Non-Postal Premium Rates for the Federal Employees Health Benefits Program

Health Management Organizations (HMO)		2016 Total Biweekly Premium	2017 Biweekly premium rates				2016 Total Monthly Premium	2017 Monthly premium rates			
Plan - Option - Enrollment Code			Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
California Aetna Direct											
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79
California Aetna HealthFund CDHP and Value Plan											
CDHP Self	JS1	403.55	445.61	221.67	223.94	33.76	874.36	965.49	480.29	485.20	73.14
CDHP Self & Family	JS2	919.90	1015.78	505.22	510.56	79.16	1993.12	2200.86	1094.64	1106.22	171.52
CDHP Self Plus One	JS3	910.79	1005.73	475.79	529.94	80.17	1973.38	2179.08	1030.88	1148.20	173.70
Value Self	JS4	301.31	322.40	221.67	100.73	12.79	652.84	698.53	480.29	218.24	27.70
Value Self & Family	JS5	687.86	736.01	505.22	230.79	31.43	1490.36	1594.69	1094.64	500.05	68.11
Value Self Plus One	JS6	681.04	728.72	475.79	252.93	32.91	1475.59	1578.89	1030.88	548.01	71.30
California Aetna HealthFund HDHP											
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64
California Aetna Open Access											
High Self	2X1	288.61	313.47	221.67	91.80	16.56	625.32	679.19	480.29	198.90	35.88
High Self & Family	2X2	677.55	735.90	505.22	230.68	41.63	1468.03	1594.45	1094.64	499.81	90.20
High Self Plus One	2X3	664.27	721.48	475.79	245.69	42.44	1439.25	1563.21	1030.88	532.33	91.96

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California Anthem Blue Cross Select HMO											
High Self	B31	337.07	348.90	221.67	127.23	3.53	730.32	755.95	480.29	275.66	7.64
High Self & Family	B32	715.63	755.36	505.22	250.14	23.01	1550.53	1636.61	1094.64	541.97	49.86
High Self Plus One	B33	674.21	708.26	475.79	232.47	19.28	1460.79	1534.56	1030.88	503.68	41.77
California Blue Shield of CA Access+HMO											
High Self	SI1	331.36	342.54	221.67	120.87	2.88	717.95	742.17	480.29	261.88	6.23
High Self & Family	SI2	745.57	787.86	505.22	282.64	25.57	1615.40	1707.03	1094.64	612.39	55.41
High Self Plus One	SI3	729.00	753.60	475.79	277.81	9.83	1579.50	1632.80	1030.88	601.92	21.30
California Health Net of California											
High Self	LB1	600.60	626.64	221.67	404.97	17.74	1301.30	1357.72	480.29	877.43	38.43
High Self & Family	LB2	1441.45	1503.92	505.22	998.70	45.75	3123.14	3258.49	1094.64	2163.85	99.13
High Self Plus One	LB3	1321.33	1378.60	475.79	902.81	42.50	2862.88	2986.97	1030.88	1956.09	92.09
Standard Self	LB4	570.43	595.12	221.67	373.45	16.39	1235.93	1289.43	480.29	809.14	35.51
Standard Self & Family	LB5	1369.04	1428.28	505.22	923.06	42.52	2966.25	3094.61	1094.64	1999.97	92.14
Standard Self Plus One	LB6	1254.95	1309.27	475.79	833.48	39.55	2719.06	2836.75	1030.88	1805.87	85.69
California Health Net of California											
High Self	LP1	350.22	380.01	221.67	158.34	21.49	758.81	823.36	480.29	343.07	46.56
High Self & Family	LP2	840.52	912.01	505.22	406.79	54.77	1821.13	1976.02	1094.64	881.38	118.67
High Self Plus One	LP3	770.47	836.00	475.79	360.21	50.76	1669.35	1811.33	1030.88	780.45	109.98
Standard Self	LP4	332.20	361.71	221.67	140.04	21.21	719.77	783.71	480.29	303.42	45.95
Standard Self & Family	LP5	797.30	868.11	505.22	362.89	54.09	1727.48	1880.91	1094.64	786.27	117.21
Standard Self Plus One	LP6	730.85	795.77	475.79	319.98	50.15	1583.51	1724.17	1030.88	693.29	108.66
California Health Net of California											
Basic Self	P61	132.81	141.38	106.04	35.34	2.14	287.76	306.32	229.74	76.58	4.64
Basic Self & Family	P62	318.73	339.31	254.48	84.83	5.15	690.58	735.17	551.38	183.79	11.15
Basic Self Plus One	P63	292.17	311.03	233.27	77.76	4.72	633.04	673.90	505.43	168.47	10.21

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California Kaiser Foundation Health Plan											
High Self	591	377.23	396.45	221.67	174.78	10.92	817.33	858.98	480.29	378.69	23.66
High Self & Family	592	900.50	946.36	505.22	441.14	29.14	1951.08	2050.45	1094.64	955.81	63.15
High Self Plus One	593	900.50	946.36	475.79	470.57	31.09	1951.08	2050.45	1030.88	1019.57	67.37
Standard Self	594	315.31	331.77	221.67	110.10	8.16	683.17	718.84	480.29	238.55	17.68
Standard Self & Family	595	737.83	776.36	505.22	271.14	21.81	1598.63	1682.11	1094.64	587.47	47.26
Standard Self Plus One	596	737.83	776.36	475.79	300.57	23.76	1598.63	1682.11	1030.88	651.23	51.48
California Kaiser Foundation Health Plan											
High Self	621	275.88	291.35	218.51	72.84	3.87	597.74	631.26	473.45	157.81	8.38
High Self & Family	622	637.61	673.38	505.04	168.34	8.94	1381.49	1458.99	1094.24	364.75	19.38
High Self Plus One	623	637.61	673.38	475.79	197.59	21.00	1381.49	1458.99	1030.88	428.11	45.50
Standard Self	624	178.91	187.37	140.53	46.84	2.11	387.64	405.97	304.48	101.49	4.58
Standard Self & Family	625	413.50	433.04	324.78	108.26	4.89	895.92	938.25	703.69	234.56	10.58
Standard Self Plus One	626	413.50	433.04	324.78	108.26	4.89	895.92	938.25	703.69	234.56	10.58
California Kaiser Foundation Health Plan											
Basic Self	KC1	281.33	295.73	221.67	74.06	3.73	609.55	640.75	480.29	160.46	8.07
Basic Self & Family	KC2	658.31	692.01	505.22	186.79	16.98	1426.34	1499.36	1094.64	404.72	36.80
Basic Self Plus One	KC3	658.31	692.01	475.79	216.22	18.93	1426.34	1499.36	1030.88	468.48	41.02
California Kaiser Foundation Health Plan Fresno											
High Self	NZ1	279.39	312.07	221.67	90.40	20.55	605.35	676.15	480.29	195.86	44.52
High Self & Family	NZ2	645.73	721.26	505.22	216.04	54.61	1399.08	1562.73	1094.64	468.09	118.32
High Self Plus One	NZ3	645.73	721.26	475.79	245.47	60.76	1399.08	1562.73	1030.88	531.85	131.65
Standard Self	NZ4	181.26	216.84	162.63	54.21	8.90	392.73	469.82	352.37	117.45	19.27
Standard Self & Family	NZ5	418.94	501.14	375.86	125.28	20.55	907.70	1085.80	814.35	271.45	44.53
Standard Self Plus One	NZ6	418.94	501.14	375.86	125.28	20.55	907.70	1085.80	814.35	271.45	44.53

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California UnitedHealthcare of California											
High Self	CY1	286.34	303.72	221.67	82.05	9.08	620.40	658.06	480.29	177.77	19.67
High Self & Family	CY2	802.88	851.59	505.22	346.37	31.99	1739.57	1845.11	1094.64	750.47	69.32
High Self Plus One	CY3	559.21	593.14	444.86	148.28	8.48	1211.62	1285.14	963.86	321.28	18.38
Standard Self	CY4	257.47	282.96	212.22	70.74	6.37	557.85	613.08	459.81	153.27	13.81
Standard Self & Family	CY5	721.97	793.44	505.22	288.22	54.75	1564.27	1719.12	1094.64	624.48	118.63
Standard Self Plus One	CY6	502.85	552.64	414.48	138.16	12.45	1089.51	1197.39	898.04	299.35	26.97

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Nevada Aetna Direct											
CDHP Self	N61	218.45	221.64	166.23	55.41	0.80	473.31	480.22	360.17	120.05	1.72
CDHP Self & Family	N62	550.93	558.97	419.23	139.74	2.01	1193.68	1211.10	908.33	302.77	4.35
CDHP Self Plus One	N63	479.08	486.08	364.56	121.52	1.75	1038.01	1053.17	789.88	263.29	3.79
Nevada Aetna HealthFund CDHP and Value Plan											
CDHP Self	G51	321.78	322.56	221.67	100.89	-7.52	697.19	698.88	480.29	218.59	-16.30
CDHP Self & Family	G52	733.96	735.73	505.22	230.51	-14.95	1590.25	1594.08	1094.64	499.44	-32.39
CDHP Self Plus One	G53	726.69	728.45	475.79	252.66	-13.01	1574.50	1578.31	1030.88	547.43	-28.19
Value Self	G54	246.85	246.85	185.14	61.71	0.00	534.84	534.84	401.13	133.71	0.00
Value Self & Family	G55	565.39	565.39	424.04	141.35	0.00	1225.01	1225.01	918.76	306.25	0.00
Value Self Plus One	G56	554.30	554.30	415.73	138.57	0.00	1200.98	1200.98	900.74	300.24	0.00
Nevada Aetna HealthFund HDHP											
HDHP Self	224	240.15	256.06	192.05	64.01	3.97	520.33	554.80	416.10	138.70	8.62
HDHP Self & Family	225	529.73	564.83	423.62	141.21	8.78	1147.75	1223.80	917.85	305.95	19.01
HDHP Self Plus One	226	519.34	553.76	415.32	138.44	8.61	1125.24	1199.81	899.86	299.95	18.64
Nevada Health Plan of Nevada											
High Self	NM1	233.53	246.70	185.03	61.67	3.29	505.98	534.52	400.89	133.63	7.14
High Self & Family	NM2	553.48	584.66	438.50	146.16	7.79	1199.21	1266.76	950.07	316.69	16.89
High Self Plus One	NM3	443.72	468.71	351.53	117.18	6.25	961.39	1015.54	761.66	253.88	13.53