



2026 District of Columbia Health Open Enrollment Plan Provider Information & Calculation Sheet

Aetna HMO Plan

Type	Enrollment Code	2026 Premium Monthly Total		Your Contribution Percentage (%)	=	Your Monthly Premium Cost
Self-Only	DCHM1	\$1,306.45	X	_____%	=	\$ _____
Self + 1	DCHM2	\$2,584.98	X	_____%	=	\$ _____
Family	DCHM3	\$3,750.16	X	_____%	=	\$ _____

Aetna PPO Plan

Type	Enrollment Code	2026 Premium Monthly Total		Your Contribution Percentage (%)	=	Your Monthly Premium Cost
Self-Only	DCAP1	\$1,213.82	X	_____%	=	\$ _____
Self + 1	DCAP2	\$2,385.90	X	_____%	=	\$ _____
Family	DCAP3	\$3,507.57	X	_____%	=	\$ _____

Aetna CDHP Plan

Type	Enrollment Code	2026 Premium Monthly Total		Your Contribution Percentage (%)	=	Your Monthly Premium Cost
Self-Only	DCAC1	\$544.99	X	_____%	=	\$ _____
Self + 1	DCAC2	\$1,071.23	X	_____%	=	\$ _____
Family	DCAC3	\$1,574.79	X	_____%	=	\$ _____

Kaiser Permanente HMO

Type	Enrollment Code	2026 Premium Monthly Total		Your Contribution Percentage (%)	=	Your Monthly Premium Cost
Self-Only	DCKP1	\$877.44	X	_____%	=	\$ _____
Self + 1	DCKP2	\$1,675.91	X	_____%	=	\$ _____
Family	DCKP3	\$2,570.81	X	_____%	=	\$ _____

UnitedHealthcare Choice HMO

Type	Enrollment Code	2026 Premium Monthly Total		Your Contribution Percentage (%)	=	Your Monthly Premium Cost
Self-Only	DCMD1	\$1,079.47	X	_____%	=	\$ _____
Self + 1	DCMD2	\$2,061.77	X	_____%	=	\$ _____
Family	DCMD3	\$3,162.80	X	_____%	=	\$ _____

(turn over)

UnitedHealthcare PPO

Type	Enrollment Code	2026 Premium Monthly Total		Your Contribution Percentage (%)		Your Monthly Premium Cost
Self-Only	DCUH	\$1,028.93	X	_____%	=	\$ _____
Self + 1	DCUH	\$1,965.24	X	_____%	=	\$ _____
Family	DCUH	\$3,014.72	X	_____%	=	\$ _____

CareFirst HMO

Type	Enrollment Code	2026 Premium Monthly Total		Your Contribution Percentage (%)		Your Monthly Premium Cost
Self-Only	DCFH1	\$932.80	X	_____%	=	\$ _____
Self + 1	DCFH2	\$1,837.63	X	_____%	=	\$ _____
Family	DCFH3	\$2,695.81	X	_____%	=	\$ _____

CareFirst PPO

Type	Enrollment Code	2026 Premium Monthly Total		Your Contribution Percentage (%)		Your Monthly Premium Cost
Self-Only	DCFP1	\$1,089.29	X	_____%	=	\$ _____
Self + 1	DCFP2	\$2,080.55	X	_____%	=	\$ _____
Family	DCFP3	\$3,191.61	X	_____%	=	\$ _____

CareFirst CDHP

Type	Enrollment Code	2026 Premium Monthly Total		Your Contribution Percentage (%)		Your Monthly Premium Cost
Self-Only	DCFC1	\$482.32	X	_____%	=	\$ _____
Self + 1	DCFC2	\$438.90	X	_____%	=	\$ _____
Family	DCFC3	\$291.75	X	_____%	=	\$ _____

Medicare Advantage (Cost Per Plan): <https://dchr.dc.gov/node/1319031>

Type	Enrollment Code	2026 Premium Monthly Total		Your Contribution Percentage (%)		Your Monthly Premium Cost
AETNA Self-Only	DCAM1	\$482.32	X	_____%	=	\$ _____
AETNA Self + 1	DCAM2	\$964.64	X	_____%	=	\$ _____
CAREFIRST Self-	DCFM1	\$438.90	X	_____%	=	\$ _____
CAREFIRST Self + 1	DCFM2	\$877.80	X	_____%	=	\$ _____
KAISER Self-Only	DCKM1	\$291.75	X	_____%	=	\$ _____
KAISER Self + 1	DCKM2	\$593.50	X	_____%	=	\$ _____
UHC Self-Only	DCUM1	\$374.81	X	_____%	=	\$ _____
UHC Self +1	DCUM2	\$749.62	X	_____%	=	\$ _____