

**CHARLES COUNTY HEALTH BENEFITS PROGRAM**

Premiums effective for July 1, 2020 - June 30, 2021 Plan Year

<b>COVERAGE LEVEL</b>	<b>CareFirst BlueChoice Advantage BlueVision Plus</b>	<b>CareFirst Blue Choice HMO Open Access BlueVision Plus</b>	<b>CareFirst PPO Dental</b>	<b>Delta Dental</b>
<b>EMPLOYEE SEMI-MONTHLY PREMIUM</b>				
Individual	\$120.46	\$83.37	\$6.74	\$5.66
Parent & Child	\$209.29	\$158.43	\$10.29	\$8.99
Employee & Spouse	\$250.68	\$191.76	\$15.45	\$13.35
Family	\$294.70	\$250.13	\$20.21	\$17.34