

**CHARLES COUNTY HEALTH BENEFITS PROGRAM**

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

<b>COVERAGE LEVEL</b>	<b>CareFirst BlueChoice Advantage BlueVision Plus</b>	<b>CareFirst Blue Choice HMO Open Access &amp; BlueVision Plus</b>	<b>CareFirst PPO Dental</b>	<b>Delta Dental</b>
<b>COBRA TOTAL MONTHLY PREMIUM</b>				
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