$1,408.33	$512.31	$256.16
High Self	571	$848.90	$932.92	$645.84	$287.08	$143.54
High Self & Family	572	$1,917.37	$2,107.19	$1,547.50	$559.69	$279.85
High Self Plus One	573	$1,917.37	$2,107.19	$1,408.33	$698.86	$349.43
Washington Kaiser Permanente - Northwest						
Prosper Self	AM1	$439.10	$461.33	$346.00	$115.33	$57.67
Prosper Self & Family	AM2	$1,088.97	$1,144.07	$858.05	$286.02	$143.01
Prosper Self Plus One	AM3	$944.04	$991.79	$743.84	$247.95	$123.98
Washington Kaiser Permanente - Washington Core						
Standard Self	544	$711.53	$834.25	$625.69	$208.56	$104.28
Standard Self & Family	545	$1,636.55	$1,918.82	$1,439.12	$479.70	$239.85
Standard Self Plus One	546	$1,636.55	$1,918.82	$1,408.33	$510.49	$255.25
High Self	541	$958.32	$1,098.09	$645.84	$452.25	$226.13
High Self & Family	542	$2,108.32	$2,415.81	$1,547.50	$868.31	$434.16
High Self Plus One	543	$2,108.32	$2,415.81	$1,408.33	$1,007.48	$503.74
Washington Kaiser Permanente - Washington Core						
Prosper Self	PT4	$397.82	$412.25	$309.19	$103.06	$51.53
Prosper Self & Family	PT5	$1,113.88	$1,154.31	$865.73	$288.58	$144.29
Prosper Self Plus One	PT6	$963.60	$998.57	$748.93	$249.64	$124.82
Washington Kaiser Permanente Washington Options Fe						
Standard Self	L11	$689.30	$754.52	$565.89	$188.63	$94.32
Standard Self & Family	L12	$1,530.25	$1,675.05	$1,256.29	$418.76	$209.38
Standard Self Plus One	L13	$1,530.25	$1,675.05	$1,256.29	$418.76	$209.38

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
HDHP Self	L14	$728.48	$790.60	$592.95	$197.65	$98.83
HDHP Self & Family	L15	$1,617.18	$1,755.09	$1,316.32	$438.77	$219.39
HDHP Self Plus One	L16	$1,617.18	$1,755.09	$1,316.32	$438.77	$219.39
Washington UnitedHealthcare Insurance Company, Inc.						
High Self	WF1	$791.83	$780.98	$585.74	$195.24	$97.62
High Self & Family	WF2	$1,872.67	$1,847.00	$1,385.25	$461.75	$230.88
High Self Plus One	WF3	$1,702.42	$1,679.10	$1,259.33	$419.77	$209.89
Washington UnitedHealthcare Insurance Company, Inc.						
HDHP Self	LU1	$782.43	$851.87	$638.90	$212.97	$106.49
HDHP Self & Family	LU2	$1,799.55	$1,959.34	$1,469.51	$489.83	$244.92
HDHP Self Plus One	LU3	$1,682.16	$1,831.55	$1,373.66	$457.89	$228.95
Washington UnitedHealthcare Insurance Company, Inc.						
High Self	VD1	$778.40	$771.38	$578.54	$192.84	$96.42
High Self & Family	VD2	$1,840.91	$1,824.31	$1,368.23	$456.08	$228.04
High Self Plus One	VD3	$1,673.58	$1,658.45	$1,243.84	$414.61	$207.31
West Virginia Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
West Virginia Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
West Virginia Aetna HealthFund CDHP and Aetna Value						
CDHP Self	F51	$1,059.48	$1,165.21	$645.84	$519.37	$259.69

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
CDHP Self & Family	F52	$2,415.75	$2,656.85	$1,547.50	$1,109.35	$554.68
CDHP Self Plus One	F53	$2,391.81	$2,630.53	$1,408.33	$1,222.20	$611.10
Value Self	F54	$1,023.97	$1,170.95	$645.84	$525.11	$262.56
Value Self & Family	F55	$2,344.83	$2,681.42	$1,547.50	$1,133.92	$566.96
Value Self Plus One	F56	$2,298.81	$2,628.77	$1,408.33	$1,220.44	$610.22
West Virginia Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
Wisconsin Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Wisconsin Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61
Wisconsin Aetna HealthFund CDHP and Aetna Value Pla						
Value Self	JS4	$1,170.76	$1,348.36	$645.84	$702.52	$351.26
Value Self & Family	JS5	$2,672.67	$3,078.08	$1,547.50	$1,530.58	$765.29
Value Self Plus One	JS6	$2,646.28	$3,047.70	$1,408.33	$1,639.37	$819.69
CDHP Self	JS1	$1,308.60	$1,403.00	$645.84	$757.16	$378.58
CDHP Self & Family	JS2	$2,983.02	$3,198.20	$1,547.50	$1,650.70	$825.35
CDHP Self Plus One	JS3	$2,953.47	$3,166.52	$1,408.33	$1,758.19	$879.10
Wisconsin Aetna HealthFund HDHP						

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
Wisconsin Group Health Cooperative of South Central W						
High Self	WJ1	$1,174.31	$1,300.95	$645.84	$655.11	$327.56
High Self & Family	WJ2	$3,053.94	$3,382.69	$1,547.50	$1,835.19	$917.60
High Self Plus One	WJ3	$2,583.47	$2,862.25	$1,408.33	$1,453.92	$726.96
Standard Self	WJ4	$742.30	$824.96	$618.72	$206.24	$103.12
Standard Self & Family	WJ5	$1,930.76	$2,144.96	$1,547.50	$597.46	$298.73
Standard Self Plus One	WJ6	$1,633.02	$1,814.97	$1,361.23	$453.74	$226.87
Wisconsin HealthPartners						
Standard Self	V34	$553.28	$632.08	$474.06	$158.02	$79.01
Standard Self & Family	V35	$1,347.84	$1,539.76	$1,154.82	$384.94	$192.47
Standard Self Plus One	V36	$1,222.78	$1,396.92	$1,047.69	$349.23	$174.62
High Self	V31	$778.16	$909.98	$645.84	$264.14	$132.07
High Self & Family	V32	$1,895.62	$2,216.72	$1,547.50	$669.22	$334.61
High Self Plus One	V33	$1,719.75	$2,011.06	$1,408.33	$602.73	$301.37
Wyoming Aetna Advantage						
Advantage Self	Z24	$500.02	$461.35	$346.01	$115.34	$57.67
Advantage Self & Family	Z25	$1,325.00	$1,222.54	$916.91	$305.63	$152.82
Advantage Self Plus One	Z26	$1,100.02	$1,014.95	$761.21	$253.74	$126.87
Wyoming Aetna Direct						
CDHP Self	N61	$643.20	$666.12	$499.59	$166.53	$83.27
CDHP Self & Family	N62	$1,622.05	$1,679.86	$1,259.90	$419.96	$209.98
CDHP Self Plus One	N63	$1,410.57	$1,460.85	$1,095.64	$365.21	$182.61

Tribal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2024 Total Monthly Premium	2025 Monthly Premium Rates			
Plan - Option - Enrollment Code			Total Premium	Employer Pays	Employee Pays	Employee Semi-Monthly Cost (24 Deductions)
Wyoming Aetna HealthFund CDHP and Aetna Value Plar						
CDHP Self	H41	$898.32	$1,143.22	$645.84	$497.38	$248.69
CDHP Self & Family	H42	$2,047.65	$2,605.89	$1,547.50	$1,058.39	$529.20
CDHP Self Plus One	H43	$2,027.81	$2,580.65	$1,408.33	$1,172.32	$586.16
Value Self	H44	$1,113.04	$1,404.95	$645.84	$759.11	$379.56
Value Self & Family	H45	$2,554.35	$3,224.28	$1,547.50	$1,676.78	$838.39
Value Self Plus One	H46	$2,504.28	$3,161.06	$1,408.33	$1,752.73	$876.37
Wyoming Aetna HealthFund HDHP						
HDHP Self	224	$860.71	$938.77	$645.84	$292.93	$146.47
HDHP Self & Family	225	$1,898.52	$2,070.73	$1,547.50	$523.23	$261.62
HDHP Self Plus One	226	$1,861.36	$2,030.19	$1,408.33	$621.86	$310.93
Wyoming Altius Health Plan						
High Self	9K1	$1,357.79	$1,371.93	$645.84	$726.09	$363.05
High Self & Family	9K2	$3,002.81	$3,034.07	$1,547.50	$1,486.57	$743.29
High Self Plus One	9K3	$2,973.12	$3,004.08	$1,408.33	$1,595.75	$797.88
HDHP Self	9K4	$884.59	$959.27	$645.84	$313.43	$156.72
HDHP Self & Family	9K5	$1,848.77	$2,004.84	$1,503.63	$501.21	$250.61
HDHP Self Plus One	9K6	$1,812.44	$1,965.43	$1,408.33	$557.10	$278.55
Wyoming Altius Health Plan						
Standard Self	DK4	$1,110.74	$1,109.64	$645.84	$463.80	$231.90
Standard Self & Family	DK5	$2,452.91	$2,450.48	$1,547.50	$902.98	$451.49
Standard Self Plus One	DK6	$2,428.62	$2,426.21	$1,408.33	$1,017.88	$508.94