

CHARLES COUNTY HEALTH BENEFITS PROGRAM

Premiums effective for July 1, 2016 - June 30, 2017 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	\$107.70	\$72.39	\$5.99	\$5.28
Parent & Child	\$187.12	\$137.57	\$9.16	\$8.39
Employee & Spouse	\$224.12	\$166.50	\$13.75	\$12.46
Family	\$263.48	\$217.17	\$17.98	\$16.19