

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

CAREFIRST BLUE CROSS BLUE SHIELD

BLUECHOICE (HMO)

PLAN	FULL SEMI-MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE PAYS
Individual (Self)	\$352.23	\$317.01	\$35.22
Self/Spouse	912.56	657.04	255.52
Self/Child	636.73	458.45	178.28
Family - Self/Children	1,010.60	727.63	282.97
Family - Self/Spouse/Child(ren)	1,010.60	727.63	282.97
Family 2-Employee	1,010.60	808.48	202.12

BLUECHOICE ADVANTAGE (BCA)

PLAN	FULL SEMI-MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE PAYS
Individual (Self)	\$394.11	\$354.70	\$39.41
Self/Spouse	1,021.09	735.18	285.91
Self/Child	712.32	512.87	199.45
Family - Self/Children	1,130.80	814.18	316.62
Family - Self/Spouse/Child(ren)	1,130.80	814.18	316.62
Family 2-Employee	1,130.80	904.64	226.16

TRADITIONAL PLAN

PLAN	FULL SEMI-MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE PAYS
Individual (Self)	\$455.56	\$410.00	\$45.56
Self/Spouse	1,187.29	854.85	332.44
Self/Child	838.35	603.61	234.74
Family - Self/Children	1,312.78	945.20	367.58
Family - Self/Spouse/Child(ren)	1, 312.78	945.20	367.58
Family 2-Employee	1, 312.78	1,050.22	262.56

DENTAL

PLAN	FULL SEMI-MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE PAYS
Individual (Self)	\$19.28	\$17.35	\$1.93
Self/Spouse	38.55	27.76	10.79
Self/Child	28.91	20.82	8.09
Family - Self/Children	50.10	36.07	14.03
Family - Self/Spouse/Child(ren)	50.10	36.07	14.03
Family 2-Employee	50.10	40.08	10.02

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 07/01/2024