

**FULL TIME REDUCED HOURS EMPLOYEES
HEALTH INSURANCE RATES
July 1, 2014 - June 30, 2015**

	25 hrs/wk	27.5 hrs/wk	30 hrs/wk	32 hrs/wk	35 hrs/wk
	40%	38%	36%	34%	32%
CareFirst PPN & CF Select Vision					
Individual	\$131.50	\$124.92	\$118.35	\$111.77	\$105.20
Employee + Child	\$228.47	\$217.04	\$205.62	\$194.20	\$182.77
Employee + Spouse	\$273.65	\$259.96	\$246.28	\$232.60	\$218.92
Family	\$321.70	\$305.62	\$289.53	\$273.45	\$257.36
CareFirst BlueChoice HMO & CF Select Vision					
Individual	\$82.19	\$78.08	\$73.97	\$69.86	\$65.76
Employee + Child	\$156.19	\$148.38	\$140.57	\$132.76	\$124.96
Employee + Spouse	\$189.05	\$179.60	\$170.14	\$160.69	\$151.24
Family	\$246.59	\$234.26	\$221.93	\$209.60	\$197.27
CareFirst Regional Traditional Dental					
Individual	\$7.42	\$7.05	\$6.68	\$6.31	\$5.94
Employee + Child	\$11.34	\$10.77	\$10.20	\$9.64	\$9.07
Employee + Spouse	\$17.03	\$16.18	\$15.33	\$14.48	\$13.62
Family	\$22.27	\$21.16	\$20.05	\$18.93	\$17.82
Delta Dental PPO/Preferred					
Individual	\$6.55	\$6.22	\$5.89	\$5.56	\$5.24
Employee + Child	\$10.40	\$9.88	\$9.36	\$8.84	\$8.32
Employee + Spouse	\$15.44	\$14.66	\$13.89	\$13.12	\$12.35
Family	\$20.05	\$19.05	\$18.05	\$17.04	\$16.04