



12 Month Employees (excluding AFSCME 10-Month) Health Benefit Plan Premium Rates

DC Employees Health Benefits (for employees hired on or after 10/01/1987)

The premium rates listed below are for the 2015 Calendar Year. This includes ET-15 teachers who work ten months of the year but are paid over 12 months.

Cost of Benefits for Domestic Partners and Domestic Partners + Children

Please note that if you are enrolling a domestic partner or a domestic partner and children, you will pay the Domestic Partner Family rate **AFTER-TAX**.

AETNA HEALTHCARE CONSUMER DRIVEN HEALTH PLAN (CDHP)

TYPE	ENROLLMENT CODE	2015 PREMIUM BI-WEEKLY	2015 PREMIUM MONTHLY
Self-Only	HM1	\$ 43.30	\$ 86.60
Self + 1	HM2	\$ 85.12	\$ 170.24
Family	HM3	\$ 125.13	\$ 250.26

AETNA HMO

TYPE	ENROLLMENT CODE	2015 PREMIUM BI-WEEKLY	2015 PREMIUM MONTHLY
Self-Only	AH1	\$ 70.56	\$ 141.12
Self + 1	AH2	\$ 138.70	\$ 277.40
Family	AH3	\$ 203.90	\$ 407.80

AETNA PPO

TYPE	ENROLLMENT CODE	2015 PREMIUM BI-WEEKLY	2015 PREMIUM MONTHLY
Self-Only	AP1	\$ 75.86	\$ 151.72
Self + 1	AP2	\$ 149.13	\$ 298.26
Family	AP3	\$ 219.23	\$ 438.46

KAISER PERMANENTE HMO

TYPE	ENROLLMENT CODE	2015 PREMIUM BI-WEEKLY	2015 PREMIUM MONTHLY
Self-Only	KP1	\$ 58.29	\$ 116.58
Self + 1	KP2	\$ 111.33	\$ 222.66
Family	KP3	\$ 170.79	\$ 341.58

UNITED HEALTHCARE CHOICE NATIONWIDE

TYPE	ENROLLMENT CODE	2015 PREMIUM BI-WEEKLY	2015 PREMIUM MONTHLY
Self-Only	MD1	\$ 65.34	\$ 130.68
Self + 1	MD2	\$ 124.81	\$ 249.62
Family	MD3	\$ 191.46	\$ 382.92

