

**SEMI-MONTHLY INSURANCE RATES
(24 PAYS)**

CAREFIRST BLUE CROSS BLUE SHIELD

BLUECHOICE (HMO)

PLAN	FULL SEMI-MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE PAYS
Individual (Self)	\$327.18	\$294.46	\$32.72
Self/Spouse	847.66	610.32	237.34
Self/Child	591.45	425.84	165.60
Family - Self/Children	938.73	675.89	262.84
Family - Self/Spouse/Child(ren)	938.73	675.89	262.84
Family 2-Employee	938.73	750.98	187.75

BLUECHOICE ADVANTAGE (BCA)

PLAN	FULL SEMI-MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE PAYS
Individual (Self)	\$366.09	\$329.48	\$36.61
Self/Spouse	948.48	682.90	265.57
Self/Child	661.66	476.40	185.26
Family - Self/Children	1,050.38	756.27	294.11
Family - Self/Spouse/Child(ren)	1,050.38	756.27	294.11
Family 2-Employee	1,050.38	840.30	210.08

TRADITIONAL PLAN

PLAN	FULL SEMI-MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE PAYS
Individual (Self)	\$423.16	\$380.84	\$42.32
Self/Spouse	1,102.86	794.06	308.80
Self/Child	778.73	560.69	218.04
Family - Self/Children	1,219.43	877.99	341.44
Family - Self/Spouse/Child(ren)	1,219.43	877.99	341.44
Family 2-Employee	1,219.43	975.54	243.89

DENTAL

PLAN	FULL SEMI-MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE PAYS
Individual (Self)	\$18.90	\$17.01	\$1.89
Self/Spouse	37.79	27.21	10.58
Self/Child	28.35	20.41	7.94
Family - Self/Children	49.12	35.37	13.75
Family - Self/Spouse/Child(ren)	49.12	35.37	13.75
Family 2-Employee	49.12	39.30	9.82

VISION

PLAN	FULL SEMI-MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE PAYS
Individual (Self)	\$4.57	\$4.11	\$0.46
Self/Spouse	9.16	6.59	2.56
Self/Child	6.87	4.94	1.92
Family - Self/Children	11.88	8.55	3.33
Family - Self/Spouse/Child(ren)	11.88	8.55	3.33
Family 2-Employee	11.88	9.50	2.38

Please Note: If you are a non-full-time support staff or grant-funded employee or a teacher working less than half-time, you are an Eligible Employee, but you may be required to pay the full-cost premium for your health insurance depending on the number of hours you work per week. The full-cost semi-monthly premium is found in column two of this document, "FULL SEMI-MONTHLY PREMIUM". If you have any questions, please call the Bridget Scott at 443-550-8315 or email her at scottb@calvertnet.k12.md.us for a copy of the full-cost premium rates.

Effective 07/01/2021