

**CHARLES COUNTY HEALTH BENEFITS PROGRAM**

Premiums effective for July 1, 2014 - June 30, 2015 Plan Year

<b>COVERAGE LEVEL</b>	<b>CareFirst PPN/PPO &amp; Select Vision</b>	<b>CareFirst Blue Choice HMO &amp; Select Vision</b>	<b>CareFirst Regional Dental</b>	<b>Delta Dental</b>
<b>MONTHLY PREMIUM</b>				
Individual	\$98.62	\$61.65	\$5.57	\$4.91
Employee + Child	\$171.35	\$234.29	\$8.50	\$7.80
Employee + Spouse	\$205.24	\$141.79	\$12.77	\$11.58
Family	\$241.28	\$184.95	\$16.71	\$15.04