

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					

CareFirst HMO (0% increase)

Type	Enrollment Code	2021 Premium Monthly Total	Your Contribution Percentage (%)	Your Monthly
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