



2020 District of Columbia Healthcare Open Enrollment Plan Provider Information & Calculation Sheet

Aetna HMO Plan (6.6% increase)

Type	Enrollment Code	2020 Premium Monthly Total	Your Contribution Percentage (%)	Your Monthly Premium Cost
Self-Only	DCHM1	\$876.20	___%	\$ _____
Self + 1	DCHM2	\$1,722.33	___%	\$ _____
Family	DCHM3	\$2,531.99	___%	\$ _____

Aetna PPO Plan (6.6% increase)

Type	Enrollment Code	2020 Premium Monthly Total	Your Contribution Percentage (%)	Your Monthly Premium Cost
Self-Only	DCAP1	\$887.60	___%	\$ _____
Self + 1	DCAP2	\$1,744.77	___%	\$ _____
Family	DCAP3	\$2,564.99	___%	\$ _____

Aetna CDHP Plan (-20.8% decrease)

Type	Enrollment Code	2020 Premium Monthly Total	Your Contribution Percentage (%)	Your Monthly Premium Cost
Self-Only	DCAC1	\$305.15	___%	\$ _____
Self + 1	DCAC2	\$599.82	___%	\$ _____
Family	DCAC3	\$881.81	___%	\$ _____

Kaiser Permanente HMO (3.4% increase)

Type	Enrollment Code	2020 Premium Monthly Total	Your Contribution Percentage (%)	Your Monthly Premium Cost
Self-Only	DCKP1	\$650.95	___%	\$ _____
Self + 1	DCKP2	\$1,243.32	___%	\$ _____
Family	DCKP3	\$1,907.23	___%	\$ _____

United Healthcare Choice (3.5% increase)

Type	Enrollment Code	2020 Premium Monthly Total	Your Contribution Percentage (%)	Your Monthly Premium Cost
Self-Only	DCMD1	\$797.51	___%	\$ _____
Self + 1	DCMD2	\$1,523.23	___%	\$ _____
Family	DCMD3	\$2,336.66	___%	\$ _____

12/27/2019

CareFirst HMO (NEW FOR 2020)

Type	Enrollment Code	2020 Premium Monthly Total	Your Contribution Percentage (%)	Your Monthly Premium Cost
Self-Only	DCFH1	\$750.56	___%	\$_____
Self + 1	DCFH2	\$1,478.60	___%	\$_____
Family	DCFH3	\$2,169.09	___%	\$_____

CareFirst PPO (NEW FOR 2020)

Type	Enrollment Code	2020 Premium Monthly Total	Your Contribution Percentage (%)	Your Monthly Premium Cost
Self-Only	DCFP1	\$847.60	___%	\$_____
Self + 1	DCFP2	\$1,618.89	___%	\$_____
Family	DCFP3	\$2,483.41	___%	\$_____

12/27/2019