

**FULL TIME REDUCED HOURS EMPLOYEES
HEALTH INSURANCE RATES
July 1, 2016 - June 30, 2017**

	Employee	Employee	Employee	Employee	Employee
	25 hrs/wk	27.5 hrs/wk	30 hrs/wk	32 hrs/wk	35 hrs/wk
	40%	38%	36%	34%	32%
	1300	1430	1560	1664	1820
CareFirst BlueChoice Advantage & CF Select Vision					
Individual	\$287.19	\$272.83	\$258.47	\$244.11	\$229.75
Employee + Child	\$498.97	\$474.02	\$449.07	\$424.12	\$399.17
Employee + Spouse	\$597.64	\$567.76	\$537.88	\$508.00	\$478.12
Family	\$702.60	\$667.47	\$632.34	\$597.21	\$562.08
CareFirst BlueChoice HMO Open Access & CF Select Vision					
Individual	\$193.03	\$183.38	\$173.73	\$164.08	\$154.43
Employee + Child	\$366.82	\$348.48	\$330.14	\$311.80	\$293.46
Employee + Spouse	\$443.98	\$421.78	\$399.58	\$377.38	\$355.18
Family	\$579.12	\$550.16	\$521.21	\$492.25	\$463.30
CareFirst PPO Dental					
Individual	\$15.98	\$15.18	\$14.38	\$13.58	\$12.78
Employee + Child	\$24.40	\$23.18	\$21.96	\$20.74	\$19.52
Employee + Spouse	\$36.66	\$34.83	\$32.99	\$31.16	\$29.33
Family	\$47.95	\$45.55	\$43.15	\$40.76	\$38.36
Delta Dental PPO/Preferred					
Individual	\$14.09	\$13.39	\$12.68	\$11.98	\$11.27
Employee + Child	\$22.39	\$21.27	\$20.15	\$19.03	\$17.91
Employee + Spouse	\$33.23	\$31.57	\$29.91	\$28.24	\$26.58
Family	\$43.16	\$41.00	\$38.84	\$36.69	\$34.53