

**2026 Health Care ~ Bi-Weekly Employee Premium Rates**  
**Effective January 1, 2026**

<b>CareFirst Blue Choice Advantage EPO Plan (In-network coverage only)</b>	<b>2026</b>
Individual	\$40.02
Ind/Child	\$70.03
Ind/Spouse	\$80.04
Ind/Family	\$110.05
<b>CareFirst Blue Choice Advantage PPO Plan (In &amp; Out-of-network coverage)</b>	<b>2026</b>
Individual	\$64.88
Ind/Child	\$113.54
Ind/Spouse	\$129.76
Ind/Family	\$178.42

<b>Delta Dental -Basic PPO</b>	<b>2026</b>
Individual	\$5.46
Ind/Child	\$11.21
Ind/Spouse	\$11.21
Ind/Family	\$17.03
<b>Delta Dental Enhanced PPO</b>	<b>2026</b>
Individual	\$9.39
Ind/Child	\$19.91
Ind/Spouse	\$19.91
Ind/Family	\$30.13

<b>VSP (Vision Service Plan)</b>	<b>2026</b>
Individual	\$0.53
Ind/Child	\$0.93
Ind/Spouse	\$1.06
Ind/Family	\$1.46