

CHARLES COUNTY HEALTH BENEFITS PROGRAM

Premiums effective for July 1, 2013 - June 30, 2014 Plan Year

COVERAGE LEVEL	CareFirst PPN/PPO & Select Vision	CareFirst Blue Choice HMO & Select Vision	CareFirst Regional Dental	Delta Dental
EMPLOYEE SEMI-MONTHLY PREMIUM				
Individual	\$93.04	\$58.16	\$5.25	\$4.63
Employee + Child	\$161.65	\$110.51	\$8.02	\$7.36
Employee + Spouse	\$193.62	\$133.76	\$12.05	\$10.92
Family	\$227.62	\$174.48	\$15.76	\$14.19
TOTAL MONTHLY PREMIUM				
Individual	\$620.26	\$387.71	\$35.02	\$30.88
Employee + Child	\$1,077.67	\$736.76	\$53.47	\$49.06
Employee + Spouse	\$1,290.78	\$891.74	\$80.33	\$72.81
Family	\$1,517.46	\$1,163.17	\$105.07	\$94.58
COBRA TOTAL MONTHLY PREMIUM				
Individual	\$632.67	\$395.46	\$35.72	\$31.50
Employee + Child	\$1,099.22	\$751.50	\$54.54	\$50.04
Employee + Spouse	\$1,316.60	\$909.57	\$81.94	\$74.27
Family	\$1,547.81	\$1,186.43	\$107.17	\$96.47