



2016 Temporary Continuation of Coverage (TCC) Premium Rates for the District Employees Health Benefit Plan

Premium rates listed below are for employees hired on or after 10/01/1987 and paid bi-weekly for 26 pay periods. All monthly premiums include a 2% administrative fee.

AETNA HEALTHCARE HMO

TYPE	ENROLLMENT CODE	2016 PREMIUM MONTHLY
Self	AH1	\$653.44
Self + 1	AH2	\$1284.46
Family	AH3	\$1888.29

AETNA PPO PLAN

TYPE	ENROLLMENT CODE	2016 PREMIUM MONTHLY
Self	AP1	\$721.57
Self + 1	AP2	\$1418.39
Family	AP3	\$2058.18

AETNA CDHP

TYPE	ENROLLMENT CODE	2016 PREMIUM MONTHLY
Self	HM1	\$312.74
Self + 1	HM2	\$614.74
Family	HM3	\$903.72

KAISER PERMANENTE HMO

TYPE	ENROLLMENT CODE	2016 PREMIUM MONTHLY
Self	KP1	\$574.05
Self + 1	KP2	\$1096.43
Family	KP3	\$1681.94

UNITED HEALTHCARE CHOICE

TYPE	ENROLLMENT CODE	2016 PREMIUM MONTHLY
Self	MD1	\$621.54
Self + 1	MD2	\$1187.15
Family	MD3	\$1821.11