

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

CAREFIRST BLUE CROSS BLUE SHIELD

BLUECHOICE (HMO)

PLAN	FULL SEMI-MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE PAYS
Individual (Self)	\$379.00	\$341.10	\$37.90
Self/Spouse	981.91	706.98	274.93
Self/Child	685.12	493.28	191.83
Family - Self/Children	1,087.40	782.93	304.47
Family - Self/Spouse/Child(ren)	1,087.40	782.93	304.47
Family 2-Employee	1,087.40	869.92	217.48

BLUECHOICE ADVANTAGE (BCA)

PLAN	FULL SEMI-MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE PAYS
Individual (Self)	\$424.06	\$381.65	\$42.41
Self/Spouse	1,098.70	791.06	307.63
Self/Child	766.45	551.84	214.61
Family - Self/Children	1,216.74	876.05	340.69
Family - Self/Spouse/Child(ren)	1,216.74	876.05	340.69
Family 2-Employee	1,216.74	973.39	243.35

TRADITIONAL PLAN

PLAN	FULL SEMI-MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE PAYS
Individual (Self)	\$490.18	\$441.16	\$49.02
Self/Spouse	1,277.53	919.82	357.71
Self/Child	902.06	649.48	252.58
Family - Self/Children	1,412.55	1,017.04	395.51
Family - Self/Spouse/Child(ren)	1,412.55	1,017.04	395.51
Family 2-Employee	1,412.55	1,130.04	282.51

DENTAL

PLAN	FULL SEMI-MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE PAYS
Individual (Self)	\$21.21	\$19.08	\$2.12
Self/Spouse	42.40	30.53	11.87
Self/Child	31.80	22.90	8.90
Family - Self/Children	55.11	39.68	15.43
Family - Self/Spouse/Child(ren)	55.11	39.68	15.43
Family 2-Employee	55.11	44.09	11.02

VISION

PLAN	FULL SEMI-MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE PAYS
Individual (Self)	\$4.57	\$4.11	\$0.46
Self/Spouse	9.16	6.60	2.56
Self/Child	6.87	4.95	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 Benefits Office at 443-550-8315 or email benefits@calvertnet.k12.md.us for a copy of the full-cost premium rates.

Effective 07/01/2025