

# *AFSCME 2019 RATES*

<b><i>12-MONTH</i></b>	Plan	
	PPO	QHDHP
<b>Individual</b>	76.00	19.00
<b>Family</b>	167.00	61.00
<b>Employee/Partner</b>	167.00	61.00
<b>Parent/Child(ren)</b>	137.00	39.00

<b><i>10-MONTH</i></b>	Plan	
	PPO	QHDHP
<b>Individual</b>	91.20	22.80
<b>Family</b>	200.40	73.20
<b>Employee/Partner</b>	200.40	73.20
<b>Parent/Child(ren)</b>	164.40	46.80

Note: spouses and domestic partners who are eligible for comparable health insurance coverage through their employer will be eligible for coverage under the District's health insurance only if the employee pays the full premium cost differential.