2017 District of Columbia Healthcare Open Enrollment Plan Provider Information & Calculation Sheet

Aetna HMO Plan (9.8% increase)

Type	Enrollment Code	2017 Premium Monthly Total		Your Contribution Percentage (%)		Your Monthly Premium Cost
Self-Only	AH1	$703.41	X	_____%	=	$_____
Self + 1	AH2	$1,382.69	X	_____%	=	$_____
Family	AH3	$2,032.69	X	_____%	=	$_____

Aetna PPO Plan (3.8% increase)

Type	Enrollment Code	2017 Premium Monthly Total		Your Contribution Percentage (%)		Your Monthly Premium Cost
Self-Only	AP1	$733.95	X	_____%	=	$_____
Self + 1	AP2	$1,442.73	X	_____%	=	$_____
Family	AP3	$2,120.96	X	_____%	=	$_____

Kaiser Permanente HMO (1.7% increase)

Type	Enrollment Code	2017 Premium Monthly Total		Your Contribution Percentage (%)		Your Monthly Premium Cost
Self-Only	KP1	$572.33	X	_____%	=	$_____
Self + 1	KP2	$1,093.15	X	_____%	=	$_____
Family	KP3	$1,676.87	X	_____%	=	$_____

United Healthcare Choice (6.6 % increase)

Type	Enrollment Code	2017 Premium Monthly Total		Your Contribution Percentage (%)		Your Monthly Premium Cost
Self-Only	MD1	$649.44	X	_____%	=	$_____
Self + 1	MD2	$1,240.42	X	_____%	=	$_____
Family	MD3	$1,902.83	X	_____%	=	$_____

11/08/2016