

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
CareFirst Triple Choice				
Individual	\$ 6,708.60	\$ 5,702.31	\$ 1,006.29	\$ 50.31
Parent/Child	\$ 9,845.40	\$ 8,368.59	\$ 1,476.81	\$ 73.84
Husband/Wife	\$14,316.48	\$12,169.01	\$ 2,147.47	\$107.37
Family	\$ 20,433.12	\$17,368.15	\$ 3,064.97	\$153.25
Kaiser Permanente Select HMO				
Individual	\$ 5,798.76	\$ 4,928.95	\$ 869.81	\$ 43.49
Parent/Child(ren)	\$11,018.28	\$ 9,365.54	\$ 1,652.74	\$ 82.64
Husband/Wife	\$12,176.88	\$10,350.35	\$ 1,826.53	\$ 91.33
Family	\$17,395.80	\$14,786.43	\$ 2,609.37	\$130.47
Optimum Choice HMO				
Individual	\$ 6,199.56	\$ 5,579.60	\$ 619.96	\$ 31.00
Parent/Child	\$ 9,000.48	\$ 8,100.43	\$ 900.05	\$ 45.00
Husband/Wife	\$13,273.44	\$11,946.10	\$1,327.34	\$ 66.37
Family	\$18,743.88	\$16,869.49	\$1,874.39	\$ 93.72
CareFirst Regional Traditional Dental				
Individual	\$ 246.84	\$ 165.38	\$ 81.46	\$ 4.07
Parent/Child	\$ 517.68	\$ 346.85	\$ 170.83	\$ 8.54
Husband/Wife	\$ 517.68	\$ 346.85	\$ 170.83	\$ 8.54
Family	\$ 816.60	\$ 547.12	\$ 269.48	\$ 13.47
CareFirst Regional Preferred Dental				
Individual	\$ 296.64	\$ 198.75	\$ 97.89	\$ 4.89
Parent/Child	\$ 621.60	\$ 416.47	\$ 205.13	\$ 10.26
Husband/Wife	\$ 621.60	\$ 416.47	\$ 205.13	\$ 10.26
Family	\$ 981.00	\$ 657.27	\$ 323.73	\$ 16.19
CareFirst Vision				
Individual	\$ 34.92	\$ 29.68	\$ 5.24	\$ 0.26
Parent/Child	\$ 52.20	\$ 44.37	\$ 7.83	\$ 0.39
Husband/Wife	\$ 69.96	\$ 59.47	\$ 10.49	\$ 0.52
Family	\$ 90.60	\$ 77.01	\$ 13.59	\$ 0.68

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.