



2015 AFSCME District Employees Health Benefit Plan Premium Rates

2015 District of Columbia Employees Health Benefits (DCEHB)

The premium rates listed below are for employees who were hired on or after October 1, 1987.

AETNA HEALTHCARE CONSUMER DRIVEN HEALTH PLAN (CDHP)

TYPE	ENROLLMENT CODE	2015 PREMIUM BI-WEEKLY	2015 PREMIUM MONTHLY
Self-Only	HM1	\$ 51.17	\$ 112.58
Self + 1	HM2	\$ 100.60	\$ 221.31
Family	HM3	\$ 147.88	\$ 325.34

AETNA HMO

TYPE	ENROLLMENT CODE	2015 PREMIUM BI-WEEKLY	2015 PREMIUM MONTHLY
Self-Only	AH1	\$ 83.39	\$ 183.46
Self + 1	AH2	\$ 163.92	\$ 360.62
Family	AH3	\$ 240.97	\$ 530.14

AETNA PPO

TYPE	ENROLLMENT CODE	2015 PREMIUM BI-WEEKLY	2015 PREMIUM MONTHLY
Self-Only	AP1	\$ 89.65	\$ 197.24
Self + 1	AP2	\$ 176.24	\$ 387.74
Family	AP3	\$ 259.09	\$ 570.00

KAISER PERMANENTE HMO

TYPE	ENROLLMENT CODE	2015 PREMIUM BI-WEEKLY	2015 PREMIUM MONTHLY
Self-Only	KP1	\$ 68.89	\$ 151.55
Self + 1	KP2	\$ 131.57	\$ 289.46
Family	KP3	\$ 201.84	\$ 444.05

UNITED HEALTHCARE CHOICE NATIONWIDE

TYPE	ENROLLMENT CODE	2015 PREMIUM BI-WEEKLY	2015 PREMIUM MONTHLY
Self-Only	MD1	\$ 77.22	\$ 169.88
Self + 1	MD2	\$ 147.50	\$ 324.51
Family	MD3	\$ 226.27	\$ 497.80