

Postal Premium Rates for the Federal Employees Health Benefits Program

Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)		2018 Biweekly Postal Premium Rates Category 1					2018 Biweekly Postal Premium Rates Category 2				
Plan - Option - Enrollment Code	2017 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	2017 Total Biweekly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	
HDHP Self Plus One	226	553.76	606.29	468.36	137.93	17.49	553.76	606.29	480.48	125.81	10.90
South Dakota Aetna HealthFund HDHP with HSA and Aetna Direct											
CDHP Self	N61	221.64	243.54	188.13	55.41	7.20	221.64	243.54	193.01	50.53	4.54
CDHP Self & Family	N62	558.97	614.17	474.45	139.72	18.14	558.97	614.17	486.73	127.44	11.45
CDHP Self Plus One	N63	486.08	534.08	412.58	121.50	15.78	486.08	534.08	423.26	110.82	9.96
South Dakota HealthPartners											
High Self	V31	329.41	356.92	235.62	121.30	22.79	329.41	356.92	241.98	114.94	19.51
High Self & Family	V32	802.44	869.46	536.07	333.39	57.23	802.44	869.46	550.56	318.90	49.75
High Self Plus One	V33	727.99	788.79	504.64	284.15	51.78	727.99	788.79	518.28	270.51	44.74
Standard Self	V34	196.66	211.15	163.11	48.04	5.27	196.66	211.15	167.34	43.81	3.00
Standard Self & Family	V35	479.08	514.37	397.35	117.02	12.82	479.08	514.37	407.64	106.73	7.32
Standard Self Plus One	V36	434.64	466.65	360.49	106.16	11.63	434.64	466.65	369.82	96.83	6.64
Tennessee Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	F51	330.91	371.98	235.62	136.36	36.35	330.91	371.98	241.98	130.00	33.07
CDHP Self & Family	F52	754.52	848.15	536.07	312.08	83.84	754.52	848.15	550.56	297.59	76.36
CDHP Self Plus One	F53	747.04	839.75	504.64	335.11	83.69	747.04	839.75	518.28	321.47	76.65
Value Self	F54	258.16	269.07	207.86	61.21	5.06	258.16	269.07	213.24	55.83	2.26
Value Self & Family	F55	591.16	616.15	475.98	140.17	11.59	591.16	616.15	488.30	127.85	5.18
Value Self Plus One	F56	579.56	604.06	466.64	137.42	11.37	579.56	604.06	478.72	125.34	5.08
Tennessee Aetna HealthFund HDHP with HSA and Aetna Direct											
HDHP Self	224	256.06	280.35	216.57	63.78	8.09	256.06	280.35	222.18	58.17	5.04
HDHP Self & Family	225	564.83	618.42	477.73	140.69	17.84	564.83	618.42	490.10	128.32	11.12
HDHP Self Plus One	226	553.76	606.29	468.36	137.93	17.49	553.76	606.29	480.48	125.81	10.90
Tennessee Aetna HealthFund HDHP with HSA and Aetna Direct											
CDHP Self	N61	221.64	243.54	188.13	55.41	7.20	221.64	243.54	193.01	50.53	4.54

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Plan - Option - Enrollment Code											
CDHP Self & Family	N62	558.97	614.17	474.45	139.72	18.14	558.97	614.17	486.73	127.44	11.45
CDHP Self Plus One	N63	486.08	534.08	412.58	121.50	15.78	486.08	534.08	423.26	110.82	9.96
Tennessee Aetna Open Access											
High Self	UB1	398.06	486.01	235.62	250.39	83.23	398.06	486.01	241.98	244.03	79.95
High Self & Family	UB2	1,020.04	1,245.42	536.07	709.35	215.59	1,020.04	1,245.42	550.56	694.86	208.11
High Self Plus One	UB3	1,009.94	1,233.10	504.64	728.46	214.14	1,009.94	1,233.10	518.28	714.82	207.10
Tennessee Humana CoverageFirst/Value Plan											
CDHP Self	TT1	New Plan	294.50	227.50	67.00	New Plan	New Plan	294.50	233.39	61.11	New Plan
CDHP Self & Family	TT2	New Plan	662.62	511.87	150.75	New Plan	New Plan	662.62	525.13	137.49	New Plan
CDHP Self Plus One	TT3	New Plan	633.17	489.12	144.05	New Plan	New Plan	633.17	501.79	131.38	New Plan
Value Self	TT4	New Plan	237.98	183.84	54.14	New Plan	New Plan	237.98	188.60	49.38	New Plan
Value Self & Family	TT5	New Plan	535.46	413.64	121.82	New Plan	New Plan	535.46	424.35	111.11	New Plan
Value Self Plus One	TT6	New Plan	511.66	395.26	116.40	New Plan	New Plan	511.66	405.49	106.17	New Plan
Tennessee Humana Health Plan, Inc.											
High Self	GJ1	334.13	396.16	235.62	160.54	57.31	334.13	396.16	241.98	154.18	54.03
High Self & Family	GJ2	751.82	891.34	536.07	355.27	129.73	751.82	891.34	550.56	340.78	122.25
High Self Plus One	GJ3	718.40	851.72	504.64	347.08	124.30	718.40	851.72	518.28	333.44	117.26
Standard Self	GJ4	331.09	360.88	235.62	125.26	25.07	331.09	360.88	241.98	118.90	21.79
Standard Self & Family	GJ5	744.95	811.98	536.07	275.91	57.24	744.95	811.98	550.56	261.42	49.76
Standard Self Plus One	GJ6	711.85	775.89	504.64	271.25	55.02	711.85	775.89	518.28	257.61	47.98
Tennessee UnitedHealthcare Insurance Company, Inc. Choice HMO											
High Self	KK1	257.80	274.77	212.26	62.51	6.44	257.80	274.77	217.76	57.01	3.52
High Self & Family	KK2	644.49	686.91	530.64	156.27	16.09	644.49	686.91	544.38	142.53	8.80
High Self Plus One	KK3	554.26	590.74	456.35	134.39	13.84	554.26	590.74	468.16	122.58	7.57
Tennessee UnitedHealthcare Insurance Company, Inc. Choice Plus HDHP											

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Plan - Option - Enrollment Code											
HDHP Self	LS1	212.83	202.27	156.25	46.02	-0.27	212.83	202.27	160.30	41.97	-2.19
HDHP Self & Family	LS2	532.06	505.67	390.63	115.04	-0.68	532.06	505.67	400.74	104.93	-5.47
HDHP Self Plus One	LS3	457.58	434.88	335.94	98.94	-0.58	457.58	434.88	344.64	90.24	-4.71
Texas Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self	JS1	445.61	481.36	235.62	245.74	31.03	445.61	481.36	241.98	239.38	27.75
CDHP Self & Family	JS2	1,015.78	1,097.29	536.07	561.22	71.72	1,015.78	1,097.29	550.56	546.73	64.24
CDHP Self Plus One	JS3	1,005.73	1,086.44	504.64	581.80	71.69	1,005.73	1,086.44	518.28	568.16	64.65
Value Self	JS4	322.40	352.77	235.62	117.15	25.65	322.40	352.77	241.98	110.79	22.37
Value Self & Family	JS5	736.01	805.33	536.07	269.26	59.53	736.01	805.33	550.56	254.77	52.05
Value Self Plus One	JS6	728.72	797.36	504.64	292.72	59.62	728.72	797.36	518.28	279.08	52.58
Texas Aetna HealthFund HDHP with HSA and Aetna Direct											
HDHP Self	224	256.06	280.35	216.57	63.78	8.09	256.06	280.35	222.18	58.17	5.04
HDHP Self & Family	225	564.83	618.42	477.73	140.69	17.84	564.83	618.42	490.10	128.32	11.12
HDHP Self Plus One	226	553.76	606.29	468.36	137.93	17.49	553.76	606.29	480.48	125.81	10.90
Texas Aetna HealthFund HDHP with HSA and Aetna Direct											
CDHP Self	N61	221.64	243.54	188.13	55.41	7.20	221.64	243.54	193.01	50.53	4.54
CDHP Self & Family	N62	558.97	614.17	474.45	139.72	18.14	558.97	614.17	486.73	127.44	11.45
CDHP Self Plus One	N63	486.08	534.08	412.58	121.50	15.78	486.08	534.08	423.26	110.82	9.96
Texas Humana CoverageFirst/Value Plan											
CDHP Self	T31	New Plan	292.28	225.79	66.49	New Plan	New Plan	292.28	231.63	60.65	New Plan
CDHP Self & Family	T32	New Plan	657.63	508.02	149.61	New Plan	New Plan	657.63	521.17	136.46	New Plan
CDHP Self Plus One	T33	New Plan	628.41	485.45	142.96	New Plan	New Plan	628.41	498.01	130.40	New Plan
Value Self	T34	New Plan	222.64	171.99	50.65	New Plan	New Plan	222.64	176.44	46.20	New Plan
Value Self & Family	T35	New Plan	500.95	386.98	113.97	New Plan	New Plan	500.95	397.00	103.95	New Plan
Value Self Plus One	T36	New Plan	478.68	369.78	108.90	New Plan	New Plan	478.68	379.35	99.33	New Plan

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Plan - Option - Enrollment Code											
Texas Humana CoverageFirst/Value Plan											
CDHP Self	TP1	302.46	272.23	210.30	61.93	-9.63	302.46	272.23	215.74	56.49	-11.99
CDHP Self & Family	TP2	680.54	612.52	473.17	139.35	-14.91	680.54	612.52	485.42	127.10	-20.15
CDHP Self Plus One	TP3	650.29	585.30	452.14	133.16	-21.51	650.29	585.30	463.85	121.45	-26.62
Value Self	TP4	214.76	193.27	149.30	43.97	-2.74	214.76	193.27	153.17	40.10	-4.46
Value Self & Family	TP5	483.20	434.87	335.94	98.93	-6.17	483.20	434.87	344.63	90.24	-10.02
Value Self Plus One	TP6	461.73	415.54	321.00	94.54	-5.89	461.73	415.54	329.32	86.22	-9.59
Texas Humana CoverageFirst/Value Plan											
CDHP Self	TU1	294.28	294.28	227.33	66.95	2.94	294.28	294.28	233.22	61.06	0.00
CDHP Self & Family	TU2	662.14	662.14	511.50	150.64	6.62	662.14	662.14	524.75	137.39	0.00
CDHP Self Plus One	TU3	632.70	632.70	488.76	143.94	6.33	632.70	632.70	501.41	131.29	0.00
Value Self	TU4	214.76	234.09	180.83	53.26	6.55	214.76	234.09	185.52	48.57	4.01
Value Self & Family	TU5	483.20	526.71	406.88	119.83	14.73	483.20	526.71	417.42	109.29	9.03
Value Self Plus One	TU6	461.73	503.31	388.81	114.50	14.07	461.73	503.31	398.87	104.44	8.63
Texas Humana CoverageFirst/Value Plan											
CDHP Self	TV1	301.20	307.24	235.62	71.62	1.32	301.20	307.24	241.98	65.26	-1.96
CDHP Self & Family	TV2	677.71	691.29	534.02	157.27	5.84	677.71	691.29	547.85	143.44	-0.98
CDHP Self Plus One	TV3	647.59	660.57	504.64	155.93	3.96	647.59	660.57	518.28	142.29	-3.08
Value Self	TV4	214.76	249.11	192.44	56.67	9.96	214.76	249.11	197.42	51.69	7.13
Value Self & Family	TV5	483.20	560.50	432.99	127.51	22.41	483.20	560.50	444.20	116.30	16.04
Value Self Plus One	TV6	461.73	535.59	413.74	121.85	21.42	461.73	535.59	424.46	111.13	15.32
Texas Humana Health Plan of Texas											
High Self	EW1	358.77	426.82	235.62	191.20	63.33	358.77	426.82	241.98	184.84	60.05
High Self & Family	EW2	807.23	960.35	536.07	424.28	143.33	807.23	960.35	550.56	409.79	135.85

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Plan - Option - Enrollment Code												
High Self Plus One	EW3	771.35	917.66	504.64	413.02	137.29	771.35	917.66	518.28	399.38	130.25	
Standard Self	EW4	308.50	342.43	235.62	106.81	29.21	308.50	342.43	241.98	100.45	25.93	
Standard Self & Family	EW5	694.12	770.46	536.07	234.39	66.55	694.12	770.46	550.56	219.90	59.07	
Standard Self Plus One	EW6	663.26	736.22	504.64	231.58	63.94	663.26	736.22	518.28	217.94	56.90	
Texas Humana Health Plan of Texas												
Basic Self	Q21	New Plan	261.82	202.26	59.56	New Plan	New Plan	261.82	207.49	54.33	New Plan	
Basic Self & Family	Q22	New Plan	589.10	455.08	134.02	New Plan	New Plan	589.10	466.86	122.24	New Plan	
Basic Self Plus One	Q23	New Plan	562.91	434.85	128.06	New Plan	New Plan	562.91	446.11	116.80	New Plan	
Texas Humana Health Plan of Texas												
Basic Self	Q61	New Plan	260.55	201.27	59.28	New Plan	New Plan	260.55	206.49	54.06	New Plan	
Basic Self & Family	Q62	New Plan	586.24	452.87	133.37	New Plan	New Plan	586.24	464.60	121.64	New Plan	
Basic Self Plus One	Q63	New Plan	560.19	432.75	127.44	New Plan	New Plan	560.19	443.95	116.24	New Plan	
Texas Humana Health Plan of Texas												
Basic Self	QX1	New Plan	271.34	209.61	61.73	New Plan	New Plan	271.34	215.04	56.30	New Plan	
Basic Self & Family	QX2	New Plan	610.51	471.62	138.89	New Plan	New Plan	610.51	483.83	126.68	New Plan	
Basic Self Plus One	QX3	New Plan	583.38	450.66	132.72	New Plan	New Plan	583.38	462.33	121.05	New Plan	
Texas Humana Health Plan of Texas												
Basic Self	QY1	New Plan	268.91	207.73	61.18	New Plan	New Plan	268.91	213.11	55.80	New Plan	
Basic Self & Family	QY2	New Plan	605.05	467.40	137.65	New Plan	New Plan	605.05	479.50	125.55	New Plan	
Basic Self Plus One	QY3	New Plan	578.17	446.64	131.53	New Plan	New Plan	578.17	458.20	119.97	New Plan	
Texas Humana Health Plan of Texas												
High Self	UC1		366.49	428.79	235.62	193.17	57.58	366.49	428.79	241.98	186.81	54.30
High Self & Family	UC2		824.60	964.78	536.07	428.71	130.39	824.60	964.78	550.56	414.22	122.91
High Self Plus One	UC3		787.95	921.90	504.64	417.26	124.93	787.95	921.90	518.28	403.62	117.89
Standard Self	UC4		296.50	343.95	235.62	108.33	42.73	296.50	343.95	241.98	101.97	39.45

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Plan - Option - Enrollment Code											
Standard Self & Family	UC5	667.16	773.88	536.07	237.81	92.70	667.16	773.88	550.56	223.32	84.88
Standard Self Plus One	UC6	637.50	739.49	504.64	234.85	92.97	637.50	739.49	518.28	221.21	85.93
Texas Humana Health Plan of Texas											
High Self	UR1	614.26	632.72	235.62	397.10	13.74	614.26	632.72	241.98	390.74	10.46
High Self & Family	UR2	1,382.09	1,423.61	536.07	887.54	31.73	1,382.09	1,423.61	550.56	873.05	24.25
High Self Plus One	UR3	1,320.65	1,360.35	504.64	855.71	30.68	1,320.65	1,360.35	518.28	842.07	23.64
Standard Self	UR4	344.46	409.92	235.62	174.30	60.74	344.46	409.92	241.98	167.94	57.46
Standard Self & Family	UR5	775.04	922.31	536.07	386.24	137.48	775.04	922.31	550.56	371.75	130.00
Standard Self Plus One	UR6	740.58	881.32	504.64	376.68	131.72	740.58	881.32	518.28	363.04	124.68
Texas Humana Health Plan of Texas											
High Self	UU1	540.81	670.60	235.62	434.98	125.07	540.81	670.60	241.98	428.62	121.79
High Self & Family	UU2	1,216.82	1,508.86	536.07	972.79	282.25	1,216.82	1,508.86	550.56	958.30	274.77
High Self Plus One	UU3	1,162.74	1,441.80	504.64	937.16	270.04	1,162.74	1,441.80	518.28	923.52	263.00
Standard Self	UU4	448.93	547.68	235.62	312.06	94.03	448.93	547.68	241.98	305.70	90.75
Standard Self & Family	UU5	1,010.08	1,232.31	536.07	696.24	212.44	1,010.08	1,232.31	550.56	681.75	204.96
Standard Self Plus One	UU6	965.18	1,177.54	504.64	672.90	203.34	965.18	1,177.54	518.28	659.26	196.30
Texas Scott and White Health Plan											
Basic Self	A81	New Plan	304.52	235.24	69.28	New Plan	New Plan	304.52	241.33	63.19	New Plan
Basic Self & Family	A82	New Plan	713.56	536.07	177.49	New Plan	New Plan	713.56	550.56	163.00	New Plan
Basic Self Plus One	A83	New Plan	596.89	461.10	135.79	New Plan	New Plan	596.89	473.04	123.85	New Plan
Standard Self	A84		313.14	360.53	124.91	42.67	313.14	360.53	241.98	118.55	39.39
Standard Self & Family	A85		733.80	844.98	308.91	101.39	733.80	844.98	550.56	294.42	93.91
Standard Self Plus One	A86		655.90	706.79	202.15	41.87	655.90	706.79	518.28	188.51	34.83
Texas Scott and White Health Plan											

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Plan - Option - Enrollment Code												
Basic Self	P81	New Plan	340.97	235.62	105.35	New Plan	New Plan	340.97	241.98	98.99	New Plan	
Basic Self & Family	P82	New Plan	799.09	536.07	263.02	New Plan	New Plan	799.09	550.56	248.53	New Plan	
Basic Self Plus One	P83	New Plan	668.42	504.64	163.78	New Plan	New Plan	668.42	518.28	150.14	New Plan	
Standard Self	P84		350.54	403.70	235.62	48.44	350.54	403.70	241.98	161.72	45.16	
Standard Self & Family	P85		821.67	946.29	536.07	410.22	114.83	821.67	946.29	550.56	395.73	107.35
Standard Self Plus One	P86		734.43	791.51	504.64	286.87	48.06	734.43	791.51	518.28	273.23	41.02
Texas UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced												
Value Self	L91		199.88	213.84	165.19	48.65	5.18	199.88	213.84	169.47	44.37	2.89
Value Self & Family	L92		560.47	599.62	463.21	136.41	14.51	560.47	599.62	475.20	124.42	8.12
Value Self Plus One	L93		390.36	417.64	322.63	95.01	10.11	390.36	417.64	330.98	86.66	5.66
Utah Aetna HealthFund CDHP and Aetna Value Plan												
CDHP Self	G51		322.56	346.28	235.62	110.66	19.00	322.56	346.28	241.98	104.30	15.72
CDHP Self & Family	G52		735.73	789.85	536.07	253.78	44.33	735.73	789.85	550.56	239.29	36.85
CDHP Self Plus One	G53		728.45	782.04	504.64	277.40	44.57	728.45	782.04	518.28	263.76	37.53
Value Self	G54		246.85	253.66	195.95	57.71	4.02	246.85	253.66	201.03	52.63	1.41
Value Self & Family	G55		565.39	580.95	448.78	132.17	9.20	565.39	580.95	460.40	120.55	3.23
Value Self Plus One	G56		554.30	569.57	439.99	129.58	9.02	554.30	569.57	451.38	118.19	3.17
Utah Aetna HealthFund HDHP with HSA and Aetna Direct												
HDHP Self	224		256.06	280.35	216.57	63.78	8.09	256.06	280.35	222.18	58.17	5.04
HDHP Self & Family	225		564.83	618.42	477.73	140.69	17.84	564.83	618.42	490.10	128.32	11.12
HDHP Self Plus One	226		553.76	606.29	468.36	137.93	17.49	553.76	606.29	480.48	125.81	10.90
Utah Aetna HealthFund HDHP with HSA and Aetna Direct												
CDHP Self	N61		221.64	243.54	188.13	55.41	7.20	221.64	243.54	193.01	50.53	4.54
CDHP Self & Family	N62		558.97	614.17	474.45	139.72	18.14	558.97	614.17	486.73	127.44	11.45

Postal Premium Rates for the Federal Employees Health Benefits Program

Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)		2017 Total Biweekly Premium	2018 Biweekly Postal Premium Rates Category 1				2017 Total Biweekly Premium	2018 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code			Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
CDHP Self Plus One N63		486.08	534.08	412.58	121.50	15.78	486.08	534.08	423.26	110.82	9.96
Utah Altius Health Plans											
High Self 9K1		344.47	391.42	235.62	155.80	42.23	344.47	391.42	241.98	149.44	38.95
High Self & Family 9K2		761.77	865.60	536.07	329.53	94.04	761.77	865.60	550.56	315.04	86.56
High Self Plus One 9K3		754.23	857.03	504.64	352.39	93.78	754.23	857.03	518.28	338.75	86.74
HDHP Self 9K4		173.69	194.17	150.00	44.17	6.39	173.69	194.17	153.88	40.29	4.25
HDHP Self & Family 9K5		363.00	405.80	313.48	92.32	13.37	363.00	405.80	321.60	84.20	8.88
HDHP Self Plus One 9K6		355.89	397.84	307.33	90.51	13.10	355.89	397.84	315.29	82.55	8.70
Utah Altius Health Plans											
Standard Self DK4		242.10	273.97	211.64	62.33	9.67	242.10	273.97	217.12	56.85	6.61
Standard Self & Family DK5		534.63	604.99	467.35	137.64	21.36	534.63	604.99	479.45	125.54	14.60
Standard Self Plus One DK6		529.33	599.00	462.73	136.27	21.14	529.33	599.00	474.71	124.29	14.45
Utah SelectHealth											
High Self SF1		342.83	449.39	235.62	213.77	101.84	342.83	449.39	241.98	207.41	98.56
High Self & Family SF2		764.71	1,024.25	536.07	488.18	249.75	764.71	1,024.25	550.56	473.69	242.27
High Self Plus One SF3		764.71	1,024.25	504.64	519.61	250.52	764.71	1,024.25	518.28	505.97	243.48
Standard Self SF4		248.28	274.81	212.29	62.52	8.52	248.28	274.81	217.79	57.02	5.50
Standard Self & Family SF5		551.32	626.33	483.84	142.49	22.58	551.32	626.33	496.37	129.96	15.56
Standard Self Plus One SF6		551.32	626.33	483.84	142.49	22.58	551.32	626.33	496.37	129.96	15.56
Vermont Aetna HealthFund CDHP and Aetna Value Plan											
CDHP Self EP1		374.41	414.74	235.62	179.12	35.61	374.41	414.74	241.98	172.76	32.33
CDHP Self & Family EP2		853.86	945.84	536.07	409.77	82.19	853.86	945.84	550.56	395.28	74.71
CDHP Self Plus One EP3		845.41	936.48	504.64	431.84	82.05	845.41	936.48	518.28	418.20	75.01
Value Self EP4		250.29	260.95	201.58	59.37	4.93	250.29	260.95	206.80	54.15	2.21
Value Self & Family EP5		573.16	597.56	461.62	135.94	11.28	573.16	597.56	473.57	123.99	5.06

Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)	2017 Total Biweekly Premium	2018 Biweekly Postal Premium Rates Category 1				2017 Total Biweekly Premium	2018 Biweekly Postal Premium Rates Category 2			
Plan - Option - Enrollment Code		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment

Wyoming Altius Health Plans

High Self	9K1	344.47	391.42	235.62	155.80	42.23	344.47	391.42	241.98	149.44	38.95
High Self & Family	9K2	761.77	865.60	536.07	329.53	94.04	761.77	865.60	550.56	315.04	86.56
High Self Plus One	9K3	754.23	857.03	504.64	352.39	93.78	754.23	857.03	518.28	338.75	86.74
HDHP Self	9K4	173.69	194.17	150.00	44.17	6.39	173.69	194.17	153.88	40.29	4.25
HDHP Self & Family	9K5	363.00	405.80	313.48	92.32	13.37	363.00	405.80	321.60	84.20	8.88
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Wyoming Altius Health Plans

Standard Self	DK4	242.10	273.97	211.64	62.33	9.67	242.10	273.97	217.12	56.85	6.61
Standard Self & Family	DK5	534.63	604.99	467.35	137.64	21.36	534.63	604.99	479.45	125.54	14.60
Standard Self Plus One	DK6	529.33	599.00	462.73	136.27	21.14	529.33	599.00	474.71	124.29	14.45