



## 2014 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.

### AETNA HEALTHCARE HMO

TYPE	ENROLLMENT CODE	2014 PREMIUM MONTHLY	ADMINISTRATIVE FEE	TOTAL MONTHLY PREMIUM
Self	AH1	\$560.26	\$11.21	\$571.47
Self+1	AH2	\$1101.29	\$22.03	\$1123.32
Family	AH3	\$1619.00	\$32.38	\$1651.38

### AETNA PPO PLAN

TYPE	ENROLLMENT CODE	2014 PREMIUM MONTHLY	ADMINISTRATIVE FEE	TOTAL MONTHLY PREMIUM
Self	AP1	\$597.12	\$11.94	\$609.06
Self+1	AP2	\$1173.76	\$23.48	\$1197.24
Family	AP3	\$1725.56	\$34.51	\$1760.07

### AETNA CDHP

TYPE	ENROLLMENT CODE	2014 PREMIUM MONTHLY	ADMINISTRATIVE FEE	TOTAL MONTHLY PREMIUM
Self	HM1	\$394.57	\$7.89	\$402.46
Self+1	HM2	\$775.61	\$15.51	\$791.12
Family	HM3	\$1140.23	\$22.80	\$1163.03

### KAISER PERMANENTE HMO

TYPE	ENROLLMENT CODE	2014 PREMIUM MONTHLY	ADMINISTRATIVE FEE	TOTAL MONTHLY PREMIUM
Self	KP1	\$495.35	\$9.90	\$505.25
Self+1	KP2	\$946.12	\$18.92	\$965.04
Family	KP3	\$1451.37	\$29.02	\$1480.39

### UNITED HEALTHCARE CHOICE

TYPE	ENROLLMENT CODE	2014 PREMIUM MONTHLY	ADMINISTRATIVE FEE	TOTAL MONTHLY PREMIUM
Self	MD1	\$523.40	\$10.46	\$533.86
Self+1	MD2	\$999.69	\$19.99	\$1019.68
Family	MD3	\$1533.55	\$30.67	\$1564.22