



# 2021 District of Columbia Healthcare Open Enrollment Plan Provider Information & Calculation Sheet

## Aetna HMO Plan (-5% decrease)

Type	Enrollment Code	2021 Premium Monthly Total		Your Contribution Percentage (%)	=	Your Monthly Premium Cost
Self-Only	DCHM1	\$832.38	X	____%	=	\$ _____
Self + 1	DCHM2	\$1,636.20	X	____%	=	\$ _____
Family	DCHM3	\$2,405.37	X	____%	=	\$ _____

## Aetna PPO Plan (-10% decrease)

Type	Enrollment Code	2021 Premium Monthly Total		Your Contribution Percentage (%)	=	Your Monthly Premium Cost
Self-Only	DCAP1	\$798.84	X	____%	=	\$ _____
Self + 1	DCAP2	\$1,570.30	X	____%	=	\$ _____
Family	DCAP3	\$2,308.49	X	____%	=	\$ _____

## Aetna CDHP Plan (0% increase)

Type	Enrollment Code	2021 Premium Monthly Total		Your Contribution Percentage (%)	=	Your Monthly Premium Cost
Self-Only	DCAC1	\$305.15	X	____%	=	\$ _____
Self + 1	DCAC2	\$599.82	X	____%	=	\$ _____
Family	DCAC3	\$881.81	X	____%	=	\$ _____

## Kaiser Permanente HMO (2.75% increase)

Type	Enrollment Code	2021 Premium Monthly Total		Your Contribution Percentage (%)	=	Your Monthly Premium Cost
Self-Only	DCKP1	\$668.86	X	____%	=	\$ _____
Self + 1	DCKP2	\$1,277.53	X	____%	=	\$ _____
Family	DCKP3	\$1,959.70	X	____%	=	\$ _____

## United Healthcare Choice (0% increase)

Type	Enrollment Code	2021 Premium Monthly Total		Your Contribution Percentage (%)	=	Your Monthly Premium Cost
Self-Only	DCMD1	\$797.51	X	____%	=	\$ _____
Self + 1	DCMD2	\$1,523.23	X	____%	=	\$ _____
Family	DCMD3	\$2,336.66	X	____%	=	\$ _____

**CareFirst HMO (0% increase)**

Type	Enrollment Code	2021 Premium Monthly Total		Your Contribution Percentage (%)	=	Your Monthly Premium Cost
Self-Only	DCFH1	\$750.56	X	____%	=	\$ _____
Self + 1	DCFH2	\$1,478.60	X	____%	=	\$ _____
Family	DCFH3	\$2,169.09	X	____%	=	\$ _____

**CareFirst PPO (0% increase)**

Type	Enrollment Code	2021 Premium Monthly Total		Your Contribution Percentage (%)	=	Your Monthly Premium Cost
Self-Only	DCFP1	\$847.60	X	____%	=	\$ _____
Self + 1	DCFP2	\$1,618.89	X	____%	=	\$ _____
Family	DCFP3	\$2,483.41	X	____%	=	\$ _____

**Aetna – Medicare Advantage**

Coverage Level	Enrollment Code	2021 Premium Monthly Total		Your Contribution Percentage (%)	=	Your Monthly Premium Cost
Self-Only Medicare Adv	Separate Application Required	\$396.99	X	____%	=	\$ _____
Self + 1 Medicare Adv	Separate Application Required	\$793.98	X	____%	=	\$ _____
Self + 2 Medicare Adv	Separate Application Required	\$1,190.97	X	____%	=	\$ _____
Self + 3 Medicare Adv	Separate Application Required	\$1,587.96	X	____%	=	\$ _____

**Kaiser – Medicare Advantage**

Coverage Level	Enrollment Code	2021 Premium Monthly Total		Your Contribution Percentage (%)	=	Your Monthly Premium Cost
Self-Only Medicare Adv	Separate Application Required	\$243.17	X	____%	=	\$ _____
Self + 1 Medicare Adv	Separate Application Required	\$486.34	X	____%	=	\$ _____
Self + 2 Medicare Adv	Separate Application Required	\$729.51	X	____%	=	\$ _____
Self + 3 Medicare Adv	Separate Application Required	\$972.68	X	____%	=	\$ _____

**United Healthcare – Medicare Advantage**

Coverage Level	Enrollment Code	2021 Premium Monthly Total		Your Contribution Percentage (%)	=	Your Monthly Premium Cost
Self-Only Medicare Adv	Separate Application Required	\$418.17	X	____%	=	\$ _____
Self + 1 Medicare Adv	Separate Application Required	\$836.34	X	____%	=	\$ _____
Self + 2 Medicare Adv	Separate Application Required	\$1,254.51	X	____%	=	\$ _____
Self + 3 Medicare Adv	Separate Application Required	\$1,672.68	X	____%	=	\$ _____