CHARLES COUNTY HEALTH BENEFITS PROGRAM

Premiums effective for July 1, 2011 - June 30, 2012 Plan Year

COVERAGE LEVEL	CareFirst PPN/PPO & Select Vision	CareFirst Blue Choice HMO & Select Vision	CareFirst Regional Dental	Delta Dental
EMPLOYEE SEMI-MONTHLY PREMIUM				
Individual	$84.58	$52.87	$4.78	$4.21
Parent & Child	$146.96	$100.47	$7.29	$6.69
Husband & Wife	$176.02	$121.60	$10.95	$9.93
Family	$206.93	$158.61	$14.33	$12.90

FULL TIME REDUCED HOURS EMPLOYEES
HEALTH INSURANCE RATES
July 1, 2011 - June 30, 2012

	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 PPN & CF Select Vision					
Individual	$112.77	$107.14	$101.50	$95.86	$90.22
Parent & Child	$195.94	$186.14	$176.35	$166.55	$156.75
Husband & Wife	$234.69	$222.95	$211.22	$199.48	$187.75
Family	$275.90	$262.11	$248.31	$234.52	$220.72
CareFirst BlueChoice HMO & CF Select Vision					
Individual	$70.49	$66.97	$63.44	$59.92	$56.39
Parent & Child	$133.96	$127.26	$120.56	$113.86	$107.16
Husband & Wife	$162.13	$154.03	$145.92	$137.81	$129.71
Family	$211.49	$200.91	$190.34	$179.76	$169.19
CareFirst Regional Traditional Dental					
Individual	$6.37	$6.05	$5.73	$5.41	$5.09
Parent & Child	$9.72	$9.24	$8.75	$8.26	$7.78
Husband & Wife	$14.61	$13.88	$13.15	$12.42	$11.68
Family	$19.10	$18.15	$17.19	$16.24	$15.28
Delta Dental PPO/Preferred					
Individual	$5.61	$5.33	$5.05	$4.77	$4.49
Parent & Child	$8.92	$8.47	$8.03	$7.58	$7.14
Husband & Wife	$13.24	$12.58	$11.91	$11.25	$10.59
Family	$17.20	$16.34	$15.48	$14.62	$13.76