

	TOTAL ANNUAL PREMIUM	CCPS BOARD ANNUAL CONTRIBUTION	EMPLOYEE ANNUAL CONTRIBUTION	EMPLOYEE MONTHLY CONTRIBUTION	EMPLOYEE COST PER PAY (22 PAYS)
CAREFIRST BCBS PPO/PPN MEDICAL ONLY					
Individual	\$6,548.04	\$5,565.83	\$982.21	\$81.85	\$44.65
2-Party	\$13,094.76	\$11,130.55	\$1,964.21	\$163.68	\$89.28
Family	\$17,025.72	\$14,471.86	\$2,553.86	\$212.82	\$116.08
COVENTRY HMO MEDICAL ONLY					
Individual	\$5,503.68	\$4,678.13	\$825.25	\$68.80	\$37.53
2-Party	\$10,732.08	\$9,122.27	\$1,609.81	\$134.15	\$73.17
Family	\$16,070.64	\$13,660.04	\$2,410.60	\$200.88	\$109.57
DENTAL w/MEDICAL					
Individual	\$334.03	\$283.92	\$50.10	\$4.18	\$2.28
2-Party	\$621.94	\$528.65	\$93.29	\$7.77	\$4.24
Family	\$937.44	\$796.82	\$140.62	\$11.72	\$6.39
CUSTOM VISION w/MEDICAL					
Individual	\$61.08	\$27.84	\$33.24	\$2.77	\$1.51
2-Party	\$116.16	\$52.85	\$63.31	\$5.28	\$2.88
Family	\$170.64	\$77.64	\$93.00	\$7.75	\$4.23
STANDARD VISION w/ MEDICAL					
Individual	\$32.75	\$27.84	\$4.91	\$0.41	\$0.22
2-Party	\$62.17	\$52.85	\$9.33	\$0.78	\$0.42
Family	\$91.34	\$77.64	\$13.70	\$1.14	\$0.62
CAREFIRST BCBS MEDICAL PPO/PPN FULL PREMIUM					
Individual	\$6,548.04	\$0.00	\$6,548.04	\$545.67	\$297.64
2-Party	\$13,094.76	\$0.00	\$13,094.76	\$1,091.23	\$595.22
Family	\$17,025.72	\$0.00	\$17,025.72	\$1,418.81	\$773.90
COVENTRY HMO FULL PREMIUM					
Individual	\$5,503.68	\$0.00	\$5,503.68	\$458.64	\$250.17
2-Party	\$10,732.08	\$0.00	\$10,732.08	\$894.34	\$487.82
Family	\$16,070.64	\$0.00	\$16,070.64	\$1,339.22	\$730.48
DENTAL FULL PREMIUM					
Individual	\$334.03	\$0.00	\$334.03	\$27.84	\$15.18
2-Party	\$621.94	\$0.00	\$621.94	\$51.83	\$28.27
Family	\$937.44	\$0.00	\$937.44	\$78.12	\$42.61
CUSTOM VISION FULL PREMIUM					
Individual	\$61.08	\$0.00	\$61.08	\$5.09	\$2.78
2-Party	\$116.16	\$0.00	\$116.16	\$9.68	\$5.28
Family	\$170.64	\$0.00	\$170.64	\$14.22	\$7.76
STANDARD VISION FULL PREMIUM					
Individual	\$32.75	\$0.00	\$32.75	\$2.73	\$1.49
2-Party	\$62.17	\$0.00	\$62.17	\$5.18	\$2.83
Family	\$91.34	\$0.00	\$91.34	\$7.61	\$4.15