Health Management Organizations (HMO)			2018 Total Biweekly Premium	2019 Biweekly premium rates				2018 Total Monthly Premium	2019 Montly premium rates			
Plan	Option	Enrollment Code		Total Premium	Gov't Pays	Empl Pays	Change in empl. payment		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
District of Columbia Aetna HealthFund CDHP and Value Plan	CDHP Self	F51	$371.98	$374.21	$230.18	$144.03	$1.30	$805.96	$810.79	$498.72	$312.07	$2.82
	CDHP Self & Family	F52	$848.15	$853.25	$525.32	$327.93	$1.36	$1,837.66	$1,848.71	$1,138.19	$710.52	$2.95
	CDHP Self Plus One	F53	$839.75	$844.80	$492.27	$352.53	$3.78	$1,819.46	$1,830.40	$1,066.59	$763.81	$8.18
	Value Self	F54	$269.07	$326.97	$230.18	$96.79	$29.52	$582.99	$708.44	$498.72	$209.72	$63.97
	Value Self & Family	F55	$616.15	$748.73	$525.32	$223.41	$69.37	$1,334.99	$1,622.25	$1,138.19	$484.06	$150.31
	Value Self Plus One	F56	$604.06	$734.04	$492.27	$241.77	$90.76	$1,308.80	$1,590.42	$1,066.59	$523.83	$196.63
District of Columbia Aetna HealthFund HDHP	HDHP Self	224	$280.35	$304.84	$228.36	$76.12	$6.03	$607.43	$659.71	$494.78	$164.93	$13.07
	HDHP Self & Family	225	$618.42	$671.63	$503.72	$167.91	$13.31	$1,339.91	$1,455.20	$1,091.40	$363.80	$28.82
	HDHP Self Plus One	226	$606.29	$658.47	$492.27	$166.20	$14.63	$1,313.63	$1,426.69	$1,066.59	$360.10	$31.69
District of Columbia Aetna HealthFund CDHP Aetna Direct	CDHP Self	N61	$243.54	$257.23	$192.92	$64.31	$3.43	$527.67	$557.33	$418.00	$139.33	$7.41
	CDHP Self & Family	N62	$614.17	$648.71	$486.53	$162.18	$8.64	$1,330.70	$1,405.54	$1,054.16	$351.38	$18.71
	CDHP Self Plus One	N63	$534.08	$564.12	$423.09	$141.03	$7.51	$1,157.17	$1,222.26	$916.70	$305.56	$16.27
District of Columbia Aetna Open Access	High Self	JN1	$509.12	$516.52	$230.18	$286.34	$6.47	$1,103.09	$1,119.13	$498.72	$620.41	$14.03
	High Self & Family	JN2	$1,144.59	$1,161.22	$525.32	$635.90	$12.89	$2,479.95	$2,515.98	$1,138.19	$1,377.79	$27.93
	High Self Plus One	JN3	$1,133.25	$1,149.71	$492.27	$657.44	$15.19	$2,455.38	$2,491.04	$1,066.59	$1,424.45	$32.90
	Basic Self	JN4	$305.93	$314.06	$230.18	$83.88	$7.20	$662.85	$680.46	$498.72	$181.74	$15.60
	Basic Self & Family	JN5	$700.13	$718.73	$525.32	$193.41	$14.86	$1,516.95	$1,557.25	$1,138.19	$419.06	$32.20
	Basic Self Plus One	JN6	$642.92	$660.00	$492.27	$167.73	$7.00	$1,392.99	$1,430.00	$1,066.59	$363.41	$15.16
District of Columbia CareFirst BlueChoice	Standard Self	2G4	$320.13	$368.16	$230.18	$137.98	$47.10	$693.62	$797.68	$498.72	$298.96	$102.05
	Standard Self & Family	2G5	$760.64	$874.73	$525.32	$349.41	$110.35	$1,648.05	$1,895.25	$1,138.19	$757.06	$239.10
	Standard Self Plus One	2G6	$640.27	$736.31	$492.27	$244.04	$83.97	$1,387.25	$1,595.34	$1,066.59	$528.75	$181.94
District of Columbia CareFirst BlueChoice	HDHP Self	B61	$281.41	$239.20	$179.40	$59.80	-$10.55	$609.72	$518.27	$388.70	$129.57	-$22.86
	HDHP Self & Family	B62	$668.62	$568.33	$426.25	$142.08	-$25.07	$1,448.68	$1,231.38	$923.54	$307.84	-$54.33
	HDHP Self Plus One	B63	$562.82	$478.39	$358.79	$119.60	-$21.10	$1,219.44	$1,036.51	$777.38	$259.13	-$45.73
District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States	High Self	E31	$304.78	$319.70	$230.18	$89.52	$13.33	$660.36	$692.68	$498.72	$193.96	$28.87
	High Self & Family	E32	$701.00	$735.30	$525.32	$209.98	$30.56	$1,518.83	$1,593.15	$1,138.19	$454.96	$66.22
	High Self Plus One	E33	$701.00	$735.30	$492.27	$243.03	$33.03	$1,518.83	$1,593.15	$1,066.59	$526.56	$71.56

Health Management Organizations (HMO)			2018 Total	2019 Biweekly premium rates				2018 Total	2019 Montly premium rates			
Plan	Option	Enrollment Code	Biweekly Premium	Total Premium	Gov't Pays	Empl Pays	Change in empl.	Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl.
District of Columbia Kaiser	Standard Self	E34	$233.06	$240.81	$180.61	$60.20	$1.94	$504.96	$521.76	$391.32	$130.44	$4.20
Foundation Health Plan	Standard Self & Family	E35	$536.07	$553.84	$415.38	$138.46	$4.44	$1,161.49	$1,199.99	$899.99	$300.00	$9.63
Mid-Atlantic States	Standard Self Plus One	E36	$536.07	$553.84	$415.38	$138.46	$4.44	$1,161.49	$1,199.99	$899.99	$300.00	$9.63
	Basic Self	T71	$212.32	$193.90	$145.43	$48.47	-$4.61	$460.03	$420.12	$315.09	$105.03	-$9.98
	Basic Self & Family	T72	$509.77	$473.61	$355.21	$118.40	-$9.04	$1,104.50	$1,026.16	$769.62	$256.54	-$19.58
	Basic Self Plus One	T73	$464.41	$431.49	$323.62	$107.87	-$8.23	$1,006.22	$934.90	$701.18	$233.72	-$17.83
District of Columbia M.D. IPA	High Self	JP1	$331.28	$365.01	$230.18	$134.83	$32.80	$717.77	$790.86	$498.72	$292.14	$71.08
	High Self & Family	JP2	$928.92	$1,023.48	$525.32	$498.16	$90.82	$2,012.66	$2,217.54	$1,138.19	$1,079.35	$196.78
	High Self Plus One	JP3	$646.99	$712.86	$492.27	$220.59	$58.84	$1,401.81	$1,544.53	$1,066.59	$477.94	$127.49
District of Columbia	High Self	LR1	280.61	$308.28	$230.18	$78.10	$7.95	$607.99	$667.94	$498.72	$169.22	$17.22
United Healthcare Insurance	High Self & Family	LR2	701.54	$730.61	$525.32	$205.29	$25.33	$1,520.00	$1,582.99	$1,138.19	$444.80	$54.89
Company, Inc., Choice HMO	High Self Plus One	LR3	603.32	$662.79	$492.27	$170.52	$19.69	$1,307.19	$1,436.05	$1,066.59	$369.46	$42.66
District of Columbia	Value Self	L91	$213.81	$201.72	$151.29	$50.43	-$3.03	$463.32	$437.06	$327.80	$109.26	-$6.57
UnitedHealthcare Insurance	Value Self & Family	L92	$599.62	$565.61	$424.21	$141.40	-$8.50	$1,299.18	$1,225.49	$919.12	$306.37	-$18.42
Co. Inc., Choice Plus Advanced	Value Self Plus One	L93	$417.64	$393.95	$295.46	$98.49	-$5.92	$904.89	$853.56	$640.17	$213.39	-$12.83
District of Columbia	HDHP Self	V41	$261.68	$228.78	$171.59	$57.19	-$8.23	$566.97	$495.69	$371.77	$123.92	-$17.82
UnitedHealthcare Insurance	HDHP Self & Family	V42	$654.22	$526.18	$394.64	$131.54	-$32.01	$1,417.48	$1,140.06	$855.05	$285.01	-$69.36
Company, Inc., Choice Plus HDHP	HDHP Self Plus One	V43	$562.62	$491.87	$368.90	$122.97	-$17.68	$1,219.01	$1,065.72	$799.29	$266.43	-$38.32