

CHARLES COUNTY HEALTH BENEFITS PROGRAM

Premiums effective for July 1, 2021 - June 30, 2022 Plan Year

COVERAGE LEVEL	CareFirst BlueChoice Advantage BlueVision Plus	CareFirst Blue Choice HMO Open Access BlueVision Plus	CareFirst PPO Dental	Delta Dental
EMPLOYEE SEMI-MONTHLY PREMIUM				
Individual	\$127.09	\$87.96	\$7.11	\$5.97
Parent & Child	\$220.80	\$167.15	\$10.85	\$9.49
Employee & Spouse	\$264.47	\$202.30	\$16.31	\$14.08
Family	\$310.91	\$263.88	\$21.33	\$18.29