

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

CAREFIRST BLUE CROSS BLUE SHIELD

BLUECHOICE (HMO)

PLAN	FULL SEMI-MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE PAYS
Individual (Self)	\$459.35	\$413.42	\$45.93
Self/Spouse	\$1190.07	\$856.85	\$333.22
Self/Child	\$830.37	\$597.87	\$232.50
Family - Self/Children	\$1,317.93	\$948.91	\$369.02
Family - Self/Spouse/Child(ren)	\$1,317.93	\$948.91	\$369.02
Family 2-Employee	\$1,317.93	\$1,054.34	\$263.59

BLUECHOICE ADVANTAGE (BCA)

PLAN	FULL SEMI-MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE PAYS
Individual (Self)	\$513.96	\$462.56	\$51.40
Self/Spouse	\$1,331.62	\$958.77	\$372.85
Self/Child	\$928.94	\$668.84	\$260.10
Family - Self/Children	\$1,474.69	\$1,061.78	\$412.91
Family - Self/Spouse/Child(ren)	\$1,474.69	\$1,061.78	\$412.91
Family 2-Employee	\$1,474.69	\$1,179.75	\$294.94

TRADITIONAL PLAN

PLAN	FULL SEMI-MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE PAYS
Individual (Self)	\$594.10	\$534.69	\$59.41
Self/Spouse	\$1,548.37	\$1,114.83	\$433.54
Self/Child	\$1,093.30	\$787.18	\$306.12
Family - Self/Children	\$1,712.01	\$1,232.65	\$479.36
Family - Self/Spouse/Child(ren)	\$1,712.01	\$1,232.65	\$479.36
Family 2-Employee	\$1,712.01	\$1,369.61	\$342.40

DENTAL

PLAN	FULL SEMI-MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE PAYS
Individual (Self)	\$22.57	\$20.31	\$2.26
Self/Spouse	\$45.11	\$32.48	\$12.63
Self/Child	\$33.84	\$24.36	\$9.47
Family - Self/Children	\$58.64	\$42.22	\$16.42
Family - Self/Spouse/Child(ren)	\$58.64	\$42.22	\$16.42
Family 2-Employee	\$58.64	\$46.91	\$11.73

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 07/01/2026`