



2016 District of Columbia Healthcare Open Enrollment Plan Provider Information & Calculation Sheet

AETNA HMO PLAN

Type	Enrollment Code	2016 Premium Monthly Total		Your Contribution Percentage (%)	=	Your Monthly Premium Cost
Self-Only	AH1	\$640.63	X	____%	=	\$ _____
Self + 1	AH2	\$1,259.28	X	____%	=	\$ _____
Family	AH3	\$1,851.27	X	____%	=	\$ _____

AETNA PPO PLAN

Type	Enrollment Code	2016 Premium Monthly Total		Your Contribution Percentage (%)	=	Your Monthly Premium Cost
Self-Only	AP1	\$707.42	X	____%	=	\$ _____
Self + 1	AP2	\$1,390.58	X	____%	=	\$ _____
Family	AP3	\$2,044.30	X	____%	=	\$ _____

KAISER PERMANENTE HMO

Type	Enrollment Code	2016 Premium Monthly Total		Your Contribution Percentage (%)	=	Your Monthly Premium Cost
Self-Only	KP1	\$562.79	X	____%	=	\$ _____
Self + 1	KP2	\$1,074.93	X	____%	=	\$ _____
Family	KP3	\$1,648.97	X	____%	=	\$ _____

UNITED HEALTHCARE HMO/CHOICE

Type	Enrollment Code	2016 Premium Monthly Total		Your Contribution Percentage (%)	=	Your Monthly Premium Cost
Self-Only	MD1	\$609.36	X	____%	=	\$ _____
Self + 1	MD2	\$1,163.87	X	____%	=	\$ _____
Family	MD3	\$1,785.40	X	____%	=	\$ _____