



## Temporary Continuation of Coverage (TCC) Premium Rates

Premium rates listed below are for employees hired on or after 10/01/1987. TCC rates shown were those provided by the carriers where possible; otherwise they are assumed to equal the active rates with a 2% load included.

### AETNA CDHP

TYPE	ENROLLMENT CODE	2021 PREMIUM MONTHLY
Self	HM1	\$ 311.26
Self + 1	HM2	\$ 611.82
Family	HM3	\$ 899.45

### AETNA HMO

TYPE	ENROLLMENT CODE	2021 PREMIUM MONTHLY
Self	AH1	\$ 849.03
Self + 1	AH2	\$ 1,668.92
Family	AH3	\$ 2,453.48

### AETNA PPO

TYPE	ENROLLMENT CODE	2021 PREMIUM MONTHLY
Self	AP1	\$ 814.82
Self + 1	AP2	\$ 1,601.71
Family	AP3	\$ 2,354.66

### CareFirst HMO

TYPE	ENROLLMENT CODE	2021 PREMIUM MONTHLY
Self	n/a	\$ 765.56
Self + 1	n/a	\$ 1,508.16
Family	n/a	\$ 2,212.48

### CareFirst PPO

TYPE	ENROLLMENT CODE	2021 PREMIUM MONTHLY
Self	n/a	\$ 864.54
Self + 1	n/a	\$ 1,651.27
Family	n/a	\$ 2,533.09

**KAISER PERMANENTE HMO**

TYPE	ENROLLMENT CODE	2021 PREMIUM MONTHLY
Self	KP1	\$ 682.25
Self + 1	KP2	\$ 1,303.23
Family	KP3	\$ 1,999.06

**UNITED HEALTHCARE CHOICE**

TYPE	ENROLLMENT CODE	2021 PREMIUM MONTHLY
Self	MD1	\$ 813.48
Self + 1	MD2	\$ 1,553.69
Family	MD3	\$ 2,383.40