

FULL TIME REDUCED HOURS EMPLOYEES

HEALTH INSURANCE RATES

July 1, 2021 - June 30, 2022

	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 BlueVision Plus					
Individual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Child	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Spouse	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Family	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CareFirst BlueChoice HMO Open Access & CF BlueVision Plus					
Individual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Child	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Spouse	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Family	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CareFirst PPO Dental					
Individual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Child	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Spouse	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Family	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Delta Dental PPO/Preferred					
Individual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Child	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Spouse	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Family	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00