



2024 District of Columbia Healthcare Open Enrollment Plan Provider Information & Calculation Sheet

Aetna HMO Plan

Type	Enrollment Code	2024 Premium Monthly Total		Your Contribution Percentage (%)	=	Your Monthly Premium Cost
Self-Only	DCHM1	\$1,067.02	X	____%	=	\$ _____
Self + 1	DCHM2	\$2,097.48	X	____%	=	\$ _____
Family	DCHM3	\$3,083.49	X	____%	=	\$ _____

Aetna PPO Plan

Type	Enrollment Code	2024 Premium Monthly Total		Your Contribution Percentage (%)	=	Your Monthly Premium Cost
Self-Only	DCAP1	\$1,028.26	X	____%	=	\$ _____
Self + 1	DCAP2	\$2,021.29	X	____%	=	\$ _____
Family	DCAP3	\$2,971.50	X	____%	=	\$ _____

Aetna CDHP Plan

Type	Enrollment Code	2024 Premium Monthly Total		Your Contribution Percentage (%)	=	Your Monthly Premium Cost
Self-Only	DCAC1	\$422.86	X	____%	=	\$ _____
Self + 1	DCAC2	\$831.17	X	____%	=	\$ _____
Family	DCAC3	\$1,221.89	X	____%	=	\$ _____

Kaiser Permanente HMO

Type	Enrollment Code	2024 Premium Monthly Total		Your Contribution Percentage (%)	=	Your Monthly Premium Cost
Self-Only	DCKP1	\$774.46	X	____%	=	\$ _____
Self + 1	DCKP2	\$1,479.22	X	____%	=	\$ _____
Family	DCKP3	\$2,269.09	X	____%	=	\$ _____

United Healthcare Choice HMO

Type	Enrollment Code	2024 Premium Monthly Total		Your Contribution Percentage (%)	=	Your Monthly Premium Cost
Self-Only	DCMD1	\$924.96	X	____%	=	\$ _____
Self + 1	DCMD2	\$1,799.66	X	____%	=	\$ _____
Family	DCMD3	\$2,710.09	X	____%	=	\$ _____

United Healthcare PPO

Type	Enrollment Code	2024 Premium Monthly Total		Your Contribution Percentage (%)	=	Your Monthly Premium Cost
Self-Only	DCUH	\$911.84	X	____%	=	\$ _____
Self + 1	DCUH	\$1,741.60	X	____%	=	\$ _____
Family	DCUH	\$2,671.65	X	____%	=	\$ _____

CareFirst HMO

Type	Enrollment Code	2024 Premium Monthly Total		Your Contribution Percentage (%)	=	Your Monthly Premium Cost
Self-Only	DCFH1	\$816.02	X	____%	=	\$ _____
Self + 1	DCFH2	\$1,607.58	X	____%	=	\$ _____
Family	DCFH3	\$2,358.32	X	____%	=	\$ _____

CareFirst PPO

Type	Enrollment Code	2024 Premium Monthly Total		Your Contribution Percentage (%)	=	Your Monthly Premium Cost
Self-Only	DCFP1	\$884.36	X	____%	=	\$ _____
Self + 1	DCFP2	\$1,689.13	X	____%	=	\$ _____
Family	DCFP3	\$2,591.16	X	____%	=	\$ _____