

## Premiums – Bi-weekly

(Rates are based on 20 payroll deductions per year)

	Total Annual Plan Cost	Total Annual CCBC Cost	Total Annual Employee Cost	Employee Per Pay Contributions
<b>CareFirst Triple Choice</b>				
Individual	\$ 6,350.76	\$ 5,398.15	\$ 952.61	\$ 47.63
Parent/Child	\$ 9,320.28	\$ 7,922.24	\$ 1,398.04	\$ 69.90
Husband/Wife	\$ 13,552.80	\$ 11,519.88	\$ 2,032.92	\$ 101.65
Family	\$ 19,343.16	\$ 16,441.69	\$ 2,901.47	\$ 145.07
<b>Kaiser Permanente Select HMO</b>				
Individual	\$ 5,207.28	\$ 4,426.19	\$ 781.09	\$ 39.05
Parent/Child(ren)	\$ 9,894.24	\$ 8,410.10	\$ 1,484.14	\$ 74.21
Husband/Wife	\$ 10,934.76	\$ 9,294.55	\$ 1,640.21	\$ 82.01
Family	\$ 15,621.48	\$ 13,278.26	\$ 2,343.22	\$ 117.16
<b>Optimum Choice HMO</b>				
Individual	\$ 5,441.76	\$ 4,897.58	\$ 544.18	\$ 27.21
Parent/Child	\$ 7,900.32	\$ 7,110.29	\$ 790.03	\$ 39.50
Husband/Wife	\$ 11,651.04	\$ 10,485.94	\$ 1,165.10	\$ 58.26
Family	\$ 16,452.84	\$ 14,807.56	\$ 1,645.28	\$ 82.26
<b>CareFirst Regional Traditional Dental</b>				
Individual	\$ 243.96	\$ 163.45	\$ 80.51	\$ 4.03
Parent/Child	\$ 511.68	\$ 342.83	\$ 168.85	\$ 8.44
Husband/Wife	\$ 511.68	\$ 342.83	\$ 168.85	\$ 8.44
Family	\$ 807.12	\$ 540.77	\$ 266.35	\$ 13.32
<b>CareFirst Regional Preferred Dental</b>				
Individual	\$ 293.16	\$ 192.42	\$ 96.74	\$ 4.84
Parent/Child	\$ 614.40	\$ 411.65	\$ 202.75	\$10.14
Husband/Wife	\$ 614.40	\$ 411.65	\$ 202.75	\$10.14
Family	\$ 969.60	\$ 649.63	\$ 319.97	\$ 16.00
<b>CareFirst Vision</b>				
Individual	\$ 33.72	\$ 28.66	\$ 5.06	\$ 0.25
Parent/Child	\$ 50.52	\$ 42.94	\$ 7.58	\$ 0.38
Husband/Wife	\$ 67.68	\$ 57.53	\$ 10.15	\$ 0.51
Family	\$ 87.60	\$ 74.46	\$ 13.14	\$ 0.66

**Important Note:** Premiums are based on twenty deductions per year. Deductions stop in June and start in the first pay in September. Deductions are not taken from the last pay of the calendar year.