

AFSCME 2020 RATES

<i>12-MONTH</i>	Plan	
	PPO	QHDHP
Individual	87.00	21.00
Family	192.00	70.00
Employee/Partner	192.00	70.00
Parent/Child(ren)	157.00	45.00

<i>10-MONTH</i>	Plan	
	PPO	QHDHP
Individual	104.40	25.20
Family	230.40	84.00
Employee/Partner	230.40	84.00
Parent/Child(ren)	188.40	54.00

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.