

12-Month Employee Health Benefit Plan Premium Rates

DC Employees Health Benefits (for employees hired on or after October 1, 1987)

The premium rates listed below are for the 2021 calendar year. This includes ET-15 teachers who work ten months of the year but are paid over 12 months. In the event the plan rates listed here do not match the provider's listed rates, always default to the rates listed with the provider.

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) [Aetna CDHP Health Plan Summary](#)

TYPE	ENROLLMENT CODE	2021 BI-WEEKLY PREMIUM	2021 MONTHLY PREMIUM
Self-Only	HM1	\$ 35.21	\$ 76.29
Self + 1	HM2	\$ 69.21	\$ 149.96
Family	HM3	\$ 101.75	\$ 220.45

AETNA HMO [Aetna HMO Open Health Plan Summary](#)

TYPE	ENROLLMENT CODE	2021 BI-WEEKLY PREMIUM	2021 MONTHLY PREMIUM
Self-Only	AH1	\$ 96.04	\$ 208.10
Self + 1	AH2	\$ 188.79	\$ 409.05
Family	AH3	\$ 277.54	\$ 601.34

AETNA PPO [Aetna PPO Health Plan Summary](#)

TYPE	ENROLLMENT CODE	2021 BI-WEEKLY PREMIUM	2021 MONTHLY PREMIUM
Self-Only	AP1	\$ 92.17	\$ 199.71
Self + 1	AP2	\$ 181.19	\$ 392.58
Family	AP3	\$ 266.36	\$ 577.12

Carefirst HMO [Carefirst HMO Summary](#)

TYPE	ENROLLMENT CODE	2021 BI-WEEKLY PREMIUM	2021 MONTHLY PREMIUM
Self-Only		\$ 86.60	\$ 187.64
Self + 1		\$ 170.61	\$ 369.65
Family		\$ 250.28	\$ 542.27

Carefirst PPO [Carefirst PPO Summary](#)

TYPE	ENROLLMENT CODE	2021 BI-WEEKLY PREMIUM	2021 MONTHLY PREMIUM
Self-Only		\$ 97.80	\$ 211.90
Self + 1		\$ 186.80	\$ 404.72
Family		\$ 286.55	\$ 620.85

KAISER PERMANENTE HMO [Kaiser Permanente Plan Summary](#)

TYPE	ENROLLMENT CODE	2021 BI-WEEKLY PREMIUM	2021 MONTHLY PREMIUM
Self-Only	KP1	\$ 77.18	\$ 167.22
Self + 1	KP2	\$ 147.41	\$ 319.38
Family	KP3	\$ 226.12	\$ 489.93

UNITED HEALTHCARE CHOICE NATIONWIDE [UnitedHealthcare Choice Plan Summary](#)

TYPE	ENROLLMENT CODE	2021 BI-WEEKLY PREMIUM	2021 MONTHLY PREMIUM
Self-Only	MD1	\$ 92.02	\$ 199.38
Self + 1	MD2	\$ 175.76	\$ 380.81
Family	MD3	\$ 269.62	\$ 584.17