

Regional Plan Rates 2024 - North Wind

NOTE: North Wind pays a higher portion of the premiums for many plans and does not follow OPM recommendations. Therefore, DO NOT reference the premiums listed on the OPM public website.

Plan	Option	Enrollment Code	Location	Enrollment Type	2024 Monthly - Total Premium	2024 Monthly - North Wind Pays	2024 Monthly - Employee Pays
Aetna Advantage	Advantage	Z24	Alabama	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Alabama	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Alabama	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	Alabama	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Alabama	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Alabama	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	F51	Alabama	Self	\$1,059.48	\$794.61	\$264.87
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	F52	Alabama	Self & Family	\$2,415.75	\$1,811.81	\$603.94
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	F53	Alabama	Self Plus One	\$2,391.81	\$1,793.86	\$597.95
Aetna HealthFund CDHP and Aetna Value Plan	Value	F54	Alabama	Self	\$1,023.97	\$767.98	\$255.99
Aetna HealthFund CDHP and Aetna Value Plan	Value	F55	Alabama	Self & Family	\$2,344.83	\$1,758.62	\$586.21
Aetna HealthFund CDHP and Aetna Value Plan	Value	F56	Alabama	Self Plus One	\$2,298.81	\$1,724.11	\$574.70
Aetna HealthFund HDHP	HDHP	224	Alabama	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	Alabama	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	Alabama	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS1	Alabama	Self	\$791.51	\$593.63	\$197.88
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS2	Alabama	Self & Family	\$1,871.98	\$1,403.99	\$468.00
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS3	Alabama	Self Plus One	\$1,701.79	\$1,276.34	\$425.45
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	LS1	Alabama	Self	\$767.02	\$575.27	\$191.76
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	LS2	Alabama	Self & Family	\$1,764.04	\$1,323.03	\$441.01
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	LS3	Alabama	Self Plus One	\$1,648.99	\$1,236.74	\$412.25
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	KK1	Alabama	Self	\$1,047.09	\$785.32	\$261.77
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	KK2	Alabama	Self & Family	\$2,617.70	\$1,963.28	\$654.43
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	KK3	Alabama	Self Plus One	\$2,251.21	\$1,688.41	\$562.80
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y81	Alabama	Self	\$725.21	\$543.91	\$181.30
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y82	Alabama	Self & Family	\$1,715.13	\$1,286.35	\$428.78
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y83	Alabama	Self Plus One	\$1,559.22	\$1,169.42	\$389.81
Aetna Advantage	Advantage	Z24	Alaska	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Alaska	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Alaska	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	Alaska	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Alaska	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Alaska	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	Value	JS4	Alaska	Self	\$1,170.76	\$878.07	\$292.69
Aetna HealthFund CDHP and Aetna Value Plan	Value	JS5	Alaska	Self & Family	\$2,672.67	\$2,004.50	\$668.17
Aetna HealthFund CDHP and Aetna Value Plan	Value	JS6	Alaska	Self Plus One	\$2,646.28	\$1,984.71	\$661.57
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	JS1	Alaska	Self	\$1,308.60	\$981.45	\$327.15
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	JS2	Alaska	Self & Family	\$2,983.02	\$2,237.27	\$745.76
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	JS3	Alaska	Self Plus One	\$2,953.47	\$2,215.10	\$738.37
Aetna HealthFund HDHP	HDHP	224	Alaska	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	Alaska	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	Alaska	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
Aetna Advantage	Advantage	Z24	Arizona	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Arizona	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Arizona	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	Arizona	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Arizona	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Arizona	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	Value	G54	Arizona	Self	\$930.52	\$697.89	\$232.63
Aetna HealthFund CDHP and Aetna Value Plan	Value	G55	Arizona	Self & Family	\$2,131.18	\$1,598.39	\$532.80
Aetna HealthFund CDHP and Aetna Value Plan	Value	G56	Arizona	Self Plus One	\$2,089.43	\$1,567.07	\$522.36

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Plan	Option	Enrollment Code	Location	Enrollment Type	2024 Monthly - Total Premium	2024 Monthly - North Wind Pays	2024 Monthly - Employee Pays
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	G51	Arizona	Self	\$1,321.49	\$991.12	\$330.37
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	G52	Arizona	Self & Family	\$3,014.33	\$2,260.75	\$753.58
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	G53	Arizona	Self Plus One	\$2,984.52	\$2,238.39	\$746.13
Aetna HealthFund HDHP	HDHP	224	Arizona	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	Arizona	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	Arizona	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
Aetna Open Access	High	WQ1	Arizona	Self	\$1,398.89	\$1,049.17	\$349.72
Aetna Open Access	High	WQ2	Arizona	Self & Family	\$3,396.47	\$2,547.35	\$849.12
Aetna Open Access	High	WQ3	Arizona	Self Plus One	\$3,362.84	\$2,522.13	\$840.71
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	WF1	Arizona	Self	\$791.83	\$593.87	\$197.96
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	WF2	Arizona	Self & Family	\$1,872.67	\$1,404.50	\$468.17
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	WF3	Arizona	Self Plus One	\$1,702.42	\$1,276.82	\$425.61
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	LU1	Arizona	Self	\$782.43	\$586.82	\$195.61
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	LU2	Arizona	Self & Family	\$1,799.55	\$1,349.66	\$449.89
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	LU3	Arizona	Self Plus One	\$1,682.16	\$1,261.62	\$420.54
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	KT1	Arizona	Self	\$1,073.28	\$804.96	\$268.32
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	KT2	Arizona	Self & Family	\$2,683.22	\$2,012.42	\$670.81
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	KT3	Arizona	Self Plus One	\$2,307.57	\$1,730.68	\$576.89
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	VD1	Arizona	Self	\$778.40	\$583.80	\$194.60
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	VD2	Arizona	Self & Family	\$1,840.91	\$1,380.68	\$460.23
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	VD3	Arizona	Self Plus One	\$1,673.58	\$1,255.19	\$418.40
Aetna Advantage	Advantage	Z24	Arkansas	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Arkansas	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Arkansas	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	Arkansas	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Arkansas	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Arkansas	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	F51	Arkansas	Self	\$1,059.48	\$794.61	\$264.87
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	F52	Arkansas	Self & Family	\$2,415.75	\$1,811.81	\$603.94
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	F53	Arkansas	Self Plus One	\$2,391.81	\$1,793.86	\$597.95
Aetna HealthFund CDHP and Aetna Value Plan	Value	F54	Arkansas	Self	\$1,023.97	\$767.98	\$255.99
Aetna HealthFund CDHP and Aetna Value Plan	Value	F55	Arkansas	Self & Family	\$2,344.83	\$1,758.62	\$586.21
Aetna HealthFund CDHP and Aetna Value Plan	Value	F56	Arkansas	Self Plus One	\$2,298.81	\$1,724.11	\$574.70
Aetna HealthFund HDHP	HDHP	224	Arkansas	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	Arkansas	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	Arkansas	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
QualChoice	High	DH1	Arkansas	Self	\$865.97	\$649.48	\$216.49
QualChoice	High	DH2	Arkansas	Self & Family	\$2,258.82	\$1,694.12	\$564.71
QualChoice	High	DH3	Arkansas	Self Plus One	\$1,682.27	\$1,261.70	\$420.57
QualChoice	Standard	DH4	Arkansas	Self	\$675.98	\$506.99	\$169.00
QualChoice	Standard	DH5	Arkansas	Self & Family	\$1,763.23	\$1,322.42	\$440.81
QualChoice	Standard	DH6	Arkansas	Self Plus One	\$1,313.17	\$984.88	\$328.29
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS1	Arkansas	Self	\$791.51	\$593.63	\$197.88
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS2	Arkansas	Self & Family	\$1,871.98	\$1,403.99	\$468.00
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS3	Arkansas	Self Plus One	\$1,701.79	\$1,276.34	\$425.45
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	LS1	Arkansas	Self	\$767.02	\$575.27	\$191.76
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	LS2	Arkansas	Self & Family	\$1,764.04	\$1,323.03	\$441.01
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	LS3	Arkansas	Self Plus One	\$1,648.99	\$1,236.74	\$412.25
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	KK1	Arkansas	Self	\$1,047.09	\$785.32	\$261.77
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	KK2	Arkansas	Self & Family	\$2,617.70	\$1,963.28	\$654.43
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	KK3	Arkansas	Self Plus One	\$2,251.21	\$1,688.41	\$562.80

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UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y81	Arkansas	Self	\$725.21	\$543.91	\$181.30
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y82	Arkansas	Self & Family	\$1,715.13	\$1,286.35	\$428.78
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y83	Arkansas	Self Plus One	\$1,559.22	\$1,169.42	\$389.81
Aetna Advantage	Advantage	Z24	California	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	California	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	California	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	California	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	California	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	California	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	Value	JS4	California	Self	\$1,170.76	\$878.07	\$292.69
Aetna HealthFund CDHP and Aetna Value Plan	Value	JS5	California	Self & Family	\$2,672.67	\$2,004.50	\$668.17
Aetna HealthFund CDHP and Aetna Value Plan	Value	JS6	California	Self Plus One	\$2,646.28	\$1,984.71	\$661.57
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	JS1	California	Self	\$1,308.60	\$981.45	\$327.15
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	JS2	California	Self & Family	\$2,983.02	\$2,237.27	\$745.76
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	JS3	California	Self Plus One	\$2,953.47	\$2,215.10	\$738.37
Aetna HealthFund HDHP	HDHP	224	California	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	California	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	California	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
Aetna Open Access	High	2X1	California	Self	\$1,215.20	\$911.40	\$303.80
Aetna Open Access	High	2X2	California	Self & Family	\$2,852.87	\$2,139.65	\$713.22
Aetna Open Access	High	2X3	California	Self Plus One	\$2,796.97	\$2,097.73	\$699.24
Anthem Blue Cross Select HMO	High	B31	California	Self	\$804.61	\$603.46	\$201.15
Anthem Blue Cross Select HMO	High	B32	California	Self & Family	\$1,864.79	\$1,398.59	\$466.20
Anthem Blue Cross Select HMO	High	B33	California	Self Plus One	\$1,707.57	\$1,280.68	\$426.89
Blue Shield of California	Access + HMO	SI1	California	Self	\$1,046.15	\$784.61	\$261.54
Blue Shield of California	Access + HMO	SI2	California	Self & Family	\$2,406.17	\$1,804.63	\$601.54
Blue Shield of California	Access + HMO	SI3	California	Self Plus One	\$2,301.59	\$1,726.19	\$575.40
Health Net of California	High	LB1	California	Self	\$1,780.44	\$1,335.33	\$445.11
Health Net of California	High	LB2	California	Self & Family	\$4,273.06	\$3,204.80	\$1,068.27
Health Net of California	High	LB3	California	Self Plus One	\$3,916.94	\$2,937.71	\$979.24
Health Net of California	Basic	T41	California	Self	\$998.86	\$749.15	\$249.72
Health Net of California	Basic	T42	California	Self & Family	\$2,397.29	\$1,797.97	\$599.32
Health Net of California	Basic	T43	California	Self Plus One	\$2,197.50	\$1,648.13	\$549.38
Health Net of California	Basic	P61	California	Self	\$461.46	\$346.10	\$115.37
Health Net of California	Basic	P62	California	Self & Family	\$1,107.47	\$830.60	\$276.87
Health Net of California	Basic	P63	California	Self Plus One	\$1,015.19	\$761.39	\$253.80
Health Net of California	Standard	P64	California	Self	\$784.07	\$588.05	\$196.02
Health Net of California	Standard	P65	California	Self & Family	\$1,881.77	\$1,411.33	\$470.44
Health Net of California	Standard	P66	California	Self Plus One	\$1,724.95	\$1,293.71	\$431.24
Health Net of California	High	LP1	California	Self	\$1,139.99	\$854.99	\$285.00
Health Net of California	High	LP2	California	Self & Family	\$2,735.98	\$2,051.99	\$684.00
Health Net of California	High	LP3	California	Self Plus One	\$2,507.96	\$1,880.97	\$626.99
Kaiser Permanente - Fresno California	Standard	NZ4	California	Self	\$648.55	\$486.41	\$162.14
Kaiser Permanente - Fresno California	Standard	NZ5	California	Self & Family	\$1,498.94	\$1,124.21	\$374.74
Kaiser Permanente - Fresno California	Standard	NZ6	California	Self Plus One	\$1,498.94	\$1,124.21	\$374.74
Kaiser Permanente - Fresno California	High	NZ1	California	Self	\$858.00	\$643.50	\$214.50
Kaiser Permanente - Fresno California	High	NZ2	California	Self & Family	\$1,983.04	\$1,487.28	\$495.76
Kaiser Permanente - Fresno California	High	NZ3	California	Self Plus One	\$1,983.04	\$1,487.28	\$495.76
Kaiser Permanente - Northern California	Prosper	KC1	California	Self	\$687.01	\$515.26	\$171.75
Kaiser Permanente - Northern California	Prosper	KC2	California	Self & Family	\$1,607.56	\$1,205.67	\$401.89
Kaiser Permanente - Northern California	Prosper	KC3	California	Self Plus One	\$1,607.56	\$1,205.67	\$401.89

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Kaiser Permanente - Northern California	High	591	California	Self	\$1,032.11	\$774.08	\$258.03
Kaiser Permanente - Northern California	High	592	California	Self & Family	\$2,463.83	\$1,847.87	\$615.96
Kaiser Permanente - Northern California	High	593	California	Self Plus One	\$2,463.83	\$1,847.87	\$615.96
Kaiser Permanente - Northern California	Standard	594	California	Self	\$846.91	\$635.18	\$211.73
Kaiser Permanente - Northern California	Standard	595	California	Self & Family	\$1,981.79	\$1,486.34	\$495.45
Kaiser Permanente - Northern California	Standard	596	California	Self Plus One	\$1,981.79	\$1,486.34	\$495.45
Kaiser Permanente - Southern California	Prosper	FL1	California	Self	\$399.17	\$299.38	\$99.79
Kaiser Permanente - Southern California	Prosper	FL2	California	Self & Family	\$1,117.65	\$838.24	\$279.41
Kaiser Permanente - Southern California	Prosper	FL3	California	Self Plus One	\$918.08	\$688.56	\$229.52
Kaiser Permanente - Southern California	Standard	624	California	Self	\$592.97	\$444.73	\$148.24
Kaiser Permanente - Southern California	Standard	625	California	Self & Family	\$1,370.50	\$1,027.88	\$342.63
Kaiser Permanente - Southern California	Standard	626	California	Self Plus One	\$1,370.50	\$1,027.88	\$342.63
Kaiser Permanente - Southern California	High	621	California	Self	\$866.32	\$649.74	\$216.58
Kaiser Permanente - Southern California	High	622	California	Self & Family	\$2,002.26	\$1,501.70	\$500.57
Kaiser Permanente - Southern California	High	623	California	Self Plus One	\$2,002.26	\$1,501.70	\$500.57
Aetna Advantage	Advantage	Z24	Colorado	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Colorado	Self & Family	\$1,325.00	\$993.75	\$331.25
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Aetna HealthFund HDHP	HDHP	225	Colorado	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	Colorado	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
Kaiser Permanente - Colorado	Standard	654	Colorado	Self	\$740.63	\$555.47	\$185.16
Kaiser Permanente - Colorado	Standard	655	Colorado	Self & Family	\$1,673.82	\$1,255.37	\$418.46
Kaiser Permanente - Colorado	Standard	656	Colorado	Self Plus One	\$1,673.82	\$1,255.37	\$418.46
Kaiser Permanente - Colorado	High	651	Colorado	Self	\$873.30	\$654.98	\$218.33
Kaiser Permanente - Colorado	High	652	Colorado	Self & Family	\$1,973.70	\$1,480.28	\$493.43
Kaiser Permanente - Colorado	High	653	Colorado	Self Plus One	\$1,973.70	\$1,480.28	\$493.43
Kaiser Permanente - Colorado	Prosper	N41	Colorado	Self	\$450.58	\$337.94	\$112.65
Kaiser Permanente - Colorado	Prosper	N42	Colorado	Self & Family	\$1,108.45	\$831.34	\$277.11
Kaiser Permanente - Colorado	Prosper	N43	Colorado	Self Plus One	\$1,018.33	\$763.75	\$254.58
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	LU1	Colorado	Self	\$782.43	\$586.82	\$195.61
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	LU2	Colorado	Self & Family	\$1,799.55	\$1,349.66	\$449.89
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	LU3	Colorado	Self Plus One	\$1,682.16	\$1,261.62	\$420.54
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	KT1	Colorado	Self	\$1,073.28	\$804.96	\$268.32
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	KT2	Colorado	Self & Family	\$2,683.22	\$2,012.42	\$670.81
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	KT3	Colorado	Self Plus One	\$2,307.57	\$1,730.68	\$576.89
Aetna Advantage	Advantage	Z24	Connecticut	Self	\$300.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Connecticut	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Connecticut	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	Connecticut	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Connecticut	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Connecticut	Self Plus One	\$1,410.57	\$1,057.93	\$352.64

Regional Plan Rates 2024 - North Wind

NOTE: North Wind pays a higher portion of the premiums for many plans and does not follow OPM recommendations. Therefore, DO NOT reference the premiums listed on the OPM public website.

Plan	Option	Enrollment Code	Location	Enrollment Type	2024 Monthly - Total Premium	2024 Monthly - North Wind Pays	2024 Monthly - Employee Pays
Aetna HealthFund CDHP and Aetna Value Plan	Value	EP4	Connecticut	Self	\$1,106.45	\$829.84	\$276.61
Aetna HealthFund CDHP and Aetna Value Plan	Value	EP5	Connecticut	Self & Family	\$2,533.66	\$1,900.25	\$633.42
Aetna HealthFund CDHP and Aetna Value Plan	Value	EP6	Connecticut	Self Plus One	\$2,483.93	\$1,862.95	\$620.98
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	EP1	Connecticut	Self	\$1,215.18	\$911.39	\$303.80
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	EP2	Connecticut	Self & Family	\$2,771.23	\$2,078.42	\$692.81
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	EP3	Connecticut	Self Plus One	\$2,743.80	\$2,057.85	\$685.95
Aetna HealthFund HDHP	HDHP	224	Connecticut	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	Connecticut	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	Connecticut	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
Aetna Advantage	Advantage	Z24	Delaware	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Delaware	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Delaware	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	Delaware	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Delaware	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Delaware	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	Value	EP4	Delaware	Self	\$1,106.45	\$829.84	\$276.61
Aetna HealthFund CDHP and Aetna Value Plan	Value	EP5	Delaware	Self & Family	\$2,533.66	\$1,900.25	\$633.42
Aetna HealthFund CDHP and Aetna Value Plan	Value	EP6	Delaware	Self Plus One	\$2,483.93	\$1,862.95	\$620.98
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	EP1	Delaware	Self	\$1,215.18	\$911.39	\$303.80
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	EP2	Delaware	Self & Family	\$2,771.23	\$2,078.42	\$692.81
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	EP3	Delaware	Self Plus One	\$2,743.80	\$2,057.85	\$685.95
Aetna HealthFund HDHP	HDHP	224	Delaware	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	Delaware	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	Delaware	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
Aetna Open Access	Basic	P34	Delaware	Self	\$1,833.22	\$1,374.92	\$458.31
Aetna Open Access	Basic	P35	Delaware	Self & Family	\$4,254.90	\$3,191.18	\$1,063.73
Aetna Open Access	Basic	P36	Delaware	Self Plus One	\$4,212.72	\$3,159.54	\$1,053.18
Aetna Open Access	High	P31	Delaware	Self	\$1,806.63	\$1,354.97	\$451.66
Aetna Open Access	High	P32	Delaware	Self & Family	\$4,380.18	\$3,285.14	\$1,095.05
Aetna Open Access	High	P33	Delaware	Self Plus One	\$4,336.84	\$3,252.63	\$1,084.21
Aetna Advantage	Advantage	Z24	District Of Columbia	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	District Of Columbia	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	District Of Columbia	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	District Of Columbia	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	District Of Columbia	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	District Of Columbia	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	F51	District Of Columbia	Self	\$1,059.48	\$794.61	\$264.87
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	F52	District Of Columbia	Self & Family	\$2,415.75	\$1,811.81	\$603.94
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	F53	District Of Columbia	Self Plus One	\$2,391.81	\$1,793.86	\$597.95
Aetna HealthFund CDHP and Aetna Value Plan	Value	F54	District Of Columbia	Self	\$1,023.97	\$767.98	\$255.99
Aetna HealthFund CDHP and Aetna Value Plan	Value	F55	District Of Columbia	Self & Family	\$2,344.83	\$1,758.62	\$586.21
Aetna HealthFund CDHP and Aetna Value Plan	Value	F56	District Of Columbia	Self Plus One	\$2,298.81	\$1,724.11	\$574.70
Aetna HealthFund HDHP	HDHP	224	District Of Columbia	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	District Of Columbia	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	District Of Columbia	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
Aetna Open Access	High	JN1	District Of Columbia	Self	\$1,364.07	\$1,023.05	\$341.02
Aetna Open Access	High	JN2	District Of Columbia	Self & Family	\$3,066.66	\$2,300.00	\$766.67
Aetna Open Access	High	JN3	District Of Columbia	Self Plus One	\$3,036.26	\$2,277.20	\$759.07
Aetna Open Access	Basic	JN4	District Of Columbia	Self	\$804.83	\$603.62	\$201.21
Aetna Open Access	Basic	JN5	District Of Columbia	Self & Family	\$1,841.80	\$1,381.35	\$460.45
Aetna Open Access	Basic	JN6	District Of Columbia	Self Plus One	\$1,691.28	\$1,268.46	\$422.82

Regional Plan Rates 2024 - North Wind

NOTE: North Wind pays a higher portion of the premiums for many plans and does not follow OPM recommendations. Therefore, DO NOT reference the premiums listed on the OPM public website.

Plan	Option	Enrollment Code	Location	Enrollment Type	2024 Monthly - Total Premium	2024 Monthly - North Wind Pays	2024 Monthly - Employee Pays
Aetna Saver (Open Access)	Saver	QQ4	District Of Columbia	Self	\$622.29	\$466.72	\$155.57
Aetna Saver (Open Access)	Saver	QQ5	District Of Columbia	Self & Family	\$1,424.11	\$1,068.08	\$356.03
Aetna Saver (Open Access)	Saver	QQ6	District Of Columbia	Self Plus One	\$1,307.76	\$980.82	\$326.94
CareFirst BlueChoice	Standard	2G4	District Of Columbia	Self	\$1,115.38	\$836.54	\$278.85
CareFirst BlueChoice	Standard	2G5	District Of Columbia	Self & Family	\$2,650.12	\$1,987.59	\$662.53
CareFirst BlueChoice	Standard	2G6	District Of Columbia	Self Plus One	\$2,230.76	\$1,673.07	\$557.69
CareFirst BlueChoice	HDHP	B61	District Of Columbia	Self	\$726.53	\$544.90	\$181.63
CareFirst BlueChoice	HDHP	B62	District Of Columbia	Self & Family	\$1,726.16	\$1,294.62	\$431.54
CareFirst BlueChoice	HDHP	B63	District Of Columbia	Self Plus One	\$1,453.01	\$1,089.76	\$363.25
CareFirst BlueChoice	Blue Value Plus	B64	District Of Columbia	Self	\$775.04	\$581.28	\$193.76
CareFirst BlueChoice	Blue Value Plus	B65	District Of Columbia	Self & Family	\$1,841.45	\$1,381.09	\$460.36
CareFirst BlueChoice	Blue Value Plus	B66	District Of Columbia	Self Plus One	\$1,550.08	\$1,162.56	\$387.52
Kaiser Permanente - Mid-Atlantic States	Prosper	T71	District Of Columbia	Self	\$425.01	\$318.76	\$106.25
Kaiser Permanente - Mid-Atlantic States	Prosper	T72	District Of Columbia	Self & Family	\$1,195.81	\$896.86	\$298.95
Kaiser Permanente - Mid-Atlantic States	Prosper	T73	District Of Columbia	Self Plus One	\$1,015.45	\$761.59	\$253.86
Kaiser Permanente - Mid-Atlantic States	Standard	E34	District Of Columbia	Self	\$707.53	\$530.65	\$176.88
Kaiser Permanente - Mid-Atlantic States	Standard	E35	District Of Columbia	Self & Family	\$1,627.30	\$1,220.48	\$406.83
Kaiser Permanente - Mid-Atlantic States	Standard	E36	District Of Columbia	Self Plus One	\$1,627.30	\$1,220.48	\$406.83
Kaiser Permanente - Mid-Atlantic States	High	E31	District Of Columbia	Self	\$889.87	\$667.40	\$222.47
Kaiser Permanente - Mid-Atlantic States	High	E32	District Of Columbia	Self & Family	\$2,046.70	\$1,535.03	\$511.68
Kaiser Permanente - Mid-Atlantic States	High	E33	District Of Columbia	Self Plus One	\$2,046.70	\$1,535.03	\$511.68
M.D. IPA	High	JP1	District Of Columbia	Self	\$1,153.30	\$864.98	\$288.33
M.D. IPA	High	JP2	District Of Columbia	Self & Family	\$3,233.86	\$2,425.40	\$808.47
M.D. IPA	High	JP3	District Of Columbia	Self Plus One	\$2,252.42	\$1,689.32	\$563.11
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS1	District Of Columbia	Self	\$791.51	\$593.63	\$197.88
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS2	District Of Columbia	Self & Family	\$1,871.98	\$1,403.99	\$468.00
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS3	District Of Columbia	Self Plus One	\$1,701.79	\$1,276.34	\$425.45
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	V41	District Of Columbia	Self	\$693.55	\$520.16	\$173.39
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	V42	District Of Columbia	Self & Family	\$1,587.80	\$1,190.85	\$396.95
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	V43	District Of Columbia	Self Plus One	\$1,491.19	\$1,118.39	\$372.80
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	LR1	District Of Columbia	Self	\$1,007.54	\$755.66	\$251.89
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	LR2	District Of Columbia	Self & Family	\$2,387.88	\$1,790.91	\$596.97
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	LR3	District Of Columbia	Self Plus One	\$2,166.21	\$1,624.66	\$541.55
UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced	Value	L91	District Of Columbia	Self	\$769.25	\$576.94	\$192.31
UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced	Value	L92	District Of Columbia	Self & Family	\$1,846.24	\$1,384.68	\$461.56
UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced	Value	L93	District Of Columbia	Self Plus One	\$1,634.69	\$1,226.02	\$408.67
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y81	District Of Columbia	Self	\$725.21	\$543.91	\$181.30
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y82	District Of Columbia	Self & Family	\$1,715.13	\$1,286.35	\$428.78
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y83	District Of Columbia	Self Plus One	\$1,559.22	\$1,169.42	\$389.81
Aetna Advantage	Advantage	Z24	Florida	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Florida	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Florida	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	Florida	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Florida	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Florida	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	F51	Florida	Self	\$1,059.48	\$794.61	\$264.87
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	F52	Florida	Self & Family	\$2,415.75	\$1,811.81	\$603.94
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	F53	Florida	Self Plus One	\$2,391.81	\$1,793.86	\$597.95
Aetna HealthFund CDHP and Aetna Value Plan	Value	F54	Florida	Self	\$1,023.97	\$767.98	\$255.99
Aetna HealthFund CDHP and Aetna Value Plan	Value	F55	Florida	Self & Family	\$2,344.83	\$1,758.62	\$586.21
Aetna HealthFund CDHP and Aetna Value Plan	Value	F56	Florida	Self Plus One	\$2,298.81	\$1,724.11	\$574.70

Regional Plan Rates 2024 - North Wind

NOTE: North Wind pays a higher portion of the premiums for many plans and does not follow OPM recommendations. Therefore, DO NOT reference the premiums listed on the OPM public website.

Plan	Option	Enrollment Code	Location	Enrollment Type	2024 Monthly - Total Premium	2024 Monthly - North Wind Pays	2024 Monthly - Employee Pays
Aetna HealthFund HDHP	HDHP	224	Florida	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	Florida	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	Florida	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
AvMed	HDHP	WZ1	Florida	Self	\$871.35	\$653.51	\$217.84
AvMed	HDHP	WZ2	Florida	Self & Family	\$2,030.32	\$1,522.74	\$507.58
AvMed	HDHP	WZ3	Florida	Self Plus One	\$1,759.85	\$1,319.89	\$439.96
AvMed	Standard	ML4	Florida	Self	\$987.03	\$740.27	\$246.76
AvMed	Standard	ML5	Florida	Self & Family	\$2,403.20	\$1,802.40	\$600.80
AvMed	Standard	ML6	Florida	Self Plus One	\$2,072.74	\$1,554.56	\$518.19
Capital Health Plan	High	EA1	Florida	Self	\$815.79	\$611.84	\$203.95
Capital Health Plan	High	EA2	Florida	Self & Family	\$1,946.14	\$1,459.61	\$486.54
Capital Health Plan	High	EA3	Florida	Self Plus One	\$1,784.03	\$1,338.02	\$446.01
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS1	Florida	Self	\$791.51	\$593.63	\$197.88
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS2	Florida	Self & Family	\$1,871.98	\$1,403.99	\$468.00
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS3	Florida	Self Plus One	\$1,701.79	\$1,276.34	\$425.45
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	LS1	Florida	Self	\$767.02	\$575.27	\$191.76
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	LS2	Florida	Self & Family	\$1,764.04	\$1,323.03	\$441.01
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	LS3	Florida	Self Plus One	\$1,648.99	\$1,236.74	\$412.25
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	KK1	Florida	Self	\$1,047.09	\$785.32	\$261.77
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	KK2	Florida	Self & Family	\$2,617.70	\$1,963.28	\$654.43
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	KK3	Florida	Self Plus One	\$2,251.21	\$1,688.41	\$562.80
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y81	Florida	Self	\$725.21	\$543.91	\$181.30
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y82	Florida	Self & Family	\$1,715.13	\$1,286.35	\$428.78
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y83	Florida	Self Plus One	\$1,559.22	\$1,169.42	\$389.81
Aetna Advantage	Advantage	Z24	Georgia	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Georgia	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Georgia	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	Georgia	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Georgia	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Georgia	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	F51	Georgia	Self	\$1,059.48	\$794.61	\$264.87
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	F52	Georgia	Self & Family	\$2,415.75	\$1,811.81	\$603.94
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	F53	Georgia	Self Plus One	\$2,391.81	\$1,793.86	\$597.95
Aetna HealthFund CDHP and Aetna Value Plan	Value	F54	Georgia	Self	\$1,023.97	\$767.98	\$255.99
Aetna HealthFund CDHP and Aetna Value Plan	Value	F55	Georgia	Self & Family	\$2,344.83	\$1,758.62	\$586.21
Aetna HealthFund CDHP and Aetna Value Plan	Value	F56	Georgia	Self Plus One	\$2,298.81	\$1,724.11	\$574.70
Aetna HealthFund HDHP	HDHP	224	Georgia	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	Georgia	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	Georgia	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
Aetna Open Access	High	2U1	Georgia	Self	\$1,803.97	\$1,352.98	\$450.99
Aetna Open Access	High	2U2	Georgia	Self & Family	\$4,155.34	\$3,116.51	\$1,038.84
Aetna Open Access	High	2U3	Georgia	Self Plus One	\$4,114.20	\$3,085.65	\$1,028.55
Kaiser Permanente - Georgia	High	F81	Georgia	Self	\$926.55	\$694.91	\$231.64
Kaiser Permanente - Georgia	High	F82	Georgia	Self & Family	\$2,093.98	\$1,570.49	\$523.50
Kaiser Permanente - Georgia	High	F83	Georgia	Self Plus One	\$2,093.98	\$1,570.49	\$523.50
Kaiser Permanente - Georgia	Standard	F84	Georgia	Self	\$726.33	\$544.75	\$181.58
Kaiser Permanente - Georgia	Standard	F85	Georgia	Self & Family	\$1,641.55	\$1,231.16	\$410.39
Kaiser Permanente - Georgia	Standard	F86	Georgia	Self Plus One	\$1,641.55	\$1,231.16	\$410.39
Kaiser Permanente - Georgia	Prosper	LA1	Georgia	Self	\$506.18	\$379.64	\$126.55
Kaiser Permanente - Georgia	Prosper	LA2	Georgia	Self & Family	\$1,314.17	\$985.63	\$328.54
Kaiser Permanente - Georgia	Prosper	LA3	Georgia	Self Plus One	\$1,143.96	\$857.97	\$285.99

Regional Plan Rates 2024 - North Wind

NOTE: North Wind pays a higher portion of the premiums for many plans and does not follow OPM recommendations. Therefore, DO NOT reference the premiums listed on the OPM public website.

Plan	Option	Enrollment Code	Location	Enrollment Type	2024 Monthly - Total Premium	2024 Monthly - North Wind Pays	2024 Monthly - Employee Pays
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS1	Georgia	Self	\$791.51	\$593.63	\$197.88
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS2	Georgia	Self & Family	\$1,871.98	\$1,403.99	\$468.00
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS3	Georgia	Self Plus One	\$1,701.79	\$1,276.34	\$425.45
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y81	Georgia	Self	\$725.21	\$543.91	\$181.30
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y82	Georgia	Self & Family	\$1,715.13	\$1,286.35	\$428.78
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y83	Georgia	Self Plus One	\$1,559.22	\$1,169.42	\$389.81
Calvo's SelectCare	Standard	B44	Guam	Self	\$400.79	\$300.59	\$100.20
Calvo's SelectCare	Standard	B45	Guam	Self & Family	\$1,164.63	\$873.47	\$291.16
Calvo's SelectCare	Standard	B46	Guam	Self Plus One	\$790.14	\$592.61	\$197.54
Calvo's SelectCare	High	B41	Guam	Self	\$545.89	\$409.42	\$136.47
Calvo's SelectCare	High	B42	Guam	Self & Family	\$1,445.90	\$1,084.43	\$361.48
Calvo's SelectCare	High	B43	Guam	Self Plus One	\$1,065.35	\$799.01	\$266.34
TakeCare	HDHP	KX1	Guam	Self	\$155.13	\$116.35	\$38.78
TakeCare	HDHP	KX2	Guam	Self & Family	\$415.91	\$311.93	\$103.98
TakeCare	HDHP	KX3	Guam	Self Plus One	\$374.51	\$280.88	\$93.63
TakeCare	Standard	JK4	Guam	Self	\$461.93	\$346.45	\$115.48
TakeCare	Standard	JK5	Guam	Self & Family	\$1,524.58	\$1,143.44	\$381.15
TakeCare	Standard	JK6	Guam	Self Plus One	\$925.56	\$694.17	\$231.39
TakeCare	High	JK1	Guam	Self	\$610.31	\$457.73	\$152.58
TakeCare	High	JK2	Guam	Self & Family	\$1,754.68	\$1,316.01	\$438.67
TakeCare	High	JK3	Guam	Self Plus One	\$1,220.20	\$915.15	\$305.05
Aetna Advantage	Advantage	Z24	Hawaii	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Hawaii	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Hawaii	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	Hawaii	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Hawaii	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Hawaii	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	Value	JS4	Hawaii	Self	\$1,170.76	\$878.07	\$292.69
Aetna HealthFund CDHP and Aetna Value Plan	Value	JS5	Hawaii	Self & Family	\$2,672.67	\$2,004.50	\$668.17
Aetna HealthFund CDHP and Aetna Value Plan	Value	JS6	Hawaii	Self Plus One	\$2,646.28	\$1,984.71	\$661.57
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	JS1	Hawaii	Self	\$1,308.60	\$981.45	\$327.15
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	JS2	Hawaii	Self & Family	\$2,983.02	\$2,237.27	\$745.76
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	JS3	Hawaii	Self Plus One	\$2,953.47	\$2,215.10	\$738.37
Aetna HealthFund HDHP	HDHP	224	Hawaii	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	Hawaii	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	Hawaii	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
HMSA Plan	High	871	Hawaii	Self	\$675.42	\$506.57	\$168.86
HMSA Plan	High	872	Hawaii	Self & Family	\$1,518.34	\$1,138.76	\$379.59
HMSA Plan	High	873	Hawaii	Self Plus One	\$1,479.90	\$1,109.93	\$369.98
HMSA Plan	Standard	874	Hawaii	Self	\$485.59	\$364.19	\$121.40
HMSA Plan	Standard	875	Hawaii	Self & Family	\$1,091.59	\$818.69	\$272.90
HMSA Plan	Standard	876	Hawaii	Self Plus One	\$1,063.90	\$797.93	\$265.98
Kaiser Permanente - Hawaii	High	631	Hawaii	Self	\$755.65	\$566.74	\$188.91
Kaiser Permanente - Hawaii	High	632	Hawaii	Self & Family	\$1,685.10	\$1,263.83	\$421.28
Kaiser Permanente - Hawaii	High	633	Hawaii	Self Plus One	\$1,685.10	\$1,263.83	\$421.28
Kaiser Permanente - Hawaii	Standard	634	Hawaii	Self	\$520.07	\$390.05	\$130.02
Kaiser Permanente - Hawaii	Standard	635	Hawaii	Self & Family	\$1,159.77	\$869.83	\$289.94
Kaiser Permanente - Hawaii	Standard	636	Hawaii	Self Plus One	\$1,159.77	\$869.83	\$289.94
Aetna Advantage	Advantage	Z24	Idaho	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Idaho	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Idaho	Self Plus One	\$1,100.02	\$825.02	\$275.01

Regional Plan Rates 2024 - North Wind

NOTE: North Wind pays a higher portion of the premiums for many plans and does not follow OPM recommendations. Therefore, DO NOT reference the premiums listed on the OPM public website.

Plan	Option	Enrollment Code	Location	Enrollment Type	2024 Monthly - Total Premium	2024 Monthly - North Wind Pays	2024 Monthly - Employee Pays
Aetna Direct	CDHP	N61	Idaho	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Idaho	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Idaho	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	H41	Idaho	Self	\$898.32	\$673.74	\$224.58
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	H42	Idaho	Self & Family	\$2,047.65	\$1,535.74	\$511.91
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	H43	Idaho	Self Plus One	\$2,027.81	\$1,520.86	\$506.95
Aetna HealthFund CDHP and Aetna Value Plan	Value	H44	Idaho	Self	\$1,113.04	\$834.78	\$278.26
Aetna HealthFund CDHP and Aetna Value Plan	Value	H45	Idaho	Self & Family	\$2,554.35	\$1,915.76	\$638.59
Aetna HealthFund CDHP and Aetna Value Plan	Value	H46	Idaho	Self Plus One	\$2,504.28	\$1,878.21	\$626.07
Aetna HealthFund HDHP	HDHP	224	Idaho	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	Idaho	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	Idaho	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
Altius Health Plan	High	9K1	Idaho	Self	\$1,357.79	\$1,018.34	\$339.45
Altius Health Plan	High	9K2	Idaho	Self & Family	\$3,002.81	\$2,252.11	\$750.70
Altius Health Plan	High	9K3	Idaho	Self Plus One	\$2,973.12	\$2,229.84	\$743.28
Altius Health Plan	HDHP	9K4	Idaho	Self	\$884.59	\$663.44	\$221.15
Altius Health Plan	HDHP	9K5	Idaho	Self & Family	\$1,848.77	\$1,386.58	\$462.19
Altius Health Plan	HDHP	9K6	Idaho	Self Plus One	\$1,812.44	\$1,359.33	\$453.11
Altius Health Plan	Standard	DK4	Idaho	Self	\$1,110.74	\$833.06	\$277.69
Altius Health Plan	Standard	DK5	Idaho	Self & Family	\$2,452.91	\$1,839.68	\$613.23
Altius Health Plan	Standard	DK6	Idaho	Self Plus One	\$2,428.62	\$1,821.47	\$607.16
Kaiser Permanente - Washington Core	Standard	544	Idaho	Self	\$711.53	\$533.65	\$177.88
Kaiser Permanente - Washington Core	Standard	545	Idaho	Self & Family	\$1,636.55	\$1,227.41	\$409.14
Kaiser Permanente - Washington Core	Standard	546	Idaho	Self Plus One	\$1,636.55	\$1,227.41	\$409.14
Kaiser Permanente - Washington Core	High	541	Idaho	Self	\$958.32	\$718.74	\$239.58
Kaiser Permanente - Washington Core	High	542	Idaho	Self & Family	\$2,108.32	\$1,581.24	\$527.08
Kaiser Permanente - Washington Core	High	543	Idaho	Self Plus One	\$2,108.32	\$1,581.24	\$527.08
Kaiser Permanente - Washington Core	Prosper	PT4	Idaho	Self	\$397.82	\$298.37	\$99.46
Kaiser Permanente - Washington Core	Prosper	PT5	Idaho	Self & Family	\$1,113.88	\$835.41	\$278.47
Kaiser Permanente - Washington Core	Prosper	PT6	Idaho	Self Plus One	\$963.60	\$722.70	\$240.90
Aetna Advantage	Advantage	Z24	Illinois	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Illinois	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Illinois	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	Illinois	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Illinois	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Illinois	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	H41	Illinois	Self	\$898.32	\$673.74	\$224.58
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	H42	Illinois	Self & Family	\$2,047.65	\$1,535.74	\$511.91
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	H43	Illinois	Self Plus One	\$2,027.81	\$1,520.86	\$506.95
Aetna HealthFund CDHP and Aetna Value Plan	Value	H44	Illinois	Self	\$1,113.04	\$834.78	\$278.26
Aetna HealthFund CDHP and Aetna Value Plan	Value	H45	Illinois	Self & Family	\$2,554.35	\$1,915.76	\$638.59
Aetna HealthFund CDHP and Aetna Value Plan	Value	H46	Illinois	Self Plus One	\$2,504.28	\$1,878.21	\$626.07
Aetna HealthFund HDHP	HDHP	224	Illinois	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	Illinois	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	Illinois	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
Health Alliance HMO	Standard	K84	Illinois	Self	\$867.45	\$650.59	\$216.86
Health Alliance HMO	Standard	K85	Illinois	Self & Family	\$2,033.87	\$1,525.40	\$508.47
Health Alliance HMO	Standard	K86	Illinois	Self Plus One	\$1,858.50	\$1,393.88	\$464.63
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS1	Illinois	Self	\$791.51	\$593.63	\$197.88
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS2	Illinois	Self & Family	\$1,871.98	\$1,403.99	\$468.00
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS3	Illinois	Self Plus One	\$1,701.79	\$1,276.34	\$425.45

Regional Plan Rates 2024 - North Wind

NOTE: North Wind pays a higher portion of the premiums for many plans and does not follow OPM recommendations. Therefore, DO NOT reference the premiums listed on the OPM public website.

Plan	Option	Enrollment Code	Location	Enrollment Type	2024 Monthly - Total Premium	2024 Monthly - North Wind Pays	2024 Monthly - Employee Pays
UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced	Value	L91	Illinois	Self	\$769.25	\$576.94	\$192.31
UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced	Value	L92	Illinois	Self & Family	\$1,846.24	\$1,384.68	\$461.56
UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced	Value	L93	Illinois	Self Plus One	\$1,634.69	\$1,226.02	\$408.67
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y81	Illinois	Self	\$725.21	\$543.91	\$181.30
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y82	Illinois	Self & Family	\$1,715.13	\$1,286.35	\$428.78
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y83	Illinois	Self Plus One	\$1,559.22	\$1,169.42	\$389.81
Aetna Advantage	Advantage	Z24	Indiana	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Indiana	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Indiana	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	Indiana	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Indiana	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Indiana	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	Value	JS4	Indiana	Self	\$1,170.76	\$878.07	\$292.69
Aetna HealthFund CDHP and Aetna Value Plan	Value	JS5	Indiana	Self & Family	\$2,672.67	\$2,004.50	\$668.17
Aetna HealthFund CDHP and Aetna Value Plan	Value	JS6	Indiana	Self Plus One	\$2,646.28	\$1,984.71	\$661.57
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	JS1	Indiana	Self	\$1,308.60	\$981.45	\$327.15
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	JS2	Indiana	Self & Family	\$2,983.02	\$2,237.27	\$745.76
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	JS3	Indiana	Self Plus One	\$2,953.47	\$2,215.10	\$738.37
Aetna HealthFund HDHP	HDHP	224	Indiana	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	Indiana	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	Indiana	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
Health Alliance HMO	Standard	K84	Indiana	Self	\$867.45	\$650.59	\$216.86
Health Alliance HMO	Standard	K85	Indiana	Self & Family	\$2,033.87	\$1,525.40	\$508.47
Health Alliance HMO	Standard	K86	Indiana	Self Plus One	\$1,858.50	\$1,393.88	\$464.63
Aetna Advantage	Advantage	Z24	Iowa	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Iowa	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Iowa	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	Iowa	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Iowa	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Iowa	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	H41	Iowa	Self	\$898.32	\$673.74	\$224.58
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	H42	Iowa	Self & Family	\$2,047.65	\$1,535.74	\$511.91
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	H43	Iowa	Self Plus One	\$2,027.81	\$1,520.86	\$506.95
Aetna HealthFund CDHP and Aetna Value Plan	Value	H44	Iowa	Self	\$1,113.04	\$834.78	\$278.26
Aetna HealthFund CDHP and Aetna Value Plan	Value	H45	Iowa	Self & Family	\$2,554.35	\$1,915.76	\$638.59
Aetna HealthFund CDHP and Aetna Value Plan	Value	H46	Iowa	Self Plus One	\$2,504.28	\$1,878.21	\$626.07
Aetna HealthFund HDHP	HDHP	224	Iowa	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	Iowa	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	Iowa	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
Health Alliance HMO	Standard	K84	Iowa	Self	\$867.45	\$650.59	\$216.86
Health Alliance HMO	Standard	K85	Iowa	Self & Family	\$2,033.87	\$1,525.40	\$508.47
Health Alliance HMO	Standard	K86	Iowa	Self Plus One	\$1,858.50	\$1,393.88	\$464.63
HealthPartners	Standard	V34	Iowa	Self	\$553.28	\$414.96	\$138.32
HealthPartners	Standard	V35	Iowa	Self & Family	\$1,347.84	\$1,010.88	\$336.96
HealthPartners	Standard	V36	Iowa	Self Plus One	\$1,222.78	\$917.09	\$305.70
HealthPartners	High	V31	Iowa	Self	\$778.16	\$583.62	\$194.54
HealthPartners	High	V32	Iowa	Self & Family	\$1,895.62	\$1,421.72	\$473.91
HealthPartners	High	V33	Iowa	Self Plus One	\$1,719.75	\$1,289.81	\$429.94
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS1	Iowa	Self	\$791.51	\$593.63	\$197.88
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS2	Iowa	Self & Family	\$1,871.98	\$1,403.99	\$468.00
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS3	Iowa	Self Plus One	\$1,701.79	\$1,276.34	\$425.45

Regional Plan Rates 2024 - North Wind

NOTE: North Wind pays a higher portion of the premiums for many plans and does not follow OPM recommendations. Therefore, DO NOT reference the premiums listed on the OPM public website.

Plan	Option	Enrollment Code	Location	Enrollment Type	2024 Monthly - Total Premium	2024 Monthly - North Wind Pays	2024 Monthly - Employee Pays
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	LJ1	Iowa	Self	\$1,084.37	\$813.28	\$271.09
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	LJ2	Iowa	Self & Family	\$2,710.89	\$2,033.17	\$677.72
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	LJ3	Iowa	Self Plus One	\$2,331.33	\$1,748.50	\$582.83
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y81	Iowa	Self	\$725.21	\$543.91	\$181.30
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y82	Iowa	Self & Family	\$1,715.13	\$1,286.35	\$428.78
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y83	Iowa	Self Plus One	\$1,559.22	\$1,169.42	\$389.81
Aetna Advantage	Advantage	Z24	Kansas	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Kansas	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Kansas	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	Kansas	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Kansas	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Kansas	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	Value	G54	Kansas	Self	\$930.52	\$697.89	\$232.63
Aetna HealthFund CDHP and Aetna Value Plan	Value	G55	Kansas	Self & Family	\$2,131.18	\$1,598.39	\$532.80
Aetna HealthFund CDHP and Aetna Value Plan	Value	G56	Kansas	Self Plus One	\$2,089.43	\$1,567.07	\$522.36
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	G51	Kansas	Self	\$1,321.49	\$991.12	\$330.37
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	G52	Kansas	Self & Family	\$3,014.33	\$2,260.75	\$753.58
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	G53	Kansas	Self Plus One	\$2,984.52	\$2,238.39	\$746.13
Aetna HealthFund HDHP	HDHP	224	Kansas	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	Kansas	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	Kansas	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
Aetna Advantage	Advantage	Z24	Kentucky	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Kentucky	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Kentucky	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	Kentucky	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Kentucky	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Kentucky	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	H41	Kentucky	Self	\$898.32	\$673.74	\$224.58
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	H42	Kentucky	Self & Family	\$2,047.65	\$1,535.74	\$511.91
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	H43	Kentucky	Self Plus One	\$2,027.81	\$1,520.86	\$506.95
Aetna HealthFund CDHP and Aetna Value Plan	Value	H44	Kentucky	Self	\$1,113.04	\$834.78	\$278.26
Aetna HealthFund CDHP and Aetna Value Plan	Value	H45	Kentucky	Self & Family	\$2,554.35	\$1,915.76	\$638.59
Aetna HealthFund CDHP and Aetna Value Plan	Value	H46	Kentucky	Self Plus One	\$2,504.28	\$1,878.21	\$626.07
Aetna HealthFund HDHP	HDHP	224	Kentucky	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	Kentucky	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	Kentucky	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS1	Kentucky	Self	\$791.51	\$593.63	\$197.88
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS2	Kentucky	Self & Family	\$1,871.98	\$1,403.99	\$468.00
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS3	Kentucky	Self Plus One	\$1,701.79	\$1,276.34	\$425.45
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	LJ1	Kentucky	Self	\$1,084.37	\$813.28	\$271.09
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	LJ2	Kentucky	Self & Family	\$2,710.89	\$2,033.17	\$677.72
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	LJ3	Kentucky	Self Plus One	\$2,331.33	\$1,748.50	\$582.83
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y81	Kentucky	Self	\$725.21	\$543.91	\$181.30
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y82	Kentucky	Self & Family	\$1,715.13	\$1,286.35	\$428.78
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y83	Kentucky	Self Plus One	\$1,559.22	\$1,169.42	\$389.81
Aetna Advantage	Advantage	Z24	Louisiana	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Louisiana	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Louisiana	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	Louisiana	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Louisiana	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Louisiana	Self Plus One	\$1,410.57	\$1,057.93	\$352.64

Regional Plan Rates 2024 - North Wind

NOTE: North Wind pays a higher portion of the premiums for many plans and does not follow OPM recommendations. Therefore, DO NOT reference the premiums listed on the OPM public website.

Plan	Option	Enrollment Code	Location	Enrollment Type	2024 Monthly - Total Premium	2024 Monthly - North Wind Pays	2024 Monthly - Employee Pays
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	F51	Louisiana	Self	\$1,059.48	\$794.61	\$264.87
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	F52	Louisiana	Self & Family	\$2,415.75	\$1,811.81	\$603.94
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	F53	Louisiana	Self Plus One	\$2,391.81	\$1,793.86	\$597.95
Aetna HealthFund CDHP and Aetna Value Plan	Value	F54	Louisiana	Self	\$1,023.97	\$767.98	\$255.99
Aetna HealthFund CDHP and Aetna Value Plan	Value	F55	Louisiana	Self & Family	\$2,344.83	\$1,758.62	\$586.21
Aetna HealthFund CDHP and Aetna Value Plan	Value	F56	Louisiana	Self Plus One	\$2,298.81	\$1,724.11	\$574.70
Aetna HealthFund HDHP	HDHP	224	Louisiana	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	Louisiana	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	Louisiana	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS1	Louisiana	Self	\$791.51	\$593.63	\$197.88
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS2	Louisiana	Self & Family	\$1,871.98	\$1,403.99	\$468.00
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS3	Louisiana	Self Plus One	\$1,701.79	\$1,276.34	\$425.45
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	LS1	Louisiana	Self	\$767.02	\$575.27	\$191.76
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	LS2	Louisiana	Self & Family	\$1,764.04	\$1,323.03	\$441.01
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	LS3	Louisiana	Self Plus One	\$1,648.99	\$1,236.74	\$412.25
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	KK1	Louisiana	Self	\$1,047.09	\$785.32	\$261.77
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	KK2	Louisiana	Self & Family	\$2,617.70	\$1,963.28	\$654.43
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	KK3	Louisiana	Self Plus One	\$2,251.21	\$1,688.41	\$562.80
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y81	Louisiana	Self	\$725.21	\$543.91	\$181.30
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y82	Louisiana	Self & Family	\$1,715.13	\$1,286.35	\$428.78
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y83	Louisiana	Self Plus One	\$1,559.22	\$1,169.42	\$389.81
Aetna Advantage	Advantage	Z24	Maine	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Maine	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Maine	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	Maine	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Maine	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Maine	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	Value	EP4	Maine	Self	\$1,106.45	\$829.84	\$276.61
Aetna HealthFund CDHP and Aetna Value Plan	Value	EP5	Maine	Self & Family	\$2,533.66	\$1,900.25	\$633.42
Aetna HealthFund CDHP and Aetna Value Plan	Value	EP6	Maine	Self Plus One	\$2,483.93	\$1,862.95	\$620.98
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	EP1	Maine	Self	\$1,215.18	\$911.39	\$303.80
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	EP2	Maine	Self & Family	\$2,771.23	\$2,078.42	\$692.81
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	EP3	Maine	Self Plus One	\$2,743.80	\$2,057.85	\$685.95
Aetna HealthFund HDHP	HDHP	224	Maine	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	Maine	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	Maine	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
Aetna Advantage	Advantage	Z24	Maryland	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Maryland	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Maryland	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	Maryland	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Maryland	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Maryland	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	F51	Maryland	Self	\$1,059.48	\$794.61	\$264.87
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	F52	Maryland	Self & Family	\$2,415.75	\$1,811.81	\$603.94
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	F53	Maryland	Self Plus One	\$2,391.81	\$1,793.86	\$597.95
Aetna HealthFund CDHP and Aetna Value Plan	Value	F54	Maryland	Self	\$1,023.97	\$767.98	\$255.99
Aetna HealthFund CDHP and Aetna Value Plan	Value	F55	Maryland	Self & Family	\$2,344.83	\$1,758.62	\$586.21
Aetna HealthFund CDHP and Aetna Value Plan	Value	F56	Maryland	Self Plus One	\$2,298.81	\$1,724.11	\$574.70
Aetna HealthFund HDHP	HDHP	224	Maryland	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	Maryland	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	Maryland	Self Plus One	\$1,861.36	\$1,396.02	\$465.34

Regional Plan Rates 2024 - North Wind

NOTE: North Wind pays a higher portion of the premiums for many plans and does not follow OPM recommendations. Therefore, DO NOT reference the premiums listed on the OPM public website.

Plan	Option	Enrollment Code	Location	Enrollment Type	2024 Monthly - Total Premium	2024 Monthly - North Wind Pays	2024 Monthly - Employee Pays
Aetna Open Access	High	JN1	Maryland	Self	\$1,364.07	\$1,023.05	\$341.02
Aetna Open Access	High	JN2	Maryland	Self & Family	\$3,066.66	\$2,300.00	\$766.67
Aetna Open Access	High	JN3	Maryland	Self Plus One	\$3,036.26	\$2,277.20	\$759.07
Aetna Open Access	Basic	JN4	Maryland	Self	\$804.83	\$603.62	\$201.21
Aetna Open Access	Basic	JN5	Maryland	Self & Family	\$1,841.80	\$1,381.35	\$460.45
Aetna Open Access	Basic	JN6	Maryland	Self Plus One	\$1,691.28	\$1,268.46	\$422.82
Aetna Saver (Open Access)	Saver	QQ4	Maryland	Self	\$622.29	\$466.72	\$155.57
Aetna Saver (Open Access)	Saver	QQ5	Maryland	Self & Family	\$1,424.11	\$1,068.08	\$356.03
Aetna Saver (Open Access)	Saver	QQ6	Maryland	Self Plus One	\$1,307.76	\$980.82	\$326.94
CareFirst BlueChoice	Standard	2G4	Maryland	Self	\$1,115.38	\$836.54	\$278.85
CareFirst BlueChoice	Standard	2G5	Maryland	Self & Family	\$2,650.12	\$1,987.59	\$662.53
CareFirst BlueChoice	Standard	2G6	Maryland	Self Plus One	\$2,230.76	\$1,673.07	\$557.69
CareFirst BlueChoice	HDHP	B61	Maryland	Self	\$726.53	\$544.90	\$181.63
CareFirst BlueChoice	HDHP	B62	Maryland	Self & Family	\$1,726.16	\$1,294.62	\$431.54
CareFirst BlueChoice	HDHP	B63	Maryland	Self Plus One	\$1,453.01	\$1,089.76	\$363.25
CareFirst BlueChoice	Blue Value Plus	B64	Maryland	Self	\$775.04	\$581.28	\$193.76
CareFirst BlueChoice	Blue Value Plus	B65	Maryland	Self & Family	\$1,841.45	\$1,381.09	\$460.36
CareFirst BlueChoice	Blue Value Plus	B66	Maryland	Self Plus One	\$1,550.08	\$1,162.56	\$387.52
Kaiser Permanente - Mid-Atlantic States	Prosper	T71	Maryland	Self	\$425.01	\$318.76	\$106.25
Kaiser Permanente - Mid-Atlantic States	Prosper	T72	Maryland	Self & Family	\$1,195.81	\$896.86	\$298.95
Kaiser Permanente - Mid-Atlantic States	Prosper	T73	Maryland	Self Plus One	\$1,015.45	\$761.59	\$253.86
Kaiser Permanente - Mid-Atlantic States	Standard	E34	Maryland	Self	\$707.53	\$530.65	\$176.88
Kaiser Permanente - Mid-Atlantic States	Standard	E35	Maryland	Self & Family	\$1,627.30	\$1,220.48	\$406.83
Kaiser Permanente - Mid-Atlantic States	Standard	E36	Maryland	Self Plus One	\$1,627.30	\$1,220.48	\$406.83
Kaiser Permanente - Mid-Atlantic States	High	E31	Maryland	Self	\$889.87	\$667.40	\$222.47
Kaiser Permanente - Mid-Atlantic States	High	E32	Maryland	Self & Family	\$2,046.70	\$1,535.03	\$511.68
Kaiser Permanente - Mid-Atlantic States	High	E33	Maryland	Self Plus One	\$2,046.70	\$1,535.03	\$511.68
M.D. IPA	High	JP1	Maryland	Self	\$1,153.30	\$864.98	\$288.33
M.D. IPA	High	JP2	Maryland	Self & Family	\$3,233.86	\$2,425.40	\$808.47
M.D. IPA	High	JP3	Maryland	Self Plus One	\$2,252.42	\$1,689.32	\$563.11
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS1	Maryland	Self	\$791.51	\$593.63	\$197.88
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS2	Maryland	Self & Family	\$1,871.98	\$1,403.99	\$468.00
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS3	Maryland	Self Plus One	\$1,701.79	\$1,276.34	\$425.45
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	V41	Maryland	Self	\$693.55	\$520.16	\$173.39
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	V42	Maryland	Self & Family	\$1,587.80	\$1,190.85	\$396.95
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	V43	Maryland	Self Plus One	\$1,491.19	\$1,118.39	\$372.80
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	LR1	Maryland	Self	\$1,007.54	\$755.66	\$251.89
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	LR2	Maryland	Self & Family	\$2,387.88	\$1,790.91	\$596.97
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	LR3	Maryland	Self Plus One	\$2,166.21	\$1,624.66	\$541.55
UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced	Value	L91	Maryland	Self	\$769.25	\$576.94	\$192.31
UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced	Value	L92	Maryland	Self & Family	\$1,846.24	\$1,384.68	\$461.56
UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced	Value	L93	Maryland	Self Plus One	\$1,634.69	\$1,226.02	\$408.67
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y81	Maryland	Self	\$725.21	\$543.91	\$181.30
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y82	Maryland	Self & Family	\$1,715.13	\$1,286.35	\$428.78
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y83	Maryland	Self Plus One	\$1,559.22	\$1,169.42	\$389.81
Aetna Advantage	Advantage	Z24	Massachusetts	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Massachusetts	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Massachusetts	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	Massachusetts	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Massachusetts	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Massachusetts	Self Plus One	\$1,410.57	\$1,057.93	\$352.64

Regional Plan Rates 2024 - North Wind

NOTE: North Wind pays a higher portion of the premiums for many plans and does not follow OPM recommendations. Therefore, DO NOT reference the premiums listed on the OPM public website.

Plan	Option	Enrollment Code	Location	Enrollment Type	2024 Monthly - Total Premium	2024 Monthly - North Wind Pays	2024 Monthly - Employee Pays
Aetna HealthFund CDHP and Aetna Value Plan	Value	EP4	Massachusetts	Self	\$1,106.45	\$829.84	\$276.61
Aetna HealthFund CDHP and Aetna Value Plan	Value	EP5	Massachusetts	Self & Family	\$2,533.66	\$1,900.25	\$633.42
Aetna HealthFund CDHP and Aetna Value Plan	Value	EP6	Massachusetts	Self Plus One	\$2,483.93	\$1,862.95	\$620.98
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	EP1	Massachusetts	Self	\$1,215.18	\$911.39	\$303.80
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	EP2	Massachusetts	Self & Family	\$2,771.23	\$2,078.42	\$692.81
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	EP3	Massachusetts	Self Plus One	\$2,743.80	\$2,057.85	\$685.95
Aetna HealthFund HDHP	HDHP	Z24	Massachusetts	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	Z25	Massachusetts	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	Z26	Massachusetts	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
Aetna Advantage	Advantage	Z24	Michigan	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Michigan	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Michigan	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	Michigan	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Michigan	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Michigan	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	Value	G54	Michigan	Self	\$930.52	\$697.89	\$232.63
Aetna HealthFund CDHP and Aetna Value Plan	Value	G55	Michigan	Self & Family	\$2,131.18	\$1,598.39	\$532.80
Aetna HealthFund CDHP and Aetna Value Plan	Value	G56	Michigan	Self Plus One	\$2,089.43	\$1,567.07	\$522.36
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	G51	Michigan	Self	\$1,321.49	\$991.12	\$330.37
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	G52	Michigan	Self & Family	\$3,014.33	\$2,260.75	\$753.58
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	G53	Michigan	Self Plus One	\$2,984.52	\$2,238.39	\$746.13
Aetna HealthFund HDHP	HDHP	Z24	Michigan	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	Z25	Michigan	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	Z26	Michigan	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
Blue Care Network of Michigan	High	LX1	Michigan	Self	\$947.09	\$710.32	\$236.77
Blue Care Network of Michigan	High	LX2	Michigan	Self & Family	\$2,310.99	\$1,733.24	\$577.75
Blue Care Network of Michigan	High	LX3	Michigan	Self Plus One	\$2,178.37	\$1,633.78	\$544.59
Blue Care Network of Michigan	High	K51	Michigan	Self	\$1,003.21	\$752.41	\$250.80
Blue Care Network of Michigan	High	K52	Michigan	Self & Family	\$2,447.88	\$1,835.91	\$611.97
Blue Care Network of Michigan	High	K53	Michigan	Self Plus One	\$2,307.44	\$1,730.58	\$576.86
Health Alliance Plan	High	S21	Michigan	Self	\$1,017.27	\$762.95	\$254.32
Health Alliance Plan	High	S22	Michigan	Self & Family	\$2,482.13	\$1,861.60	\$620.53
Health Alliance Plan	High	S23	Michigan	Self Plus One	\$2,339.72	\$1,754.79	\$584.93
Health Alliance Plan	Standard	GY4	Michigan	Self	\$609.42	\$457.07	\$152.36
Health Alliance Plan	Standard	GY5	Michigan	Self & Family	\$1,486.96	\$1,115.22	\$371.74
Health Alliance Plan	Standard	GY6	Michigan	Self Plus One	\$1,401.64	\$1,051.23	\$350.41
Priority Health	High	LE1	Michigan	Self	\$1,205.32	\$903.99	\$301.33
Priority Health	High	LE2	Michigan	Self & Family	\$2,832.48	\$2,124.36	\$708.12
Priority Health	High	LE3	Michigan	Self Plus One	\$2,651.70	\$1,988.78	\$662.93
Priority Health	Standard	LE4	Michigan	Self	\$715.04	\$536.28	\$178.76
Priority Health	Standard	LE5	Michigan	Self & Family	\$1,680.36	\$1,260.27	\$420.09
Priority Health	Standard	LE6	Michigan	Self Plus One	\$1,573.09	\$1,179.82	\$393.27
Priority Health	Value	Y41	Michigan	Self	\$473.22	\$354.92	\$118.31
Priority Health	Value	Y42	Michigan	Self & Family	\$1,112.09	\$834.07	\$278.02
Priority Health	Value	Y43	Michigan	Self Plus One	\$1,041.11	\$780.83	\$260.28
Aetna Advantage	Advantage	Z24	Minnesota	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Minnesota	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Minnesota	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	Minnesota	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Minnesota	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Minnesota	Self Plus One	\$1,410.57	\$1,057.93	\$352.64

Regional Plan Rates 2024 - North Wind

NOTE: North Wind pays a higher portion of the premiums for many plans and does not follow OPM recommendations. Therefore, DO NOT reference the premiums listed on the OPM public website.

Plan	Option	Enrollment Code	Location	Enrollment Type	2024 Monthly - Total Premium	2024 Monthly - North Wind Pays	2024 Monthly - Employee Pays
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	H41	Minnesota	Self	\$898.32	\$673.74	\$224.58
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	H42	Minnesota	Self & Family	\$2,047.65	\$1,535.74	\$511.91
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	H43	Minnesota	Self Plus One	\$2,027.81	\$1,520.86	\$506.95
Aetna HealthFund CDHP and Aetna Value Plan	Value	H44	Minnesota	Self	\$1,113.04	\$834.78	\$278.26
Aetna HealthFund CDHP and Aetna Value Plan	Value	H45	Minnesota	Self & Family	\$2,554.35	\$1,915.76	\$638.59
Aetna HealthFund CDHP and Aetna Value Plan	Value	H46	Minnesota	Self Plus One	\$2,504.28	\$1,878.21	\$626.07
Aetna HealthFund HDHP	HDHP	Z24	Minnesota	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	Z25	Minnesota	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	Z26	Minnesota	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
HealthPartners	Standard	V34	Minnesota	Self	\$553.28	\$414.96	\$138.32
HealthPartners	Standard	V35	Minnesota	Self & Family	\$1,347.84	\$1,010.88	\$336.96
HealthPartners	Standard	V36	Minnesota	Self Plus One	\$1,222.78	\$917.09	\$305.70
HealthPartners	High	V31	Minnesota	Self	\$778.16	\$583.62	\$194.54
HealthPartners	High	V32	Minnesota	Self & Family	\$1,895.62	\$1,421.72	\$473.91
HealthPartners	High	V33	Minnesota	Self Plus One	\$1,719.75	\$1,289.81	\$429.94
Aetna Advantage	Advantage	Z24	Mississippi	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Mississippi	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Mississippi	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	Mississippi	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Mississippi	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Mississippi	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	H41	Mississippi	Self	\$898.32	\$673.74	\$224.58
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	H42	Mississippi	Self & Family	\$2,047.65	\$1,535.74	\$511.91
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	H43	Mississippi	Self Plus One	\$2,027.81	\$1,520.86	\$506.95
Aetna HealthFund CDHP and Aetna Value Plan	Value	H44	Mississippi	Self	\$1,113.04	\$834.78	\$278.26
Aetna HealthFund CDHP and Aetna Value Plan	Value	H45	Mississippi	Self & Family	\$2,554.35	\$1,915.76	\$638.59
Aetna HealthFund CDHP and Aetna Value Plan	Value	H46	Mississippi	Self Plus One	\$2,504.28	\$1,878.21	\$626.07
Aetna HealthFund HDHP	HDHP	Z24	Mississippi	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	Z25	Mississippi	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	Z26	Mississippi	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS1	Mississippi	Self	\$791.51	\$593.63	\$197.88
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS2	Mississippi	Self & Family	\$1,871.98	\$1,403.99	\$468.00
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS3	Mississippi	Self Plus One	\$1,701.79	\$1,276.34	\$425.45
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	LS1	Mississippi	Self	\$767.02	\$575.27	\$191.76
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	LS2	Mississippi	Self & Family	\$1,764.04	\$1,323.03	\$441.01
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	LS3	Mississippi	Self Plus One	\$1,648.99	\$1,236.74	\$412.25
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	KK1	Mississippi	Self	\$1,047.09	\$785.32	\$261.77
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	KK2	Mississippi	Self & Family	\$2,617.70	\$1,963.28	\$654.43
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	KK3	Mississippi	Self Plus One	\$2,251.21	\$1,688.41	\$562.80
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y81	Mississippi	Self	\$725.21	\$543.91	\$181.30
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y82	Mississippi	Self & Family	\$1,715.13	\$1,286.35	\$428.78
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y83	Mississippi	Self Plus One	\$1,559.22	\$1,169.42	\$389.81
Aetna Advantage	Advantage	Z24	Missouri	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Missouri	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Missouri	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	Missouri	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Missouri	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Missouri	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	Value	G54	Missouri	Self	\$930.52	\$697.89	\$232.63
Aetna HealthFund CDHP and Aetna Value Plan	Value	G55	Missouri	Self & Family	\$2,131.18	\$1,598.39	\$532.80
Aetna HealthFund CDHP and Aetna Value Plan	Value	G56	Missouri	Self Plus One	\$2,089.43	\$1,567.07	\$522.36

Regional Plan Rates 2024 - North Wind

NOTE: North Wind pays a higher portion of the premiums for many plans and does not follow OPM recommendations. Therefore, DO NOT reference the premiums listed on the OPM public website.

Plan	Option	Enrollment Code	Location	Enrollment Type	2024 Monthly - Total Premium	2024 Monthly - North Wind Pays	2024 Monthly - Employee Pays
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	G51	Missouri	Self	\$1,321.49	\$991.12	\$330.37
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	G52	Missouri	Self & Family	\$3,014.33	\$2,260.75	\$753.58
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	G53	Missouri	Self Plus One	\$2,984.52	\$2,238.39	\$746.13
Aetna HealthFund HDHP	HDHP	224	Missouri	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	Missouri	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	Missouri	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS1	Missouri	Self	\$791.51	\$593.63	\$197.88
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS2	Missouri	Self & Family	\$1,871.98	\$1,403.99	\$468.00
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS3	Missouri	Self Plus One	\$1,701.79	\$1,276.34	\$425.45
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y81	Missouri	Self	\$725.21	\$543.91	\$181.30
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y82	Missouri	Self & Family	\$1,715.13	\$1,286.35	\$428.78
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y83	Missouri	Self Plus One	\$1,559.22	\$1,169.42	\$389.81
Aetna Advantage	Advantage	Z24	Montana	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Montana	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Montana	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	Montana	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Montana	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Montana	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	H41	Montana	Self	\$898.32	\$673.74	\$224.58
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	H42	Montana	Self & Family	\$2,047.65	\$1,535.74	\$511.91
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	H43	Montana	Self Plus One	\$2,027.81	\$1,520.86	\$506.95
Aetna HealthFund CDHP and Aetna Value Plan	Value	H44	Montana	Self	\$1,113.04	\$834.78	\$278.26
Aetna HealthFund CDHP and Aetna Value Plan	Value	H45	Montana	Self & Family	\$2,554.35	\$1,915.76	\$638.59
Aetna HealthFund CDHP and Aetna Value Plan	Value	H46	Montana	Self Plus One	\$2,504.28	\$1,878.21	\$626.07
Aetna HealthFund HDHP	HDHP	224	Montana	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	Montana	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	Montana	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
Aetna Advantage	Advantage	Z24	Nebraska	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Nebraska	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Nebraska	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	Nebraska	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Nebraska	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Nebraska	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	H41	Nebraska	Self	\$898.32	\$673.74	\$224.58
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	H42	Nebraska	Self & Family	\$2,047.65	\$1,535.74	\$511.91
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	H43	Nebraska	Self Plus One	\$2,027.81	\$1,520.86	\$506.95
Aetna HealthFund CDHP and Aetna Value Plan	Value	H44	Nebraska	Self	\$1,113.04	\$834.78	\$278.26
Aetna HealthFund CDHP and Aetna Value Plan	Value	H45	Nebraska	Self & Family	\$2,554.35	\$1,915.76	\$638.59
Aetna HealthFund CDHP and Aetna Value Plan	Value	H46	Nebraska	Self Plus One	\$2,504.28	\$1,878.21	\$626.07
Aetna HealthFund HDHP	HDHP	224	Nebraska	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	Nebraska	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	Nebraska	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
Aetna Advantage	Advantage	Z24	Nevada	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Nevada	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Nevada	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	Nevada	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Nevada	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Nevada	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	Value	G54	Nevada	Self	\$930.52	\$697.89	\$232.63
Aetna HealthFund CDHP and Aetna Value Plan	Value	G55	Nevada	Self & Family	\$2,131.18	\$1,598.39	\$532.80
Aetna HealthFund CDHP and Aetna Value Plan	Value	G56	Nevada	Self Plus One	\$2,089.43	\$1,567.07	\$522.36

Regional Plan Rates 2024 - North Wind

NOTE: North Wind pays a higher portion of the premiums for many plans and does not follow OPM recommendations. Therefore, DO NOT reference the premiums listed on the OPM public website.

Plan	Option	Enrollment Code	Location	Enrollment Type	2024 Monthly - Total Premium	2024 Monthly - North Wind Pays	2024 Monthly - Employee Pays
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	G51	Nevada	Self	\$1,321.49	\$991.12	\$330.37
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	G52	Nevada	Self & Family	\$3,014.33	\$2,260.75	\$753.58
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	G53	Nevada	Self Plus One	\$2,984.52	\$2,238.39	\$746.13
Aetna HealthFund HDHP	HDHP	224	Nevada	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	Nevada	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	Nevada	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
Health Plan of Nevada, Inc.	High	NM1	Nevada	Self	\$847.67	\$635.75	\$211.92
Health Plan of Nevada, Inc.	High	NM2	Nevada	Self & Family	\$2,008.89	\$1,506.67	\$502.22
Health Plan of Nevada, Inc.	High	NM3	Nevada	Self Plus One	\$1,610.57	\$1,207.93	\$402.64
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	WF1	Nevada	Self	\$791.83	\$593.87	\$197.96
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	WF2	Nevada	Self & Family	\$1,872.67	\$1,404.50	\$468.17
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	WF3	Nevada	Self Plus One	\$1,702.42	\$1,276.82	\$425.61
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	LU1	Nevada	Self	\$782.43	\$586.82	\$195.61
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	LU2	Nevada	Self & Family	\$1,799.55	\$1,349.66	\$449.89
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	LU3	Nevada	Self Plus One	\$1,682.16	\$1,261.62	\$420.54
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	KT1	Nevada	Self	\$1,073.28	\$804.96	\$268.32
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	KT2	Nevada	Self & Family	\$2,683.22	\$2,012.42	\$670.81
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	KT3	Nevada	Self Plus One	\$2,307.57	\$1,730.68	\$576.89
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	VD1	Nevada	Self	\$778.40	\$583.80	\$194.60
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	VD2	Nevada	Self & Family	\$1,840.91	\$1,380.68	\$460.23
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	VD3	Nevada	Self Plus One	\$1,673.58	\$1,255.19	\$418.40
Aetna Advantage	Advantage	Z24	New Hampshire	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	New Hampshire	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	New Hampshire	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	New Hampshire	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	New Hampshire	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	New Hampshire	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	Value	EP4	New Hampshire	Self	\$1,106.45	\$829.84	\$276.61
Aetna HealthFund CDHP and Aetna Value Plan	Value	EP5	New Hampshire	Self & Family	\$2,533.66	\$1,900.25	\$633.42
Aetna HealthFund CDHP and Aetna Value Plan	Value	EP6	New Hampshire	Self Plus One	\$2,483.93	\$1,862.95	\$620.98
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	EP1	New Hampshire	Self	\$1,215.18	\$911.39	\$303.80
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	EP2	New Hampshire	Self & Family	\$2,771.23	\$2,078.42	\$692.81
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	EP3	New Hampshire	Self Plus One	\$2,743.80	\$2,057.85	\$685.95
Aetna HealthFund HDHP	HDHP	224	New Hampshire	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	New Hampshire	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	New Hampshire	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
Aetna Advantage	Advantage	Z24	New Jersey	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	New Jersey	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	New Jersey	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	New Jersey	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	New Jersey	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	New Jersey	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	Value	EP4	New Jersey	Self	\$1,106.45	\$829.84	\$276.61
Aetna HealthFund CDHP and Aetna Value Plan	Value	EP5	New Jersey	Self & Family	\$2,533.66	\$1,900.25	\$633.42
Aetna HealthFund CDHP and Aetna Value Plan	Value	EP6	New Jersey	Self Plus One	\$2,483.93	\$1,862.95	\$620.98
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	EP1	New Jersey	Self	\$1,215.18	\$911.39	\$303.80
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	EP2	New Jersey	Self & Family	\$2,771.23	\$2,078.42	\$692.81
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	EP3	New Jersey	Self Plus One	\$2,743.80	\$2,057.85	\$685.95
Aetna HealthFund HDHP	HDHP	224	New Jersey	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	New Jersey	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	New Jersey	Self Plus One	\$1,861.36	\$1,396.02	\$465.34

Regional Plan Rates 2024 - North Wind

NOTE: North Wind pays a higher portion of the premiums for many plans and does not follow OPM recommendations. Therefore, DO NOT reference the premiums listed on the OPM public website.

Plan	Option	Enrollment Code	Location	Enrollment Type	2024 Monthly - Total Premium	2024 Monthly - North Wind Pays	2024 Monthly - Employee Pays
Aetna Open Access	High	JR1	New Jersey	Self	\$1,712.53	\$1,284.40	\$428.13
Aetna Open Access	High	JR2	New Jersey	Self & Family	\$3,955.71	\$2,966.78	\$988.93
Aetna Open Access	High	JR3	New Jersey	Self Plus One	\$3,916.53	\$2,937.40	\$979.13
Aetna Open Access	Basic	JR4	New Jersey	Self	\$1,470.19	\$1,102.64	\$367.55
Aetna Open Access	Basic	JR5	New Jersey	Self & Family	\$3,407.26	\$2,555.45	\$851.82
Aetna Open Access	Basic	JR6	New Jersey	Self Plus One	\$3,373.50	\$2,530.13	\$843.38
Aetna Open Access	Basic	P34	New Jersey	Self	\$1,833.22	\$1,374.92	\$458.31
Aetna Open Access	Basic	P35	New Jersey	Self & Family	\$4,254.90	\$3,191.18	\$1,063.73
Aetna Open Access	Basic	P36	New Jersey	Self Plus One	\$4,212.72	\$3,159.54	\$1,053.18
Aetna Open Access	High	P31	New Jersey	Self	\$1,806.63	\$1,354.97	\$451.66
Aetna Open Access	High	P32	New Jersey	Self & Family	\$4,380.18	\$3,285.14	\$1,095.05
Aetna Open Access	High	P33	New Jersey	Self Plus One	\$4,336.84	\$3,252.63	\$1,084.21
Aetna Advantage	Advantage	Z24	New Mexico	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	New Mexico	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	New Mexico	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	New Mexico	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	New Mexico	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	New Mexico	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	Value	G54	New Mexico	Self	\$930.52	\$697.89	\$232.63
Aetna HealthFund CDHP and Aetna Value Plan	Value	G55	New Mexico	Self & Family	\$2,131.18	\$1,598.39	\$532.80
Aetna HealthFund CDHP and Aetna Value Plan	Value	G56	New Mexico	Self Plus One	\$2,089.43	\$1,567.07	\$522.36
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	G51	New Mexico	Self	\$1,321.49	\$991.12	\$330.37
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	G52	New Mexico	Self & Family	\$3,014.33	\$2,260.75	\$753.58
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	G53	New Mexico	Self Plus One	\$2,984.52	\$2,238.39	\$746.13
Aetna HealthFund HDHP	HDHP	224	New Mexico	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	New Mexico	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	New Mexico	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
Presbyterian Health Plan	High	P21	New Mexico	Self	\$1,099.76	\$824.82	\$274.94
Presbyterian Health Plan	High	P22	New Mexico	Self & Family	\$2,584.38	\$1,938.29	\$646.10
Presbyterian Health Plan	High	P23	New Mexico	Self Plus One	\$2,496.37	\$1,872.28	\$624.09
Presbyterian Health Plan	Standard	PS4	New Mexico	Self	\$914.96	\$686.22	\$228.74
Presbyterian Health Plan	Standard	PS5	New Mexico	Self & Family	\$2,150.20	\$1,612.65	\$537.55
Presbyterian Health Plan	Standard	PS6	New Mexico	Self Plus One	\$2,077.03	\$1,557.77	\$519.26
Presbyterian Health Plan	Wellness	PS1	New Mexico	Self	\$817.35	\$613.01	\$204.34
Presbyterian Health Plan	Wellness	PS2	New Mexico	Self & Family	\$1,920.86	\$1,440.65	\$480.22
Presbyterian Health Plan	Wellness	PS3	New Mexico	Self Plus One	\$1,855.49	\$1,391.62	\$463.87
Aetna Advantage	Advantage	Z24	New York	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	New York	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	New York	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	New York	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	New York	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	New York	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	Value	EP4	New York	Self	\$1,106.45	\$829.84	\$276.61
Aetna HealthFund CDHP and Aetna Value Plan	Value	EP5	New York	Self & Family	\$2,533.66	\$1,900.25	\$633.42
Aetna HealthFund CDHP and Aetna Value Plan	Value	EP6	New York	Self Plus One	\$2,483.93	\$1,862.95	\$620.98
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	EP1	New York	Self	\$1,215.18	\$911.39	\$303.80
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	EP2	New York	Self & Family	\$2,771.23	\$2,078.42	\$692.81
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	EP3	New York	Self Plus One	\$2,743.80	\$2,057.85	\$685.95
Aetna HealthFund HDHP	HDHP	224	New York	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	New York	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	New York	Self Plus One	\$1,861.36	\$1,396.02	\$465.34

Regional Plan Rates 2024 - North Wind

NOTE: North Wind pays a higher portion of the premiums for many plans and does not follow OPM recommendations. Therefore, DO NOT reference the premiums listed on the OPM public website.

Plan	Option	Enrollment Code	Location	Enrollment Type	2024 Monthly - Total Premium	2024 Monthly - North Wind Pays	2024 Monthly - Employee Pays
Aetna Open Access	High	JC1	New York	Self	\$1,763.34	\$1,322.51	\$440.84
Aetna Open Access	High	JC2	New York	Self & Family	\$4,357.23	\$3,267.92	\$1,089.31
Aetna Open Access	High	JC3	New York	Self Plus One	\$4,314.09	\$3,235.57	\$1,078.52
Aetna Open Access	Basic	JC4	New York	Self	\$1,546.13	\$1,159.60	\$386.53
Aetna Open Access	Basic	JC5	New York	Self & Family	\$3,771.32	\$2,828.49	\$942.83
Aetna Open Access	Basic	JC6	New York	Self Plus One	\$3,734.01	\$2,800.51	\$933.50
CDPHP	Standard	SG4	New York	Self	\$937.47	\$703.10	\$234.37
CDPHP	Standard	SG5	New York	Self & Family	\$2,249.98	\$1,687.49	\$562.50
CDPHP	Standard	SG6	New York	Self Plus One	\$2,081.19	\$1,560.89	\$520.30
HIP of Greater NY	Standard	YL4	New York	Self	\$1,094.99	\$821.24	\$273.75
HIP of Greater NY	Standard	YL5	New York	Self & Family	\$3,183.09	\$2,387.32	\$795.77
HIP of Greater NY	Standard	YL6	New York	Self Plus One	\$1,999.44	\$1,499.58	\$499.86
HIP of Greater NY	High	511	New York	Self	\$1,161.03	\$870.77	\$290.26
HIP of Greater NY	High	512	New York	Self & Family	\$3,375.17	\$2,531.38	\$843.79
HIP of Greater NY	High	513	New York	Self Plus One	\$2,120.08	\$1,590.06	\$530.02
Independent Health	Standard	C54	New York	Self	\$793.48	\$595.11	\$198.37
Independent Health	Standard	C55	New York	Self & Family	\$2,142.31	\$1,606.73	\$535.58
Independent Health	Standard	C56	New York	Self Plus One	\$2,023.32	\$1,517.49	\$505.83
Independent Health	High	QA1	New York	Self	\$874.97	\$656.23	\$218.74
Independent Health	High	QA2	New York	Self & Family	\$2,362.40	\$1,771.80	\$590.60
Independent Health	High	QA3	New York	Self Plus One	\$2,231.17	\$1,673.38	\$557.79
Independent Health	HDHP	QA4	New York	Self	\$676.76	\$507.57	\$169.19
Independent Health	HDHP	QA5	New York	Self & Family	\$1,763.54	\$1,322.66	\$440.89
Independent Health	HDHP	QA6	New York	Self Plus One	\$1,675.51	\$1,256.63	\$418.88
Aetna Advantage	Advantage	Z24	North Carolina	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	North Carolina	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	North Carolina	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	North Carolina	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	North Carolina	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	North Carolina	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	F51	North Carolina	Self	\$1,059.48	\$794.61	\$264.87
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	F52	North Carolina	Self & Family	\$2,415.75	\$1,811.81	\$603.94
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	F53	North Carolina	Self Plus One	\$2,391.81	\$1,793.86	\$597.95
Aetna HealthFund CDHP and Aetna Value Plan	Value	F54	North Carolina	Self	\$1,023.97	\$767.98	\$255.99
Aetna HealthFund CDHP and Aetna Value Plan	Value	F55	North Carolina	Self & Family	\$2,344.83	\$1,758.62	\$586.21
Aetna HealthFund CDHP and Aetna Value Plan	Value	F56	North Carolina	Self Plus One	\$2,298.81	\$1,724.11	\$574.70
Aetna HealthFund HDHP	HDHP	224	North Carolina	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	North Carolina	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	North Carolina	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS1	North Carolina	Self	\$791.51	\$593.63	\$197.88
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS2	North Carolina	Self & Family	\$1,871.98	\$1,403.99	\$468.00
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS3	North Carolina	Self Plus One	\$1,701.79	\$1,276.34	\$425.45
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	LS1	North Carolina	Self	\$767.02	\$575.27	\$191.76
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	LS2	North Carolina	Self & Family	\$1,764.04	\$1,323.03	\$441.01
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	LS3	North Carolina	Self Plus One	\$1,648.99	\$1,236.74	\$412.25
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	KK1	North Carolina	Self	\$1,047.09	\$785.32	\$261.77
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	KK2	North Carolina	Self & Family	\$2,617.70	\$1,963.28	\$654.43
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	KK3	North Carolina	Self Plus One	\$2,251.21	\$1,688.41	\$562.80
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y81	North Carolina	Self	\$725.21	\$543.91	\$181.30
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y82	North Carolina	Self & Family	\$1,715.13	\$1,286.35	\$428.78
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y83	North Carolina	Self Plus One	\$1,559.22	\$1,169.42	\$389.81

Regional Plan Rates 2024 - North Wind

NOTE: North Wind pays a higher portion of the premiums for many plans and does not follow OPM recommendations. Therefore, DO NOT reference the premiums listed on the OPM public website.

Plan	Option	Enrollment Code	Location	Enrollment Type	2024 Monthly - Total Premium	2024 Monthly - North Wind Pays	2024 Monthly - Employee Pays
Aetna Advantage	Advantage	Z24	North Dakota	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	North Dakota	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	North Dakota	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	North Dakota	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	North Dakota	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	North Dakota	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	H41	North Dakota	Self	\$898.32	\$673.74	\$224.58
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	H42	North Dakota	Self & Family	\$2,047.65	\$1,535.74	\$511.91
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	H43	North Dakota	Self Plus One	\$2,027.81	\$1,520.86	\$506.95
Aetna HealthFund CDHP and Aetna Value Plan	Value	H44	North Dakota	Self	\$1,113.04	\$834.78	\$278.26
Aetna HealthFund CDHP and Aetna Value Plan	Value	H45	North Dakota	Self & Family	\$2,554.35	\$1,915.76	\$638.59
Aetna HealthFund CDHP and Aetna Value Plan	Value	H46	North Dakota	Self Plus One	\$2,504.28	\$1,878.21	\$626.07
Aetna HealthFund HDHP	HDHP	224	North Dakota	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	North Dakota	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	North Dakota	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
HealthPartners	Standard	V34	North Dakota	Self	\$553.28	\$414.96	\$138.32
HealthPartners	Standard	V35	North Dakota	Self & Family	\$1,347.84	\$1,010.88	\$336.96
HealthPartners	Standard	V36	North Dakota	Self Plus One	\$1,222.78	\$917.09	\$305.70
HealthPartners	High	V31	North Dakota	Self	\$778.16	\$583.62	\$194.54
HealthPartners	High	V32	North Dakota	Self & Family	\$1,895.62	\$1,421.72	\$473.91
HealthPartners	High	V33	North Dakota	Self Plus One	\$1,719.75	\$1,289.81	\$429.94
Calvo's SelectCare	Standard	B44	Northern Mariana Isl	Self	\$400.79	\$300.59	\$100.20
Calvo's SelectCare	Standard	B45	Northern Mariana Isl	Self & Family	\$1,164.63	\$873.47	\$291.16
Calvo's SelectCare	Standard	B46	Northern Mariana Isl	Self Plus One	\$790.14	\$592.61	\$197.54
Calvo's SelectCare	High	B41	Northern Mariana Isl	Self	\$545.89	\$409.42	\$136.47
Calvo's SelectCare	High	B42	Northern Mariana Isl	Self & Family	\$1,445.90	\$1,084.43	\$361.48
Calvo's SelectCare	High	B43	Northern Mariana Isl	Self Plus One	\$1,065.35	\$799.01	\$266.34
TakeCare	HDHP	KX1	Northern Mariana Isl	Self	\$155.13	\$116.35	\$38.78
TakeCare	HDHP	KX2	Northern Mariana Isl	Self & Family	\$415.91	\$311.93	\$103.98
TakeCare	HDHP	KX3	Northern Mariana Isl	Self Plus One	\$374.51	\$280.88	\$93.63
TakeCare	Standard	JK4	Northern Mariana Isl	Self	\$461.93	\$346.45	\$115.48
TakeCare	Standard	JK5	Northern Mariana Isl	Self & Family	\$1,524.58	\$1,143.44	\$381.15
TakeCare	Standard	JK6	Northern Mariana Isl	Self Plus One	\$925.56	\$694.17	\$231.39
TakeCare	High	JK1	Northern Mariana Isl	Self	\$610.31	\$457.73	\$152.58
TakeCare	High	JK2	Northern Mariana Isl	Self & Family	\$1,754.68	\$1,316.01	\$438.67
TakeCare	High	JK3	Northern Mariana Isl	Self Plus One	\$1,220.20	\$915.15	\$305.05
Aetna Advantage	Advantage	Z24	Ohio	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Ohio	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Ohio	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	Ohio	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Ohio	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Ohio	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	Value	JS4	Ohio	Self	\$1,170.76	\$878.07	\$292.69
Aetna HealthFund CDHP and Aetna Value Plan	Value	JS5	Ohio	Self & Family	\$2,672.67	\$2,004.50	\$668.17
Aetna HealthFund CDHP and Aetna Value Plan	Value	JS6	Ohio	Self Plus One	\$2,646.28	\$1,984.71	\$661.57
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	JS1	Ohio	Self	\$1,308.60	\$981.45	\$327.15
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	JS2	Ohio	Self & Family	\$2,983.02	\$2,237.27	\$745.76
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	JS3	Ohio	Self Plus One	\$2,953.47	\$2,215.10	\$738.37
Aetna HealthFund HDHP	HDHP	224	Ohio	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	Ohio	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	Ohio	Self Plus One	\$1,861.36	\$1,396.02	\$465.34

Regional Plan Rates 2024 - North Wind

NOTE: North Wind pays a higher portion of the premiums for many plans and does not follow OPM recommendations. Therefore, DO NOT reference the premiums listed on the OPM public website.

Plan	Option	Enrollment Code	Location	Enrollment Type	2024 Monthly - Total Premium	2024 Monthly - North Wind Pays	2024 Monthly - Employee Pays
AultCare Insurance Company	High	3A1	Ohio	Self	\$1,040.82	\$780.62	\$260.21
AultCare Insurance Company	High	3A2	Ohio	Self & Family	\$2,393.84	\$1,795.38	\$598.46
AultCare Insurance Company	High	3A3	Ohio	Self Plus One	\$2,185.67	\$1,639.25	\$546.42
AultCare Insurance Company	HDHP	3A4	Ohio	Self	\$519.59	\$389.69	\$129.90
AultCare Insurance Company	HDHP	3A5	Ohio	Self & Family	\$1,663.91	\$1,247.93	\$415.98
AultCare Insurance Company	HDHP	3A6	Ohio	Self Plus One	\$987.91	\$740.93	\$246.98
Medical Mutual of Ohio	Standard	644	Ohio	Self	\$1,157.46	\$868.10	\$289.37
Medical Mutual of Ohio	Standard	645	Ohio	Self & Family	\$2,777.86	\$2,083.40	\$694.47
Medical Mutual of Ohio	Standard	646	Ohio	Self Plus One	\$2,546.38	\$1,909.79	\$636.60
Medical Mutual of Ohio	Basic	UX1	Ohio	Self	\$406.62	\$304.97	\$101.66
Medical Mutual of Ohio	Basic	UX2	Ohio	Self & Family	\$975.87	\$731.90	\$243.97
Medical Mutual of Ohio	Basic	UX3	Ohio	Self Plus One	\$894.55	\$670.91	\$223.64
Medical Mutual of Ohio	Basic	YF1	Ohio	Self	\$400.14	\$300.11	\$100.04
Medical Mutual of Ohio	Basic	YF2	Ohio	Self & Family	\$960.35	\$720.26	\$240.09
Medical Mutual of Ohio	Basic	YF3	Ohio	Self Plus One	\$880.34	\$660.26	\$220.09
Aetna Advantage	Advantage	Z24	Oklahoma	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Oklahoma	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Oklahoma	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	Oklahoma	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Oklahoma	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Oklahoma	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	Value	JS4	Oklahoma	Self	\$1,170.76	\$878.07	\$292.69
Aetna HealthFund CDHP and Aetna Value Plan	Value	JS5	Oklahoma	Self & Family	\$2,672.67	\$2,004.50	\$668.17
Aetna HealthFund CDHP and Aetna Value Plan	Value	JS6	Oklahoma	Self Plus One	\$2,646.28	\$1,984.71	\$661.57
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	JS1	Oklahoma	Self	\$1,308.60	\$981.45	\$327.15
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	JS2	Oklahoma	Self & Family	\$2,983.02	\$2,237.27	\$745.76
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	JS3	Oklahoma	Self Plus One	\$2,953.47	\$2,215.10	\$738.37
Aetna HealthFund HDHP	HDHP	224	Oklahoma	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	Oklahoma	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	Oklahoma	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
Aetna Advantage	Advantage	Z24	Oregon	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Oregon	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Oregon	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	Oregon	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Oregon	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Oregon	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	H41	Oregon	Self	\$898.32	\$673.74	\$224.58
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	H42	Oregon	Self & Family	\$2,047.65	\$1,535.74	\$511.91
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	H43	Oregon	Self Plus One	\$2,027.81	\$1,520.86	\$506.95
Aetna HealthFund CDHP and Aetna Value Plan	Value	H44	Oregon	Self	\$1,113.04	\$834.78	\$278.26
Aetna HealthFund CDHP and Aetna Value Plan	Value	H45	Oregon	Self & Family	\$2,554.35	\$1,915.76	\$638.59
Aetna HealthFund CDHP and Aetna Value Plan	Value	H46	Oregon	Self Plus One	\$2,504.28	\$1,878.21	\$626.07
Aetna HealthFund HDHP	HDHP	224	Oregon	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	Oregon	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	Oregon	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
Kaiser Permanente - Northwest	Standard	574	Oregon	Self	\$751.01	\$563.26	\$187.75
Kaiser Permanente - Northwest	Standard	575	Oregon	Self & Family	\$1,725.32	\$1,293.99	\$431.33
Kaiser Permanente - Northwest	Standard	576	Oregon	Self Plus One	\$1,725.32	\$1,293.99	\$431.33
Kaiser Permanente - Northwest	High	571	Oregon	Self	\$848.90	\$636.68	\$212.23
Kaiser Permanente - Northwest	High	572	Oregon	Self & Family	\$1,917.37	\$1,438.03	\$479.34
Kaiser Permanente - Northwest	High	573	Oregon	Self Plus One	\$1,917.37	\$1,438.03	\$479.34

Regional Plan Rates 2024 - North Wind

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Plan	Option	Enrollment Code	Location	Enrollment Type	2024 Monthly - Total Premium	2024 Monthly - North Wind Pays	2024 Monthly - Employee Pays
Kaiser Permanente - Northwest	Prosper	AM1	Oregon	Self	\$439.10	\$329.33	\$109.78
Kaiser Permanente - Northwest	Prosper	AM2	Oregon	Self & Family	\$1,088.97	\$816.73	\$272.24
Kaiser Permanente - Northwest	Prosper	AM3	Oregon	Self Plus One	\$944.04	\$708.03	\$236.01
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	WF1	Oregon	Self	\$791.83	\$593.87	\$197.96
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	WF2	Oregon	Self & Family	\$1,872.67	\$1,404.50	\$468.17
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	WF3	Oregon	Self Plus One	\$1,702.42	\$1,276.82	\$425.61
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	LU1	Oregon	Self	\$782.43	\$586.82	\$195.61
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	LU2	Oregon	Self & Family	\$1,799.55	\$1,349.66	\$449.89
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	LU3	Oregon	Self Plus One	\$1,682.16	\$1,261.62	\$420.54
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	KT1	Oregon	Self	\$1,073.28	\$804.96	\$268.32
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	KT2	Oregon	Self & Family	\$2,683.22	\$2,012.42	\$670.81
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	KT3	Oregon	Self Plus One	\$2,307.57	\$1,730.68	\$576.89
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	VD1	Oregon	Self	\$778.40	\$583.80	\$194.60
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	VD2	Oregon	Self & Family	\$1,840.91	\$1,380.68	\$460.23
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	VD3	Oregon	Self Plus One	\$1,673.58	\$1,255.19	\$418.40
Calvo's SelectCare	Standard	B44	Palau	Self	\$400.79	\$300.59	\$100.20
Calvo's SelectCare	Standard	B45	Palau	Self & Family	\$1,164.63	\$873.47	\$291.16
Calvo's SelectCare	Standard	B46	Palau	Self Plus One	\$790.14	\$592.61	\$197.54
Calvo's SelectCare	High	B41	Palau	Self	\$545.89	\$409.42	\$136.47
Calvo's SelectCare	High	B42	Palau	Self & Family	\$1,445.90	\$1,084.43	\$361.48
Calvo's SelectCare	High	B43	Palau	Self Plus One	\$1,065.35	\$799.01	\$266.34
TakeCare	HDHP	KX1	Palau	Self	\$155.13	\$116.35	\$38.78
TakeCare	HDHP	KX2	Palau	Self & Family	\$415.91	\$311.93	\$103.98
TakeCare	HDHP	KX3	Palau	Self Plus One	\$374.51	\$280.88	\$93.63
TakeCare	Standard	JK4	Palau	Self	\$461.93	\$346.45	\$115.48
TakeCare	Standard	JK5	Palau	Self & Family	\$1,524.58	\$1,143.44	\$381.15
TakeCare	Standard	JK6	Palau	Self Plus One	\$925.56	\$694.17	\$231.39
TakeCare	High	JK1	Palau	Self	\$610.31	\$457.73	\$152.58
TakeCare	High	JK2	Palau	Self & Family	\$1,754.68	\$1,316.01	\$438.67
TakeCare	High	JK3	Palau	Self Plus One	\$1,220.20	\$915.15	\$305.05
Aetna Advantage	Advantage	Z24	Pennsylvania	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Pennsylvania	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Pennsylvania	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	Pennsylvania	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Pennsylvania	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Pennsylvania	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	H41	Pennsylvania	Self	\$898.32	\$673.74	\$224.58
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	H42	Pennsylvania	Self & Family	\$2,047.65	\$1,535.74	\$511.91
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	H43	Pennsylvania	Self Plus One	\$2,027.81	\$1,520.86	\$506.95
Aetna HealthFund CDHP and Aetna Value Plan	Value	H44	Pennsylvania	Self	\$1,113.04	\$834.78	\$278.26
Aetna HealthFund CDHP and Aetna Value Plan	Value	H45	Pennsylvania	Self & Family	\$2,554.35	\$1,915.76	\$638.59
Aetna HealthFund CDHP and Aetna Value Plan	Value	H46	Pennsylvania	Self Plus One	\$2,504.28	\$1,878.21	\$626.07
Aetna HealthFund HDHP	HDHP	224	Pennsylvania	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	Pennsylvania	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	Pennsylvania	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
Aetna Open Access	High	YE1	Pennsylvania	Self	\$1,285.66	\$964.25	\$321.42
Aetna Open Access	High	YE2	Pennsylvania	Self & Family	\$3,228.33	\$2,421.25	\$807.08
Aetna Open Access	High	YE3	Pennsylvania	Self Plus One	\$3,196.38	\$2,397.29	\$799.10
Aetna Open Access	Basic	P34	Pennsylvania	Self	\$1,833.22	\$1,374.92	\$458.31
Aetna Open Access	Basic	P35	Pennsylvania	Self & Family	\$4,254.90	\$3,191.18	\$1,063.73
Aetna Open Access	Basic	P36	Pennsylvania	Self Plus One	\$4,212.72	\$3,159.54	\$1,053.18

Regional Plan Rates 2024 - North Wind

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Plan	Option	Enrollment Code	Location	Enrollment Type	2024 Monthly - Total Premium	2024 Monthly - North Wind Pays	2024 Monthly - Employee Pays
Aetna Open Access	High	P31	Pennsylvania	Self	\$1,806.63	\$1,354.97	\$451.66
Aetna Open Access	High	P32	Pennsylvania	Self & Family	\$4,380.18	\$3,285.14	\$1,095.05
Aetna Open Access	High	P33	Pennsylvania	Self Plus One	\$4,336.84	\$3,252.63	\$1,084.21
Geisinger Health Plan	Standard	GG4	Pennsylvania	Self	\$932.34	\$699.26	\$233.09
Geisinger Health Plan	Standard	GG5	Pennsylvania	Self & Family	\$2,134.60	\$1,600.95	\$533.65
Geisinger Health Plan	Standard	GG6	Pennsylvania	Self Plus One	\$2,014.52	\$1,510.89	\$503.63
Geisinger Health Plan	Basic	AJ1	Pennsylvania	Self	\$843.31	\$632.48	\$210.83
Geisinger Health Plan	Basic	AJ2	Pennsylvania	Self & Family	\$1,930.76	\$1,448.07	\$482.69
Geisinger Health Plan	Basic	AJ3	Pennsylvania	Self Plus One	\$1,822.15	\$1,366.61	\$455.54
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS1	Pennsylvania	Self	\$791.51	\$593.63	\$197.88
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS2	Pennsylvania	Self & Family	\$1,871.98	\$1,403.99	\$468.00
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS3	Pennsylvania	Self Plus One	\$1,701.79	\$1,276.34	\$425.45
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	V41	Pennsylvania	Self	\$693.55	\$520.16	\$173.39
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	V42	Pennsylvania	Self & Family	\$1,587.80	\$1,190.85	\$396.95
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	V43	Pennsylvania	Self Plus One	\$1,491.19	\$1,118.39	\$372.80
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	LR1	Pennsylvania	Self	\$1,007.54	\$755.66	\$251.89
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	LR2	Pennsylvania	Self & Family	\$2,387.88	\$1,790.91	\$596.97
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	LR3	Pennsylvania	Self Plus One	\$2,166.21	\$1,624.66	\$541.55
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y81	Pennsylvania	Self	\$725.21	\$543.91	\$181.30
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y82	Pennsylvania	Self & Family	\$1,715.13	\$1,286.35	\$428.78
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y83	Pennsylvania	Self Plus One	\$1,559.22	\$1,169.42	\$389.81
UPMC Health Plan	HDHP	8W4	Pennsylvania	Self	\$699.55	\$524.66	\$174.89
UPMC Health Plan	HDHP	8W5	Pennsylvania	Self & Family	\$1,613.30	\$1,209.98	\$403.33
UPMC Health Plan	HDHP	8W6	Pennsylvania	Self Plus One	\$1,550.03	\$1,162.52	\$387.51
UPMC Health Plan	Standard	UW4	Pennsylvania	Self	\$771.85	\$578.89	\$192.96
UPMC Health Plan	Standard	UW5	Pennsylvania	Self & Family	\$1,815.58	\$1,361.69	\$453.90
UPMC Health Plan	Standard	UW6	Pennsylvania	Self Plus One	\$1,733.16	\$1,299.87	\$433.29
Triple-S Salud Inc. Puerto Rico	High	891	Puerto Rico	Self	\$444.41	\$333.31	\$111.10
Triple-S Salud Inc. Puerto Rico	High	892	Puerto Rico	Self & Family	\$1,017.71	\$763.28	\$254.43
Triple-S Salud Inc. Puerto Rico	High	893	Puerto Rico	Self Plus One	\$997.84	\$748.38	\$249.46
Aetna Advantage	Advantage	Z24	Rhode Island	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Rhode Island	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Rhode Island	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	Rhode Island	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Rhode Island	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Rhode Island	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	Value	EP4	Rhode Island	Self	\$1,106.45	\$829.84	\$276.61
Aetna HealthFund CDHP and Aetna Value Plan	Value	EP5	Rhode Island	Self & Family	\$2,533.66	\$1,900.25	\$633.42
Aetna HealthFund CDHP and Aetna Value Plan	Value	EP6	Rhode Island	Self Plus One	\$2,483.93	\$1,862.95	\$620.98
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	EP1	Rhode Island	Self	\$1,215.18	\$911.39	\$303.80
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	EP2	Rhode Island	Self & Family	\$2,771.23	\$2,078.42	\$692.81
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	EP3	Rhode Island	Self Plus One	\$2,743.80	\$2,057.85	\$685.95
Aetna HealthFund HDHP	HDHP	224	Rhode Island	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	Rhode Island	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	Rhode Island	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
Aetna Advantage	Advantage	Z24	South Carolina	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	South Carolina	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	South Carolina	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	South Carolina	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	South Carolina	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	South Carolina	Self Plus One	\$1,410.57	\$1,057.93	\$352.64

Regional Plan Rates 2024 - North Wind

NOTE: North Wind pays a higher portion of the premiums for many plans and does not follow OPM recommendations. Therefore, DO NOT reference the premiums listed on the OPM public website.

Plan	Option	Enrollment Code	Location	Enrollment Type	2024 Monthly - Total Premium	2024 Monthly - North Wind Pays	2024 Monthly - Employee Pays
Aetna HealthFund CDHP and Aetna Value Plan	Value	JS4	South Carolina	Self	\$1,170.76	\$878.07	\$292.69
Aetna HealthFund CDHP and Aetna Value Plan	Value	JS5	South Carolina	Self & Family	\$2,672.67	\$2,004.50	\$668.17
Aetna HealthFund CDHP and Aetna Value Plan	Value	JS6	South Carolina	Self Plus One	\$2,646.28	\$1,984.71	\$661.57
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	JS1	South Carolina	Self	\$1,308.60	\$981.45	\$327.15
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	JS2	South Carolina	Self & Family	\$2,983.02	\$2,237.27	\$745.76
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	JS3	South Carolina	Self Plus One	\$2,953.47	\$2,215.10	\$738.37
Aetna HealthFund HDHP	HDHP	Z24	South Carolina	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	Z25	South Carolina	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	Z26	South Carolina	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
Aetna Advantage	Advantage	Z24	South Dakota	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	South Dakota	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	South Dakota	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	South Dakota	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	South Dakota	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	South Dakota	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	Value	G54	South Dakota	Self	\$930.52	\$697.89	\$232.63
Aetna HealthFund CDHP and Aetna Value Plan	Value	G55	South Dakota	Self & Family	\$2,131.18	\$1,598.39	\$532.80
Aetna HealthFund CDHP and Aetna Value Plan	Value	G56	South Dakota	Self Plus One	\$2,089.43	\$1,567.07	\$522.36
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	G51	South Dakota	Self	\$1,321.49	\$991.12	\$330.37
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	G52	South Dakota	Self & Family	\$3,014.33	\$2,260.75	\$753.58
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	G53	South Dakota	Self Plus One	\$2,984.52	\$2,238.39	\$746.13
Aetna HealthFund HDHP	HDHP	Z24	South Dakota	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	Z25	South Dakota	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	Z26	South Dakota	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
HealthPartners	Standard	V34	South Dakota	Self	\$553.28	\$414.96	\$138.32
HealthPartners	Standard	V35	South Dakota	Self & Family	\$1,347.84	\$1,010.88	\$336.96
HealthPartners	Standard	V36	South Dakota	Self Plus One	\$1,222.78	\$917.09	\$305.70
HealthPartners	High	V31	South Dakota	Self	\$778.16	\$583.62	\$194.54
HealthPartners	High	V32	South Dakota	Self & Family	\$1,895.62	\$1,421.72	\$473.91
HealthPartners	High	V33	South Dakota	Self Plus One	\$1,719.75	\$1,289.81	\$429.94
Aetna Advantage	Advantage	Z24	Tennessee	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Tennessee	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Tennessee	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	Tennessee	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Tennessee	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Tennessee	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	F51	Tennessee	Self	\$1,059.48	\$794.61	\$264.87
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	F52	Tennessee	Self & Family	\$2,415.75	\$1,811.81	\$603.94
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	F53	Tennessee	Self Plus One	\$2,391.81	\$1,793.86	\$597.95
Aetna HealthFund CDHP and Aetna Value Plan	Value	F54	Tennessee	Self	\$1,023.97	\$767.98	\$255.99
Aetna HealthFund CDHP and Aetna Value Plan	Value	F55	Tennessee	Self & Family	\$2,344.83	\$1,758.62	\$586.21
Aetna HealthFund CDHP and Aetna Value Plan	Value	F56	Tennessee	Self Plus One	\$2,298.81	\$1,724.11	\$574.70
Aetna HealthFund HDHP	HDHP	Z24	Tennessee	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	Z25	Tennessee	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	Z26	Tennessee	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS1	Tennessee	Self	\$791.51	\$593.63	\$197.88
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS2	Tennessee	Self & Family	\$1,871.98	\$1,403.99	\$468.00
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS3	Tennessee	Self Plus One	\$1,701.79	\$1,276.34	\$425.45
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	LS1	Tennessee	Self	\$767.02	\$575.27	\$191.76
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	LS2	Tennessee	Self & Family	\$1,764.04	\$1,323.03	\$441.01
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	LS3	Tennessee	Self Plus One	\$1,648.99	\$1,236.74	\$412.25

Regional Plan Rates 2024 - North Wind

NOTE: North Wind pays a higher portion of the premiums for many plans and does not follow OPM recommendations. Therefore, DO NOT reference the premiums listed on the OPM public website.

Plan	Option	Enrollment Code	Location	Enrollment Type	2024 Monthly - Total Premium	2024 Monthly - North Wind Pays	2024 Monthly - Employee Pays
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	KK1	Tennessee	Self	\$1,047.09	\$785.32	\$261.77
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	KK2	Tennessee	Self & Family	\$2,617.70	\$1,963.28	\$654.43
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	KK3	Tennessee	Self Plus One	\$2,251.21	\$1,688.41	\$562.80
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y81	Tennessee	Self	\$725.21	\$543.91	\$181.30
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y82	Tennessee	Self & Family	\$1,715.13	\$1,286.35	\$428.78
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y83	Tennessee	Self Plus One	\$1,559.22	\$1,169.42	\$389.81
Aetna Advantage	Advantage	Z24	Texas	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Texas	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Texas	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	Texas	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Texas	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Texas	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	Value	JS4	Texas	Self	\$1,170.76	\$878.07	\$292.69
Aetna HealthFund CDHP and Aetna Value Plan	Value	JS5	Texas	Self & Family	\$2,672.67	\$2,004.50	\$668.17
Aetna HealthFund CDHP and Aetna Value Plan	Value	JS6	Texas	Self Plus One	\$2,646.28	\$1,984.71	\$661.57
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	JS1	Texas	Self	\$1,308.60	\$981.45	\$327.15
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	JS2	Texas	Self & Family	\$2,983.02	\$2,237.27	\$745.76
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	JS3	Texas	Self Plus One	\$2,953.47	\$2,215.10	\$738.37
Aetna HealthFund HDHP	HDHP	224	Texas	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	Texas	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	Texas	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
Baylor Scott & White Health Plan	Basic	A81	Texas	Self	\$510.01	\$382.51	\$127.50
Baylor Scott & White Health Plan	Basic	A82	Texas	Self & Family	\$1,198.54	\$898.91	\$299.64
Baylor Scott & White Health Plan	Basic	A83	Texas	Self Plus One	\$1,132.21	\$849.16	\$283.05
Baylor Scott & White Health Plan	Standard	A84	Texas	Self	\$876.09	\$657.07	\$219.02
Baylor Scott & White Health Plan	Standard	A85	Texas	Self & Family	\$2,058.81	\$1,544.11	\$514.70
Baylor Scott & White Health Plan	Standard	A86	Texas	Self Plus One	\$1,944.93	\$1,458.70	\$486.23
Baylor Scott & White Health Plan	Basic	P81	Texas	Self	\$525.76	\$394.32	\$131.44
Baylor Scott & White Health Plan	Basic	P82	Texas	Self & Family	\$1,235.54	\$926.66	\$308.89
Baylor Scott & White Health Plan	Basic	P83	Texas	Self Plus One	\$1,167.21	\$875.41	\$291.80
Baylor Scott & White Health Plan	Standard	P84	Texas	Self	\$950.47	\$712.85	\$237.62
Baylor Scott & White Health Plan	Standard	P85	Texas	Self & Family	\$2,233.62	\$1,675.22	\$558.41
Baylor Scott & White Health Plan	Standard	P86	Texas	Self Plus One	\$2,110.05	\$1,582.54	\$527.51
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS1	Texas	Self	\$791.51	\$593.63	\$197.88
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS2	Texas	Self & Family	\$1,871.98	\$1,403.99	\$468.00
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS3	Texas	Self Plus One	\$1,701.79	\$1,276.34	\$425.45
UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced	Value	L91	Texas	Self	\$769.25	\$576.94	\$192.31
UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced	Value	L92	Texas	Self & Family	\$1,846.24	\$1,384.68	\$461.56
UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced	Value	L93	Texas	Self Plus One	\$1,634.69	\$1,226.02	\$408.67
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y81	Texas	Self	\$725.21	\$543.91	\$181.30
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y82	Texas	Self & Family	\$1,715.13	\$1,286.35	\$428.78
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y83	Texas	Self Plus One	\$1,559.22	\$1,169.42	\$389.81
Aetna Advantage	Advantage	Z24	Utah	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Utah	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Utah	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	Utah	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Utah	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Utah	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	Value	G54	Utah	Self	\$930.52	\$697.89	\$232.63
Aetna HealthFund CDHP and Aetna Value Plan	Value	G55	Utah	Self & Family	\$2,131.18	\$1,598.39	\$532.80
Aetna HealthFund CDHP and Aetna Value Plan	Value	G56	Utah	Self Plus One	\$2,089.43	\$1,567.07	\$522.36

Regional Plan Rates 2024 - North Wind

NOTE: North Wind pays a higher portion of the premiums for many plans and does not follow OPM recommendations. Therefore, DO NOT reference the premiums listed on the OPM public website.

Plan	Option	Enrollment Code	Location	Enrollment Type	2024 Monthly - Total Premium	2024 Monthly - North Wind Pays	2024 Monthly - Employee Pays
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	G51	Utah	Self	\$1,321.49	\$991.12	\$330.37
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	G52	Utah	Self & Family	\$3,014.33	\$2,260.75	\$753.58
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	G53	Utah	Self Plus One	\$2,984.52	\$2,238.39	\$746.13
Aetna HealthFund HDHP	HDHP	224	Utah	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	Utah	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	Utah	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
Altius Health Plan	High	9K1	Utah	Self	\$1,357.79	\$1,018.34	\$339.45
Altius Health Plan	High	9K2	Utah	Self & Family	\$3,002.81	\$2,252.11	\$750.70
Altius Health Plan	High	9K3	Utah	Self Plus One	\$2,973.12	\$2,229.84	\$743.28
Altius Health Plan	HDHP	9K4	Utah	Self	\$884.59	\$663.44	\$221.15
Altius Health Plan	HDHP	9K5	Utah	Self & Family	\$1,848.77	\$1,386.58	\$462.19
Altius Health Plan	HDHP	9K6	Utah	Self Plus One	\$1,812.44	\$1,359.33	\$453.11
Altius Health Plan	Standard	DK4	Utah	Self	\$1,110.74	\$833.06	\$277.69
Altius Health Plan	Standard	DK5	Utah	Self & Family	\$2,452.91	\$1,839.68	\$613.23
Altius Health Plan	Standard	DK6	Utah	Self Plus One	\$2,428.62	\$1,821.47	\$607.16
SelectHealth Plan	Standard	SF4	Utah	Self	\$827.88	\$620.91	\$206.97
SelectHealth Plan	Standard	SF5	Utah	Self & Family	\$2,069.71	\$1,552.28	\$517.43
SelectHealth Plan	Standard	SF6	Utah	Self Plus One	\$1,821.32	\$1,365.99	\$455.33
SelectHealth Plan	HDHP	WX1	Utah	Self	\$766.52	\$574.89	\$191.63
SelectHealth Plan	HDHP	WX2	Utah	Self & Family	\$1,916.31	\$1,437.23	\$479.08
SelectHealth Plan	HDHP	WX3	Utah	Self Plus One	\$1,686.32	\$1,264.74	\$421.58
Aetna Advantage	Advantage	Z24	Vermont	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Vermont	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Vermont	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	Vermont	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Vermont	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Vermont	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	Value	EP4	Vermont	Self	\$1,106.45	\$829.84	\$276.61
Aetna HealthFund CDHP and Aetna Value Plan	Value	EP5	Vermont	Self & Family	\$2,533.66	\$1,900.25	\$633.42
Aetna HealthFund CDHP and Aetna Value Plan	Value	EP6	Vermont	Self Plus One	\$2,483.93	\$1,862.95	\$620.98
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	EP1	Vermont	Self	\$1,215.18	\$911.39	\$303.80
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	EP2	Vermont	Self & Family	\$2,771.23	\$2,078.42	\$692.81
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	EP3	Vermont	Self Plus One	\$2,743.80	\$2,057.85	\$685.95
Aetna HealthFund HDHP	HDHP	224	Vermont	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	Vermont	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	Vermont	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
Triple-S Salud Inc. U.S. Virgin Islands	High	851	Virgin Islands	Self	\$652.15	\$489.11	\$163.04
Triple-S Salud Inc. U.S. Virgin Islands	High	852	Virgin Islands	Self & Family	\$1,493.42	\$1,120.07	\$373.36
Triple-S Salud Inc. U.S. Virgin Islands	High	853	Virgin Islands	Self Plus One	\$1,464.26	\$1,098.20	\$366.07
Aetna Advantage	Advantage	Z24	Virginia	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Virginia	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Virginia	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	Virginia	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Virginia	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Virginia	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	F51	Virginia	Self	\$1,059.48	\$794.61	\$264.87
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	F52	Virginia	Self & Family	\$2,415.75	\$1,811.81	\$603.94
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	F53	Virginia	Self Plus One	\$2,391.81	\$1,793.86	\$597.95
Aetna HealthFund CDHP and Aetna Value Plan	Value	F54	Virginia	Self	\$1,023.97	\$767.98	\$255.99
Aetna HealthFund CDHP and Aetna Value Plan	Value	F55	Virginia	Self & Family	\$2,344.83	\$1,758.62	\$586.21
Aetna HealthFund CDHP and Aetna Value Plan	Value	F56	Virginia	Self Plus One	\$2,298.81	\$1,724.11	\$574.70

Regional Plan Rates 2024 - North Wind

NOTE: North Wind pays a higher portion of the premiums for many plans and does not follow OPM recommendations. Therefore, DO NOT reference the premiums listed on the OPM public website.

Plan	Option	Enrollment Code	Location	Enrollment Type	2024 Monthly - Total Premium	2024 Monthly - North Wind Pays	2024 Monthly - Employee Pays
Aetna HealthFund HDHP	HDHP	224	Virginia	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	Virginia	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	Virginia	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
Aetna Open Access	High	JN1	Virginia	Self	\$1,364.07	\$1,023.05	\$341.02
Aetna Open Access	High	JN2	Virginia	Self & Family	\$3,066.66	\$2,300.00	\$766.67
Aetna Open Access	High	JN3	Virginia	Self Plus One	\$3,036.26	\$2,277.20	\$759.07
Aetna Open Access	Basic	JN4	Virginia	Self	\$804.83	\$603.62	\$201.21
Aetna Open Access	Basic	JN5	Virginia	Self & Family	\$1,841.80	\$1,381.35	\$460.45
Aetna Open Access	Basic	JN6	Virginia	Self Plus One	\$1,691.28	\$1,268.46	\$422.82
Aetna Saver (Open Access)	Saver	QQ4	Virginia	Self	\$622.29	\$466.72	\$155.57
Aetna Saver (Open Access)	Saver	QQ5	Virginia	Self & Family	\$1,424.11	\$1,068.08	\$356.03
Aetna Saver (Open Access)	Saver	QQ6	Virginia	Self Plus One	\$1,307.76	\$980.82	\$326.94
CareFirst BlueChoice	Standard	2G4	Virginia	Self	\$1,115.38	\$836.54	\$278.85
CareFirst BlueChoice	Standard	2G5	Virginia	Self & Family	\$2,650.12	\$1,987.59	\$662.53
CareFirst BlueChoice	Standard	2G6	Virginia	Self Plus One	\$2,230.76	\$1,673.07	\$557.69
CareFirst BlueChoice	HDHP	B61	Virginia	Self	\$726.53	\$544.90	\$181.63
CareFirst BlueChoice	HDHP	B62	Virginia	Self & Family	\$1,726.16	\$1,294.62	\$431.54
CareFirst BlueChoice	HDHP	B63	Virginia	Self Plus One	\$1,453.01	\$1,089.76	\$363.25
CareFirst BlueChoice	Blue Value Plus	B64	Virginia	Self	\$775.04	\$581.28	\$193.76
CareFirst BlueChoice	Blue Value Plus	B65	Virginia	Self & Family	\$1,841.45	\$1,381.09	\$460.36
CareFirst BlueChoice	Blue Value Plus	B66	Virginia	Self Plus One	\$1,550.08	\$1,162.56	\$387.52
Kaiser Permanente - Mid-Atlantic States	Prosper	T71	Virginia	Self	\$425.01	\$318.76	\$106.25
Kaiser Permanente - Mid-Atlantic States	Prosper	T72	Virginia	Self & Family	\$1,195.81	\$896.86	\$298.95
Kaiser Permanente - Mid-Atlantic States	Prosper	T73	Virginia	Self Plus One	\$1,015.45	\$761.59	\$253.86
Kaiser Permanente - Mid-Atlantic States	Standard	E34	Virginia	Self	\$707.53	\$530.65	\$176.88
Kaiser Permanente - Mid-Atlantic States	Standard	E35	Virginia	Self & Family	\$1,627.30	\$1,220.48	\$406.83
Kaiser Permanente - Mid-Atlantic States	Standard	E36	Virginia	Self Plus One	\$1,627.30	\$1,220.48	\$406.83
Kaiser Permanente - Mid-Atlantic States	High	E31	Virginia	Self	\$889.87	\$667.40	\$222.47
Kaiser Permanente - Mid-Atlantic States	High	E32	Virginia	Self & Family	\$2,046.70	\$1,535.03	\$511.68
Kaiser Permanente - Mid-Atlantic States	High	E33	Virginia	Self Plus One	\$2,046.70	\$1,535.03	\$511.68
M.D. IPA	High	JP1	Virginia	Self	\$1,153.30	\$864.98	\$288.33
M.D. IPA	High	JP2	Virginia	Self & Family	\$3,233.86	\$2,425.40	\$808.47
M.D. IPA	High	JP3	Virginia	Self Plus One	\$2,252.42	\$1,689.32	\$563.11
Sentara Health Plans	HDHP	PG4	Virginia	Self	\$652.12	\$489.09	\$163.03
Sentara Health Plans	HDHP	PG5	Virginia	Self & Family	\$1,438.43	\$1,078.82	\$359.61
Sentara Health Plans	HDHP	PG6	Virginia	Self Plus One	\$1,410.26	\$1,057.70	\$352.57
Sentara Health Plans	High	PG1	Virginia	Self	\$854.23	\$640.67	\$213.56
Sentara Health Plans	High	PG2	Virginia	Self & Family	\$2,064.10	\$1,548.08	\$516.03
Sentara Health Plans	High	PG3	Virginia	Self Plus One	\$2,063.95	\$1,547.96	\$515.99
Sentara Health Plans	High	F21	Virginia	Self	\$709.41	\$532.06	\$177.35
Sentara Health Plans	High	F22	Virginia	Self & Family	\$1,623.53	\$1,217.65	\$405.88
Sentara Health Plans	High	F23	Virginia	Self Plus One	\$1,623.40	\$1,217.55	\$405.85
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS1	Virginia	Self	\$791.51	\$593.63	\$197.88
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS2	Virginia	Self & Family	\$1,871.98	\$1,403.99	\$468.00
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	AS3	Virginia	Self Plus One	\$1,701.79	\$1,276.34	\$425.45
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	V41	Virginia	Self	\$693.55	\$520.16	\$173.39
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	V42	Virginia	Self & Family	\$1,587.80	\$1,190.85	\$396.95
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	V43	Virginia	Self Plus One	\$1,491.19	\$1,118.39	\$372.80
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	LR1	Virginia	Self	\$1,007.54	\$755.66	\$251.89
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	LR2	Virginia	Self & Family	\$2,387.88	\$1,790.91	\$596.97
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	LR3	Virginia	Self Plus One	\$2,166.21	\$1,624.66	\$541.55

Regional Plan Rates 2024 - North Wind

NOTE: North Wind pays a higher portion of the premiums for many plans and does not follow OPM recommendations. Therefore, DO NOT reference the premiums listed on the OPM public website.

Plan	Option	Enrollment Code	Location	Enrollment Type	2024 Monthly - Total Premium	2024 Monthly - North Wind Pays	2024 Monthly - Employee Pays
UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced	Value	L91	Virginia	Self	\$769.25	\$576.94	\$192.31
UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced	Value	L92	Virginia	Self & Family	\$1,846.24	\$1,384.68	\$461.56
UnitedHealthcare Insurance Company, Inc. Choice Plus Advanced	Value	L93	Virginia	Self Plus One	\$1,634.69	\$1,226.02	\$408.67
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y81	Virginia	Self	\$725.21	\$543.91	\$181.30
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y82	Virginia	Self & Family	\$1,715.13	\$1,286.35	\$428.78
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	Y83	Virginia	Self Plus One	\$1,559.22	\$1,169.42	\$389.81
Aetna Advantage	Advantage	Z24	Washington	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Washington	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Washington	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	Washington	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Washington	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Washington	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	Value	G54	Washington	Self	\$930.52	\$697.89	\$232.63
Aetna HealthFund CDHP and Aetna Value Plan	Value	G55	Washington	Self & Family	\$2,131.18	\$1,598.39	\$532.80
Aetna HealthFund CDHP and Aetna Value Plan	Value	G56	Washington	Self Plus One	\$2,089.43	\$1,567.07	\$522.36
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	G51	Washington	Self	\$1,321.49	\$991.12	\$330.37
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	G52	Washington	Self & Family	\$3,014.33	\$2,260.75	\$753.58
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	G53	Washington	Self Plus One	\$2,984.52	\$2,238.39	\$746.13
Aetna HealthFund HDHP	HDHP	224	Washington	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	Washington	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	Washington	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
Kaiser Permanente - Northwest	Standard	574	Washington	Self	\$751.01	\$563.26	\$187.75
Kaiser Permanente - Northwest	Standard	575	Washington	Self & Family	\$1,725.32	\$1,293.99	\$431.33
Kaiser Permanente - Northwest	Standard	576	Washington	Self Plus One	\$1,725.32	\$1,293.99	\$431.33
Kaiser Permanente - Northwest	High	571	Washington	Self	\$848.90	\$636.68	\$212.23
Kaiser Permanente - Northwest	High	572	Washington	Self & Family	\$1,917.37	\$1,438.03	\$479.34
Kaiser Permanente - Northwest	High	573	Washington	Self Plus One	\$1,917.37	\$1,438.03	\$479.34
Kaiser Permanente - Northwest	Prosper	AM1	Washington	Self	\$439.10	\$329.33	\$109.78
Kaiser Permanente - Northwest	Prosper	AM2	Washington	Self & Family	\$1,088.97	\$816.73	\$272.24
Kaiser Permanente - Northwest	Prosper	AM3	Washington	Self Plus One	\$944.04	\$708.03	\$236.01
Kaiser Permanente - Washington Core	Standard	544	Washington	Self	\$711.53	\$533.65	\$177.88
Kaiser Permanente - Washington Core	Standard	545	Washington	Self & Family	\$1,636.55	\$1,227.41	\$409.14
Kaiser Permanente - Washington Core	Standard	546	Washington	Self Plus One	\$1,636.55	\$1,227.41	\$409.14
Kaiser Permanente - Washington Core	High	541	Washington	Self	\$958.32	\$718.74	\$239.58
Kaiser Permanente - Washington Core	High	542	Washington	Self & Family	\$2,108.32	\$1,581.24	\$527.08
Kaiser Permanente - Washington Core	High	543	Washington	Self Plus One	\$2,108.32	\$1,581.24	\$527.08
Kaiser Permanente - Washington Core	Prosper	PT4	Washington	Self	\$397.82	\$298.37	\$99.46
Kaiser Permanente - Washington Core	Prosper	PT5	Washington	Self & Family	\$1,113.88	\$835.41	\$278.47
Kaiser Permanente - Washington Core	Prosper	PT6	Washington	Self Plus One	\$963.60	\$722.70	\$240.90
Kaiser Permanente Washington Options Federal	Standard	L11	Washington	Self	\$689.30	\$516.98	\$172.33
Kaiser Permanente Washington Options Federal	Standard	L12	Washington	Self & Family	\$1,530.25	\$1,147.69	\$382.56
Kaiser Permanente Washington Options Federal	Standard	L13	Washington	Self Plus One	\$1,530.25	\$1,147.69	\$382.56
Kaiser Permanente Washington Options Federal	HDHP	L14	Washington	Self	\$728.48	\$546.36	\$182.12
Kaiser Permanente Washington Options Federal	HDHP	L15	Washington	Self & Family	\$1,617.18	\$1,212.89	\$404.30
Kaiser Permanente Washington Options Federal	HDHP	L16	Washington	Self Plus One	\$1,617.18	\$1,212.89	\$404.30
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	WF1	Washington	Self	\$791.83	\$593.87	\$197.96
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	WF2	Washington	Self & Family	\$1,872.67	\$1,404.50	\$468.17
UnitedHealthcare Insurance Company, Inc. - Choice Plus Primary	High	WF3	Washington	Self Plus One	\$1,702.42	\$1,276.82	\$425.61
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	LU1	Washington	Self	\$782.43	\$586.82	\$195.61
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	LU2	Washington	Self & Family	\$1,799.55	\$1,349.66	\$449.89
UnitedHealthcare Insurance Company, Inc. Choice HDHP	HDHP	LU3	Washington	Self Plus One	\$1,682.16	\$1,261.62	\$420.54

Regional Plan Rates 2024 - North Wind

NOTE: North Wind pays a higher portion of the premiums for many plans and does not follow OPM recommendations. Therefore, DO NOT reference the premiums listed on the OPM public website.

Plan	Option	Enrollment Code	Location	Enrollment Type	2024 Monthly - Total Premium	2024 Monthly - North Wind Pays	2024 Monthly - Employee Pays
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	KT1	Washington	Self	\$1,073.28	\$804.96	\$268.32
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	KT2	Washington	Self & Family	\$2,683.22	\$2,012.42	\$670.81
UnitedHealthcare Insurance Company, Inc. Choice Open Access HMO	High	KT3	Washington	Self Plus One	\$2,307.57	\$1,730.68	\$576.89
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	VD1	Washington	Self	\$778.40	\$583.80	\$194.60
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	VD2	Washington	Self & Family	\$1,840.91	\$1,380.68	\$460.23
UnitedHealthcare Insurance Company, Inc. Choice Primary	High	VD3	Washington	Self Plus One	\$1,673.58	\$1,255.19	\$418.40
Aetna Advantage	Advantage	Z24	West Virginia	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	West Virginia	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	West Virginia	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	West Virginia	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	West Virginia	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	West Virginia	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	F51	West Virginia	Self	\$1,059.48	\$794.61	\$264.87
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	F52	West Virginia	Self & Family	\$2,415.75	\$1,811.81	\$603.94
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	F53	West Virginia	Self Plus One	\$2,391.81	\$1,793.86	\$597.95
Aetna HealthFund CDHP and Aetna Value Plan	Value	F54	West Virginia	Self	\$1,023.97	\$767.98	\$255.99
Aetna HealthFund CDHP and Aetna Value Plan	Value	F55	West Virginia	Self & Family	\$2,344.83	\$1,758.62	\$586.21
Aetna HealthFund CDHP and Aetna Value Plan	Value	F56	West Virginia	Self Plus One	\$2,298.81	\$1,724.11	\$574.70
Aetna HealthFund HDHP	HDHP	224	West Virginia	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	West Virginia	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	West Virginia	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
Aetna Advantage	Advantage	Z24	Wisconsin	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Wisconsin	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Wisconsin	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	Wisconsin	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Wisconsin	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Wisconsin	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	Value	JS4	Wisconsin	Self	\$1,170.76	\$878.07	\$292.69
Aetna HealthFund CDHP and Aetna Value Plan	Value	JS5	Wisconsin	Self & Family	\$2,672.67	\$2,004.50	\$668.17
Aetna HealthFund CDHP and Aetna Value Plan	Value	JS6	Wisconsin	Self Plus One	\$2,646.28	\$1,984.71	\$661.57
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	JS1	Wisconsin	Self	\$1,308.60	\$981.45	\$327.15
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	JS2	Wisconsin	Self & Family	\$2,983.02	\$2,237.27	\$745.76
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	JS3	Wisconsin	Self Plus One	\$2,953.47	\$2,215.10	\$738.37
Aetna HealthFund HDHP	HDHP	224	Wisconsin	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	Wisconsin	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	Wisconsin	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
Dean Health Plan, Inc.	High	WD1	Wisconsin	Self	\$1,674.83	\$1,256.12	\$418.71
Dean Health Plan, Inc.	High	WD2	Wisconsin	Self & Family	\$3,852.12	\$2,889.09	\$963.03
Dean Health Plan, Inc.	High	WD3	Wisconsin	Self Plus One	\$3,517.15	\$2,637.86	\$879.29
Dean Health Plan, Inc.	Standard	WD4	Wisconsin	Self	\$812.07	\$609.05	\$203.02
Dean Health Plan, Inc.	Standard	WD5	Wisconsin	Self & Family	\$1,948.96	\$1,461.72	\$487.24
Dean Health Plan, Inc.	Standard	WD6	Wisconsin	Self Plus One	\$1,786.53	\$1,339.90	\$446.63
Dean Health Plan, Inc.	Basic	AG1	Wisconsin	Self	\$484.64	\$363.48	\$121.16
Dean Health Plan, Inc.	Basic	AG2	Wisconsin	Self & Family	\$1,090.46	\$817.85	\$272.62
Dean Health Plan, Inc.	Basic	AG3	Wisconsin	Self Plus One	\$1,017.77	\$763.33	\$254.44
Group Health Cooperative of South Central Wisconsin	High	WJ1	Wisconsin	Self	\$1,174.31	\$880.73	\$293.58
Group Health Cooperative of South Central Wisconsin	High	WJ2	Wisconsin	Self & Family	\$3,053.94	\$2,290.46	\$763.49
Group Health Cooperative of South Central Wisconsin	High	WJ3	Wisconsin	Self Plus One	\$2,583.47	\$1,937.60	\$645.87
Group Health Cooperative of South Central Wisconsin	Standard	WJ4	Wisconsin	Self	\$742.30	\$556.73	\$185.58
Group Health Cooperative of South Central Wisconsin	Standard	WJ5	Wisconsin	Self & Family	\$1,930.76	\$1,448.07	\$482.69
Group Health Cooperative of South Central Wisconsin	Standard	WJ6	Wisconsin	Self Plus One	\$1,633.02	\$1,224.77	\$408.26

Regional Plan Rates 2024 - North Wind

NOTE: North Wind pays a higher portion of the premiums for many plans and does not follow OPM recommendations. Therefore, DO NOT reference the premiums listed on the OPM public website.

Plan	Option	Enrollment Code	Location	Enrollment Type	2024 Monthly - Total Premium	2024 Monthly - North Wind Pays	2024 Monthly - Employee Pays
HealthPartners	Standard	V34	Wisconsin	Self	\$553.28	\$414.96	\$138.32
HealthPartners	Standard	V35	Wisconsin	Self & Family	\$1,347.84	\$1,010.88	\$336.96
HealthPartners	Standard	V36	Wisconsin	Self Plus One	\$1,222.78	\$917.09	\$305.70
HealthPartners	High	V31	Wisconsin	Self	\$778.16	\$583.62	\$194.54
HealthPartners	High	V32	Wisconsin	Self & Family	\$1,895.62	\$1,421.72	\$473.91
HealthPartners	High	V33	Wisconsin	Self Plus One	\$1,719.75	\$1,289.81	\$429.94
Aetna Advantage	Advantage	Z24	Wyoming	Self	\$500.02	\$375.02	\$125.01
Aetna Advantage	Advantage	Z25	Wyoming	Self & Family	\$1,325.00	\$993.75	\$331.25
Aetna Advantage	Advantage	Z26	Wyoming	Self Plus One	\$1,100.02	\$825.02	\$275.01
Aetna Direct	CDHP	N61	Wyoming	Self	\$643.20	\$482.40	\$160.80
Aetna Direct	CDHP	N62	Wyoming	Self & Family	\$1,622.05	\$1,216.54	\$405.51
Aetna Direct	CDHP	N63	Wyoming	Self Plus One	\$1,410.57	\$1,057.93	\$352.64
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	H41	Wyoming	Self	\$898.32	\$673.74	\$224.58
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	H42	Wyoming	Self & Family	\$2,047.65	\$1,535.74	\$511.91
Aetna HealthFund CDHP and Aetna Value Plan	CDHP	H43	Wyoming	Self Plus One	\$2,027.81	\$1,520.86	\$506.95
Aetna HealthFund CDHP and Aetna Value Plan	Value	H44	Wyoming	Self	\$1,113.04	\$834.78	\$278.26
Aetna HealthFund CDHP and Aetna Value Plan	Value	H45	Wyoming	Self & Family	\$2,554.35	\$1,915.76	\$638.59
Aetna HealthFund CDHP and Aetna Value Plan	Value	H46	Wyoming	Self Plus One	\$2,504.28	\$1,878.21	\$626.07
Aetna HealthFund HDHP	HDHP	224	Wyoming	Self	\$860.71	\$645.53	\$215.18
Aetna HealthFund HDHP	HDHP	225	Wyoming	Self & Family	\$1,898.52	\$1,423.89	\$474.63
Aetna HealthFund HDHP	HDHP	226	Wyoming	Self Plus One	\$1,861.36	\$1,396.02	\$465.34
Altius Health Plan	High	9K1	Wyoming	Self	\$1,357.79	\$1,018.34	\$339.45
Altius Health Plan	High	9K2	Wyoming	Self & Family	\$3,002.81	\$2,252.11	\$750.70
Altius Health Plan	High	9K3	Wyoming	Self Plus One	\$2,973.12	\$2,229.84	\$743.28
Altius Health Plan	HDHP	9K4	Wyoming	Self	\$884.59	\$663.44	\$221.15
Altius Health Plan	HDHP	9K5	Wyoming	Self & Family	\$1,848.77	\$1,386.58	\$462.19
Altius Health Plan	HDHP	9K6	Wyoming	Self Plus One	\$1,812.44	\$1,359.33	\$453.11
Altius Health Plan	Standard	DK4	Wyoming	Self	\$1,110.74	\$833.06	\$277.69
Altius Health Plan	Standard	DK5	Wyoming	Self & Family	\$2,452.91	\$1,839.68	\$613.23
Altius Health Plan	Standard	DK6	Wyoming	Self Plus One	\$2,428.62	\$1,821.47	\$607.16