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

Health Management Organizations (HMO)		2019 Total Biweekly Premium	2020 Biweekly premium rates				2019 Total Monthly Premium	2020 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 Advantage											
Advantage Self	Z24	New Plan	214.08	160.56	53.52	New Plan	New Plan	463.84	347.88	115.96	New Plan
Advantage Self & Family	Z25	New Plan	567.31	425.48	141.83	New Plan	New Plan	1229.17	921.88	307.29	New Plan
Advantage Self Plus One	Z26	New Plan	470.97	353.23	117.74	New Plan	New Plan	1020.44	765.33	255.11	New Plan
California Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33
California Aetna HealthFund CDHP and Aetna Value Plan											
Value Self	JS4	371.07	495.45	235.77	259.68	118.79	803.99	1073.48	510.84	562.64	257.37
Value Self & Family	JS5	847.11	1131.04	546.47	584.57	262.78	1835.41	2450.59	1184.02	1266.57	569.35
Value Self Plus One	JS6	838.73	1119.84	504.12	615.72	269.26	1817.25	2426.32	1092.26	1334.06	583.40
CDHP Self	JS1	484.17	463.38	235.77	227.61	-26.38	1049.04	1003.99	510.84	493.15	-57.17
CDHP Self & Family	JS2	1103.70	1056.30	546.47	509.83	-68.55	2391.35	2288.65	1184.02	1104.63	-148.53
CDHP Self Plus One	JS3	1092.78	1045.84	504.12	541.72	-58.79	2367.69	2265.99	1092.26	1173.73	-127.37
California Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
California Aetna Open Access											
High Self	2X1	352.58	406.40	235.77	170.63	48.23	763.92	880.53	510.84	369.69	104.49
High Self & Family	2X2	827.74	954.11	546.47	407.64	105.22	1793.44	2067.24	1184.02	883.22	227.97
High Self Plus One	2X3	811.51	935.40	504.12	431.28	112.04	1758.27	2026.70	1092.26	934.44	242.76
California Anthem Blue Cross Select HMO											
High Self	B31	355.52	357.29	235.77	121.52	-3.82	770.29	774.13	510.84	263.29	-8.28
High Self & Family	B32	799.93	816.42	546.47	269.95	-4.66	1733.18	1768.91	1184.02	584.89	-10.10
High Self Plus One	B33	743.05	757.46	504.12	253.34	2.56	1609.94	1641.16	1092.26	548.90	5.55
California Blue Shield of California											
Access + HMO Self	SI1	359.67	384.85	235.77	149.08	19.59	779.29	833.84	510.84	323.00	42.43
Access + HMO Self & Family	SI2	827.26	885.16	546.47	338.69	36.75	1792.40	1917.85	1184.02	733.83	79.62
Access + HMO Self Plus One	SI3	791.28	846.67	504.12	342.55	43.54	1714.44	1834.45	1092.26	742.19	94.34
TRIO HMO Self	SI4	325.42	341.69	235.77	105.92	10.68	705.08	740.33	510.84	229.49	23.13
TRIO HMO Self & Family	SI5	748.47	785.89	546.47	239.42	16.27	1621.69	1702.76	1184.02	518.74	35.24
TRIO HMO Self Plus One	SI6	715.93	751.72	504.12	247.60	23.94	1551.18	1628.73	1092.26	536.47	51.88

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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 Health Net of California											
Basic Self	P61	153.40	149.71	112.28	37.43	-0.92	332.37	324.37	243.28	81.09	-2.00
Basic Self & Family	P62	368.17	359.29	269.47	89.82	-2.22	797.70	778.46	583.85	194.61	-4.81
Basic Self Plus One	P63	337.49	329.35	247.01	82.34	-2.03	731.23	713.59	535.19	178.40	-4.41
California Health Net of California											
Standard Self	LP4	436.45	467.68	235.77	231.91	25.64	945.64	1013.31	510.84	502.47	55.55
Standard Self & Family	LP5	1047.48	1122.44	546.47	575.97	53.81	2269.54	2431.95	1184.02	1247.93	116.58
Standard Self Plus One	LP6	960.19	1028.90	504.12	524.78	56.86	2080.41	2229.28	1092.26	1137.02	123.20
High Self	LP1	458.33	483.86	235.77	248.09	19.94	993.05	1048.36	510.84	537.52	43.19
High Self & Family	LP2	1100.00	1161.26	546.47	614.79	40.11	2383.33	2516.06	1184.02	1332.04	86.90
High Self Plus One	LP3	1008.33	1064.49	504.12	560.37	44.31	2184.72	2306.40	1092.26	1214.14	96.01
California Health Net of California											
High Self	LB1	628.34	697.18	235.77	461.41	63.25	1361.40	1510.56	510.84	999.72	137.04
High Self & Family	LB2	1508.02	1673.25	546.47	1126.78	144.08	3267.38	3625.38	1184.02	2441.36	312.17
High Self Plus One	LB3	1382.35	1533.81	504.12	1029.69	139.61	2995.09	3323.26	1092.26	2231.00	302.50
Standard Self	LB4	595.11	618.71	235.77	382.94	18.01	1289.41	1340.54	510.84	829.70	39.01
Standard Self & Family	LB5	1428.27	1484.90	546.47	938.43	35.48	3094.59	3217.28	1184.02	2033.26	76.86
Standard Self Plus One	LB6	1309.25	1361.16	504.12	857.04	40.06	2836.71	2949.18	1092.26	1856.92	86.80
California Health Net of California											
Basic Self	T41	364.75	407.00	235.77	171.23	36.66	790.29	881.83	510.84	370.99	79.42
Basic Self & Family	T42	875.40	976.80	546.47	430.33	80.25	1896.70	2116.40	1184.02	932.38	173.87
Basic Self Plus One	T43	802.44	895.41	504.12	391.29	81.12	1738.62	1940.06	1092.26	847.80	175.77
California Kaiser Foundation Health Plan, Inc. Northern California Region											
Basic Self	KC1	295.76	300.96	225.72	75.24	1.30	640.81	652.08	489.06	163.02	2.82
Basic Self & Family	KC2	692.05	704.24	528.18	176.06	3.05	1499.44	1525.85	1144.39	381.46	6.60
Basic Self Plus One	KC3	692.05	704.24	504.12	200.12	0.34	1499.44	1525.85	1092.26	433.59	0.74
California Kaiser Foundation Health Plan, Inc. Northern California Region											
High Self	591	458.07	461.75	235.77	225.98	-1.91	992.49	1000.46	510.84	489.62	-4.15
High Self & Family	592	1093.45	1102.25	546.47	555.78	-12.35	2369.14	2388.21	1184.02	1204.19	-26.76
High Self Plus One	593	1093.45	1102.25	504.12	598.13	-3.05	2369.14	2388.21	1092.26	1295.95	-6.60
Standard Self	594	368.11	373.79	235.77	138.02	0.09	797.57	809.88	510.84	299.04	0.19
Standard Self & Family	595	861.36	874.65	546.47	328.18	-7.86	1866.28	1895.08	1184.02	711.06	-17.03
Standard Self Plus One	596	861.36	874.65	504.12	370.53	1.44	1866.28	1895.08	1092.26	802.82	3.13

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California Kaiser Foundation Health Plan, Inc. Northern California Region: Fresno											
Standard Self	NZ4	246.77	261.60	196.20	65.40	3.71	534.67	566.80	425.10	141.70	8.03
Standard Self & Family	NZ5	570.33	604.59	453.44	151.15	8.57	1235.72	1309.95	982.46	327.49	18.56
Standard Self Plus One	NZ6	570.33	604.59	453.44	151.15	8.57	1235.72	1309.95	982.46	327.49	18.56
High Self	NZ1	337.40	358.58	235.77	122.81	15.59	731.03	776.92	510.84	266.08	33.77
High Self & Family	NZ2	779.79	828.77	546.47	282.30	27.83	1689.55	1795.67	1184.02	611.65	60.29
High Self Plus One	NZ3	779.79	828.77	504.12	324.65	37.13	1689.55	1795.67	1092.26	703.41	80.45
California Kaiser Foundation Health Plan, Inc. Southern California Region											
Standard Self	624	199.09	215.22	161.42	53.80	4.03	431.36	466.31	349.73	116.58	8.74
Standard Self & Family	625	460.12	497.40	373.05	124.35	9.32	996.93	1077.70	808.28	269.42	20.19
Standard Self Plus One	626	460.12	497.40	373.05	124.35	9.32	996.93	1077.70	808.28	269.42	20.19
High Self	621	317.17	339.42	235.77	103.65	16.66	687.20	735.41	510.84	224.57	36.09
High Self & Family	622	733.04	784.46	546.47	237.99	30.27	1588.25	1699.66	1184.02	515.64	65.58
High Self Plus One	623	733.04	784.46	504.12	280.34	39.57	1588.25	1699.66	1092.26	607.40	85.74
Nevada Aetna Advantage											
Advantage Self	Z24	**New Plan**	214.08	160.56	53.52	**New Plan**	**New Plan**	463.84	347.88	115.96	**New Plan**
Advantage Self & Family	Z25	**New Plan**	567.31	425.48	141.83	**New Plan**	**New Plan**	1229.17	921.88	307.29	**New Plan**
Advantage Self Plus One	Z26	**New Plan**	470.97	353.23	117.74	**New Plan**	**New Plan**	1020.44	765.33	255.11	**New Plan**
Nevada Aetna Direct											
CDHP Self	N61	257.23	282.76	212.07	70.69	6.38	557.33	612.65	459.49	153.16	13.83
CDHP Self & Family	N62	648.71	713.08	534.81	178.27	16.09	1405.54	1545.01	1158.76	386.25	34.87
CDHP Self Plus One	N63	564.12	620.10	465.08	155.02	13.99	1222.26	1343.55	1007.66	335.89	30.33
Nevada Aetna HealthFund CDHP and Aetna Value Plan											
Value Self	G54	309.50	328.95	235.77	93.18	13.86	670.58	712.73	510.84	201.89	30.03
Value Self & Family	G55	708.86	753.40	546.47	206.93	23.39	1535.86	1632.37	1184.02	448.35	50.68
Value Self Plus One	G56	694.97	738.63	504.12	234.51	31.81	1505.77	1600.37	1092.26	508.11	68.93
CDHP Self	G51	362.37	417.46	235.77	181.69	49.50	785.14	904.50	510.84	393.66	107.24
CDHP Self & Family	G52	826.56	952.20	546.47	405.73	104.49	1790.88	2063.10	1184.02	879.08	226.39
CDHP Self Plus One	G53	818.39	942.79	504.12	438.67	112.55	1773.18	2042.71	1092.26	950.45	243.86

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Nevada Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
Nevada Health Plan of Nevada, Inc.											
High Self	NM1	303.94	326.30	235.77	90.53	14.55	658.54	706.98	510.84	196.14	31.51
High Self & Family	NM2	720.31	773.30	546.47	226.83	31.84	1560.67	1675.48	1184.02	491.46	68.98
High Self Plus One	NM3	577.50	619.98	464.99	154.99	10.62	1251.25	1343.29	1007.47	335.82	23.01
Nevada Aetna HealthFund HDHP											
HDHP Self	224	304.48	336.37	235.77	100.60	24.48	659.71	728.80	510.84	217.96	53.03
HDHP Self & Family	225	671.63	741.97	546.47	195.50	27.59	1455.20	1607.60	1184.02	423.58	59.78
HDHP Self Plus One	226	658.47	727.43	504.12	223.31	57.11	1426.69	1576.10	1092.26	483.84	123.74
Nevada Health Plan of Nevada, Inc.											
High Self	NM1	303.94	326.30	235.77	90.53	14.55	658.54	706.98	510.84	196.14	31.51
High Self & Family	NM2	720.31	773.30	546.47	226.83	31.84	1560.67	1675.48	1184.02	491.46	68.98
High Self Plus One	NM3	577.50	619.98	464.99	154.99	10.62	1251.25	1343.29	1007.47	335.82	23.01
Nevada UnitedHealthcare Insurance Company, Inc. Choice HDHP											
HDHP Self	LU1	207.84	204.85	153.64	51.21	-0.75	450.32	443.84	332.88	110.96	-1.62
HDHP Self & Family	LU2	478.03	471.16	353.37	117.79	-1.72	1035.73	1020.85	765.64	255.21	-3.72
HDHP Self Plus One	LU3	446.86	440.43	330.32	110.11	-1.60	968.20	954.27	715.70	238.57	-3.48
Nevada UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO											
High Self	KT1	313.47	334.51	235.77	98.74	15.45	679.19	724.77	510.84	213.93	33.46
High Self & Family	KT2	783.67	836.26	546.47	289.79	31.44	1697.95	1811.90	1184.02	627.88	68.12
High Self Plus One	KT3	673.95	719.19	504.12	215.07	33.39	1460.23	1558.25	1092.26	465.99	72.35
Nevada UnitedHealthcare Insurance Company, Inc. Choice Plus Primary Advantage											
High Self	WF1	New Plan	241.32	180.99	60.33	New Plan	New Plan	522.86	392.15	130.71	New Plan
High Self & Family	WF2	New Plan	570.64	427.98	142.66	New Plan	New Plan	1236.39	927.29	309.10	New Plan
High Self Plus One	WF3	New Plan	518.79	389.09	129.70	New Plan	New Plan	1124.05	843.04	281.01	New Plan
Nevada UnitedHealthcare Insurance Company, Inc. Choice Primary Advantage											
High Self	VD1	New Plan	240.93	180.70	60.23	New Plan	New Plan	522.02	391.52	130.50	New Plan
High Self & Family	VD2	New Plan	569.71	427.28	142.43	New Plan	New Plan	1234.37	925.78	308.59	New Plan
High Self Plus One	VD3	New Plan	517.95	388.46	129.49	New Plan	New Plan	1122.23	841.67	280.56	New Plan