McDaniel College Health, Dental and Vision Rates - 2025

Monthly Premium Rates

Plan	Total Monthly Premium Rate	Monthly Paycheck Premium Salaries $0 - $39,999	Monthly Paycheck Premium Salaries $40,000 - $99,999	Monthly Paycheck Premium Salaries $100,000+
CareFirst BlueChoice Advantage Plan				
Employee Only	$797.39	$82.96	$90.05	$100.09
Employee/Spouse (DP)	$1,594.76	$398.15	$432.21	$480.34
Employee/Spouse (DP) w/ surcharge	$1,594.76	$523.15	$557.21	$605.34
Employee / Child	$1,196.06	$299.15	$324.73	$360.90
Employee / Child(ren)	$2,232.64	$490.18	$532.10	$591.36
Family	$2,232.64	$576.91	$626.25	$696.01
Family w/ surcharge	$2,232.64	$701.91	$751.25	$821.01
CareFirst HDHP Plan				
Employee Only	$691.81	$11.48	$12.05	$12.97
Employee/Spouse (DP)	$1,383.61	$128.05	$139.00	$154.48
Employee/Spouse (DP) w/ surcharge	$1,383.61	$253.05	$264.00	$279.48
Employee/ Child	$1,037.75	$48.44	$52.59	$58.44
Employee / Child(ren)	$1,937.04	$196.27	$213.05	$236.79
Family	$1,937.04	$219.00	$237.73	$264.19
Family w/ surcharge	$1,937.04	$344.00	$362.73	$389.19
CareFirst Dental PPO				
Employee Only	$35.10	$35.10	$35.10	$35.10
Employee/Spouse (DP)	$70.20	$70.20	$70.20	$70.20
Employee / Child	$52.66	$52.66	$52.66	$52.66
Employee / Child(ren)	$98.28	$98.28	$98.28	$98.28
Family	$98.28	$98.28	$98.28	$98.28
CareFirst Vision Plan				
Employee Only	$6.13	$6.13	$6.13	$6.13
Employee/Spouse (DP)	$12.23	$12.23	$12.23	$12.23
Employee / Child	$9.19	$9.19	$9.19	$9.19
Employee / Child(ren)	$11.65	$11.65	$11.65	$11.65
Family	$19.87	$19.87	$19.87	$19.87