

CHARLES COUNTY HEALTH BENEFITS PROGRAM

Premiums effective for July 1, 2015 - June 30, 2016 Plan Year

COVERAGE LEVEL	CareFirst BlueChoice Advantage Select Vision	CareFirst Blue Choice HMO Open Access & Select Vision	CareFirst PPO Dental	Delta Dental
EMPLOYEE SEMI-MONTHLY PREMIUM				
Individual	\$102.57	\$65.81	\$5.82	\$5.13
Employee + Child	\$178.21	\$125.06	\$8.89	\$8.15
Employee + Spouse	\$213.45	\$151.36	\$13.35	\$12.10
Family	\$250.93	\$197.43	\$17.46	\$15.72
TOTAL MONTHLY PREMIUM				
Individual	\$683.78	\$438.71	\$38.79	\$34.20
Employee + Child	\$1,188.02	\$833.69	\$59.23	\$54.34
Employee + Spouse	\$1,422.96	\$1,009.04	\$88.98	\$80.65
Family	\$1,672.85	\$1,316.18	\$116.38	\$104.76
COBRA TOTAL MONTHLY PREMIUM				
Individual	\$697.46	\$447.48	\$39.57	\$34.89
Employee + Child	\$1,211.78	\$850.36	\$60.41	\$55.43
Employee + Spouse	\$1,451.42	\$1,029.22	\$90.77	\$82.27
Family	\$1,706.31	\$1,342.50	\$118.71	\$106.86