

Guest Services, Inc.
2026 Employee/Employer Contributions

Plan	Monthly			Biweekly	Weekly
	Total	Employer	Employee	Employee	Employee
Medical/Rx					
CareFirst PPO					
Employee Only	\$986.02	\$700.02	\$286.00	\$132.00	\$66.00
Employee + Child(ren)	\$1,678.58	\$1,090.36	\$588.22	\$271.49	\$135.74
Employee + Spouse	\$2,467.40	\$1,533.17	\$934.23	\$431.18	\$215.59
Family	\$3,258.58	\$2,088.99	\$1,169.58	\$539.81	\$269.90
CareFirst HDHP					
Employee Only	\$833.42	\$696.72	\$136.70	\$63.09	\$31.55
Employee + Child(ren)	\$1,415.65	\$1,134.05	\$281.60	\$129.97	\$64.99
Employee + Spouse	\$2,082.39	\$1,638.48	\$443.91	\$204.88	\$102.44
Family	\$2,749.12	\$2,185.42	\$563.70	\$260.17	\$130.08
CareFirst HDHP 5000					
Employee Only	\$765.33	\$705.41	\$59.92	\$27.66	\$13.83
Employee + Child(ren)	\$1,300.61	\$1,177.17	\$123.44	\$56.97	\$28.49
Employee + Spouse	\$1,913.34	\$1,719.61	\$193.74	\$89.42	\$44.71
Family	\$2,523.75	\$2,273.77	\$249.98	\$115.37	\$57.69
Kaiser HMO - Mid-Atlantic					
Employee Only	\$793.40	\$549.23	\$244.17	\$112.69	\$56.35
Employee + Child(ren)	\$1,507.46	\$936.77	\$570.69	\$263.39	\$131.70
Employee + Spouse	\$1,666.14	\$999.27	\$666.87	\$307.78	\$153.89
Family	\$2,380.20	\$1,482.50	\$897.70	\$414.32	\$207.16
Dental - Guardian					
Dental Plan A					
Employee Only	\$48.36	\$15.44	\$32.92	\$15.19	\$7.60
Employee + Child(ren)	\$67.69	\$21.81	\$45.88	\$21.17	\$10.59
Employee + Spouse	\$72.53	\$23.42	\$49.11	\$22.67	\$11.33
Family	\$116.04	\$37.78	\$78.26	\$36.12	\$18.06
Dental Plan B					
Employee Only	\$32.18	\$10.06	\$22.12	\$10.21	\$5.11
Employee + Child(ren)	\$45.05	\$13.74	\$31.31	\$14.45	\$7.22
Employee + Spouse	\$48.26	\$14.80	\$33.46	\$15.44	\$7.72
Family	\$80.39	\$24.80	\$55.59	\$25.66	\$12.83
Vision - EyeMed					
Vision Plan					
Employee Only	\$7.87	\$0.00	\$7.87	\$3.63	\$1.82
Employee + Child(ren)	\$11.71	\$0.00	\$11.71	\$5.40	\$2.70
Employee + Spouse	\$10.95	\$0.00	\$10.95	\$5.05	\$2.53
Family	\$18.73	\$0.00	\$18.73	\$8.64	\$4.32