

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
COBRA TOTAL MONTHLY PREMIUM				
Individual	\$864.18	\$598.11	\$48.33	\$40.62
Employee + Child	\$1,501.45	\$1,136.61	\$73.81	\$64.53
Employee + Spouse	\$1,798.37	\$1,375.65	\$110.87	\$95.75
Family	\$2,114.19	\$1,794.39	\$145.01	\$124.39