

CHARLES COUNTY HEALTH BENEFITS PROGRAM

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

COVERAGE LEVEL	CareFirst BlueChoice Advantage BlueVision Plus	CareFirst Blue Choice HMO Open Access & BlueVision Plus	CareFirst PPO Dental	Delta Dental
COBRA TOTAL MONTHLY PREMIUM				
Individual	\$819.13	\$566.93	\$45.81	\$38.49
Employee + Child	\$1,423.18	\$1,077.35	\$69.96	\$61.16
Employee + Spouse	\$1,704.61	\$1,303.94	\$105.09	\$90.76
Family	\$2,003.97	\$1,700.85	\$137.46	\$117.90