

<b>SCESPA</b>	<b>Plan</b>	
	<b>PPO</b>	<b>QHDHP</b>
<b>Individual</b>	66.00	16.00
<b>Family</b>	145.00	53.00
<b>Employee/Partner</b>	145.00	53.00
<b>Parent/Child(ren)</b>	119.00	34.00

**\* ABOVE SCESPA RATES VALID JANUARY 1, 2018 – JUNE 30, 2018.**

**\* SCESPA RATES JULY 1, 2018 – DECEMBER 31, 2018 TBD.**

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.