

2014 DCEHBP Temporary Continuation of Coverage (TCC) Premiums

DC Employee Health Benefits (Employees Hired After 10/1/1987)

Carrier	Plan	Family Status	Enrollment Code	Monthly Premium	Administrative Fee	Total Monthly 2014 Rate
Aetna	HMO	Self	AH1	\$560.26	\$11.21	\$571.47
		Self + 1	AH2	\$1,101.29	\$22.03	\$1,123.32
		Family	AH3	\$1,619.00	\$32.38	\$1,651.38
Aetna	PPO	Self	AP1	\$597.12	\$11.94	\$609.06
		Self + 1	AP2	\$1,173.76	\$23.48	\$1,197.24
		Family	AP3	\$1,725.56	\$34.51	\$1,760.07
Aetna	CDHP	Self	HM1	\$394.57	\$7.89	\$402.46
		Self + 1	HM2	\$775.61	\$15.51	\$791.12
		Family	HM3	\$1,140.23	\$22.80	\$1,163.03
Kaiser	HMO	Self	KP1	\$495.35	\$9.90	\$505.25
		Self + 1	KP2	\$946.12	\$18.92	\$965.04
		Family	KP3	\$1,451.37	\$29.02	\$1,480.39
UHC	HMO/Choice	Self	MD1	\$523.40	\$10.46	\$533.86
		Self + 1	MD2	\$999.69	\$19.99	\$1,019.68
		Family	MD3	\$1,533.55	\$30.67	\$1,564.22