

AFSCME (10-Month) Health Benefits Plan Premium Rates

AETNA HEALTHCARE CONSUMER DRIVEN HEALTH PLAN (CDHP) [Aetna CDHP Health Plan Summary](#)

TYPE	ENROLLMENT CODE	2021 PREMIUM BI-WEEKLY	2021 PREMIUM MONTHLY
Self-Only	HM1	\$ 41.61	\$ 91.55
Self + 1	HM2	\$ 81.79	\$ 179.95
Family	HM3	\$ 120.25	\$ 264.55

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

TYPE	ENROLLMENT CODE	2021 PREMIUM BI-WEEKLY	2021 PREMIUM MONTHLY
Self-Only	AH1	\$ 113.50	\$ 227.00
Self + 1	AH2	\$ 223.11	\$ 446.23
Family	AH3	\$ 328.00	\$ 556.00

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

TYPE	ENROLLMENT CODE	2021 PREMIUM BI-WEEKLY	2021 PREMIUM MONTHLY
Self-Only	AP1	\$ 108.93	\$ 217.86
Self + 1	AP2	\$ 214.13	\$ 428.27
Family	AP3	\$ 314.79	\$ 629.58

Carefirst HMO [Carefirst HMO Summary](#)

TYPE	ENROLLMENT CODE	2021 PREMIUM BI-WEEKLY	2021 PREMIUM MONTHLY
Self-Only		\$ 102.35	\$ 225.16
Self + 1		\$ 201.63	\$ 443.59
Family		\$ 295.79	\$ 650.73

Carefirst PPO [Carefirst PPO Summary](#)

TYPE	ENROLLMENT CODE	2021 PREMIUM BI-WEEKLY	2021 PREMIUM MONTHLY
Self-Only		\$ 115.58	\$ 254.28
Self + 1		\$ 220.76	\$ 485.68
Family		\$ 338.65	\$ 745.03

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

TYPE	ENROLLMENT CODE	2021 PREMIUM BI-WEEKLY	2021 PREMIUM MONTHLY
Self-Only	KP1	\$ 91.21	\$ 182.42
Self + 1	KP2	\$ 174.21	\$ 348.42
Family	KP3	\$ 267.23	\$ 534.47

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

TYPE	ENROLLMENT CODE	2021 PREMIUM BI-WEEKLY	2021 PREMIUM MONTHLY
Self-Only	MD1	\$ 108.75	\$ 217.50
Self + 1	MD2	\$ 207.72	415.43
Family	MD3	\$ 318.64	\$ 637.28

