

FULL TIME REDUCED HOURS EMPLOYEES

HEALTH INSURANCE RATES

July 1, 2021 - June 30, 2022

	Employee 25 hrs/wk	Employee 27.5 hrs/wk	Employee 30 hrs/wk	Employee 32 hrs/wk	Employee 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