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

HMO Plans			2017 Biweekly Premium Rates					2017 Monthly Premium Rates			
Plan - Option Enrollment Code		2016 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in Employee Payment	2016 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in Employee Payment
PA Aetna Direct		**Available: All of Pennsylvania**									
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
PA Aetna HealthFund CDHP and Value Plan		**Available: All of Pennsylvania**									
CDHP Self	H41	312.68	347.17	221.67	**125.50**	26.19	677.47	752.20	480.29	**271.91**	56.74
CDHP Self & Family	H42	712.76	791.39	505.22	**286.17**	61.91	1544.31	1714.68	1094.64	**620.04**	134.15
CDHP Self Plus One	H43	705.70	783.56	475.79	**307.77**	63.09	1529.02	1697.71	1030.88	**666.83**	136.69
Basic Self	H44	247.72	257.63	193.22	**64.41**	2.48	536.73	558.20	418.65	**139.55**	5.37
Basic Self & Family	H45	568.54	591.28	443.46	**147.82**	5.69	1231.84	1281.11	960.83	**320.28**	12.32
Basic Self Plus One	H46	557.39	579.69	434.77	**144.92**	5.57	1207.68	1256.00	942.00	**314.00**	12.08
PA Aetna HealthFund HDHP		**Available: All of Pennsylvania**									
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

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Plan - Option Enrollment Code		2016 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in Employee Payment	2016 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in Employee Payment
PA Aetna Open Access		**Available: Carbon and Monroe Counties Only**									
High Self	P31	631.25	655.24	221.67	**433.57**	15.69	1367.71	1419.69	480.29	**939.40**	33.99
High Self & Family	P32	1530.47	1588.64	505.22	**1083.42**	41.45	3316.02	3442.05	1094.64	**2347.41**	89.81
High Self Plus One	P33	1515.32	1572.91	475.79	**1097.12**	42.82	3283.19	3407.97	1030.88	**2377.09**	92.78
Basic Self	P34	508.42	549.01	221.67	**327.34**	32.29	1101.58	1189.52	480.29	**709.23**	69.95
Basic Self & Family	P35	1180.07	1274.25	505.22	**769.03**	77.46	2556.82	2760.88	1094.64	**1666.24**	167.84
Basic Self Plus One	P36	1168.39	1261.63	475.79	**785.84**	78.47	2531.51	2733.53	1030.88	**1702.65**	170.02
PA Geisinger Health Plan		**Available: Northeastern, Central and South Central Pennsylvania**									
Standard Self	GG4	299.25	306.72	221.67	**85.05**	-0.83	648.38	664.56	480.29	**184.27**	-1.81
Standard Self & Family	GG5	688.29	702.24	505.22	**197.02**	-2.77	1491.30	1521.52	1094.64	**426.88**	-6.00
Standard Self Plus One	GG6	688.29	662.73	475.79	**186.94**	-40.33	1491.30	1435.92	1030.88	**405.04**	-87.38

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HMO Plans			2017 Biweekly Premium Rates					2017 Monthly Premium Rates			
Plan - Option Enrollment Code		2016 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in Employee Payment	2016 Total Monthly Premium	Total Premium	Gov't. Pays	Empl. Pays	Change in Employee Payment
PA UPMC Health Plan		**Available: Huntingdon, Cameron and Potter Counties**									
High Self	8W1	356.35	355.26	221.67	**133.59**	-9.39	772.09	769.73	480.29	**289.44**	-20.35
High Self & Family	8W2	837.39	834.83	505.22	**329.61**	-19.28	1814.35	1808.80	1094.64	**714.16**	-41.77
High Self Plus One	8W3	801.78	799.33	475.79	**323.54**	-17.22	1737.19	1731.88	1030.88	**701.00**	-37.31
HDHP Self	8W4	236.77	236.29	177.22	**59.07**	-0.12	513.00	511.96	383.97	**127.99**	-0.26
HDHP Self & Family	8W5	545.81	541.25	405.94	**135.31**	-1.14	1182.59	1172.71	879.53	**293.18**	-2.47
HDHP Self Plus One	8W6	524.87	521.24	390.93	**130.31**	-0.91	1137.22	1129.35	847.01	**282.34**	-1.96
PA UPMC Health Plan		**Available: Huntingdon, Cameron and Potter Counties**									
Standard Self	UW4	267.50	276.84	207.63	**69.21**	2.34	579.58	599.82	449.87	**149.95**	5.06
Standard Self & Family	UW5	628.58	650.55	487.91	**162.64**	5.50	1361.92	1409.53	1057.15	**352.38**	11.90
Standard Self Plus One	UW6	601.85	622.90	467.18	**155.72**	5.26	1304.01	1349.62	1012.22	**337.40**	11.40