

## 2014 District of Columbia Healthcare Open Enrollment Plan Provider Information & Calculation Sheet

### AETNA HMO PLAN

Type	Enrollment Code	2014 Premium Monthly Total		Your Contribution Percentage (%)	=	Your Monthly Premium Cost
Self-Only	AH1	\$ 560.26	X	_____ %	=	\$ _____
Self + 1	AH2	\$1,101.29	X	_____ %	=	\$ _____
Family	AH3	\$1,619.00	X	_____ %	=	\$ _____

### AETNA PPO PLAN

Type	Enrollment Code	2014 Premium Monthly Total		Your Contribution Percentage (%)	=	Your Monthly Premium Cost
Self-Only	AP1	\$ 597.12	X	_____ %	=	\$ _____
Self + 1	AP2	\$1,173.76	X	_____ %	=	\$ _____
Family	AP3	\$1,725.56	X	_____ %	=	\$ _____

### KAISER PERMANENTE HMO

Type	Enrollment Code	2014 Premium Monthly Total		Your Contribution Percentage (%)	=	Your Monthly Premium Cost
Self-Only	KP1	\$ 495.35	X	_____ %	=	\$ _____
Self + 1	KP2	\$ 946.12	X	_____ %	=	\$ _____
Family	KP3	\$1,451.37	X	_____ %	=	\$ _____

### UNITED HEALTHCARE CHOICE NATIONWIDE

Type	Enrollment Code	2014 Premium Monthly Total		Your Contribution Percentage (%)	=	Your Monthly Premium Cost
Self-Only	MD1	\$ 523.40	X	_____ %	=	\$ _____
Self + 1	MD2	\$ 999.69	X	_____ %	=	\$ _____
Family	MD3	\$1,533.55	X	_____ %	=	\$ _____