DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

2014 District Employees
Health Benefit Plan Premium Rates – 10 Month

2013 District of Columbia Health Benefits (DCEHB)

The premium rates listed below are for all American Federation of State, County and Municipal Employees (AFSCME) Paraprofessionals, Dedicated Aides, and Educational Aides who were hired on or after October 1, 1987. Insurance coverage continues through the summer months when 10-month employees are in a non-pay status.

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 corresponding (Self + 1 or Family) rate AFTER-TAX. This applies to common-law and same-sex domestic partners.

AETNA HEALTHCARE CONSUMER DRIVEN HEALTH PLAN (CDHP)

TYPE	ENROLLMENT CODE	2014 BIWEEKLY PREMIUM	2014 MONTHLY PREMIUM
Self-Only	HM1	$ 53.81	$ 118.38
Self + 1	HM2	$ 105.76	$ 232.67
Family	HM3	$ 155.48	$ 342.06

AETNA HMO

TYPE	ENROLLMENT CODE	2014 BIWEEKLY PREMIUM	2014 MONTHLY PREMIUM
Self-Only	AH1	$ 76.40	$ 168.09
Self + 1	AH2	$ 150.17	$ 330.38
Family	AH3	$ 220.78	$ 485.71

AETNA PPO

TYPE	ENROLLMENT CODE	2014 BIWEEKLY PREMIUM	2014 MONTHLY PREMIUM
Self-Only	AP1	$ 81.43	$ 179.14
Self + 1	AP2	$ 160.05	$ 352.12
Family	AP3	$ 235.30	$ 517.66

KAISER PERMANENTE HMO

TYPE	ENROLLMENT CODE	2014 BIWEEKLY PREMIUM	2014 MONTHLY PREMIUM
Self-Only	KP1	$ 67.55	$ 148.62
Self + 1	KP2	$ 129.02	$ 283.84
Family	KP3	$ 197.92	$ 435.42

UNITED HEALTHCARE CHOICE NATIONWIDE

TYPE	ENROLLMENT CODE	2014 BIWEEKLY PREMIUM	2014 MONTHLY PREMIUM
Self-Only	MD1	$ 71.37	$ 157.01
Self + 1	MD2	$ 136.32	$ 299.91
Family	MD3	$ 209.12	$ 460.07