

State of Maryland

EMPLOYEE AND RETIREE RATE SHEETS EFFECTIVE 01/01/2015 THRU 12/31/2015

MEDICAL - EMPLOYEE MONTHLY PREMIUM RATES			
Plan Name	Employee Only	Employee & Child or Employee & Spouse	Employee & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$95.23	\$171.42	\$238.09
CAREFIRST BLUECROSS BLUESHIELD EPO	\$63.56	\$133.39	\$165.25
KAISER	\$57.61	\$120.90	\$149.78
UNITEDHEALTHCARE PPO	\$93.68	\$168.63	\$234.22
UNITEDHEALTHCARE EPO	\$63.95	\$132.99	\$158.57

MEDICAL - EMPLOYEE BI-WEEKLY PREMIUM RATES			
Plan Name	Employee Only	Employee & Child or Employee & Spouse	Employee & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$47.62	\$85.71	\$119.04
CAREFIRST BLUECROSS BLUESHIELD EPO	\$31.78	\$66.70	\$82.63
KAISER	\$28.81	\$60.45	\$74.89
UNITEDHEALTHCARE PPO	\$46.84	\$84.32	\$117.11
UNITEDHEALTHCARE EPO	\$31.97	\$66.49	\$79.28

PRESCRIPTION DRUG - MONTHLY PREMIUM RATES				
EMPLOYEE	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
		\$42.94	\$57.07	\$71.27

PRESCRIPTION DRUG - BI-WEEKLY PREMIUM RATES				
EMPLOYEE	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
		\$21.47	\$28.53	\$35.63

DENTAL - EMPLOYEE MONTHLY PREMIUM RATES				
Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	\$6.44	\$11.22	\$12.89	\$18.11
UNITED CONCORDIA DPPO	\$11.64	\$22.24	\$23.27	\$43.60

DENTAL - EMPLOYEE BI-WEEKLY PREMIUM RATES				
Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	\$3.22	\$5.61	\$6.45	\$9.05
UNITED CONCORDIA DPPO	\$5.82	\$11.12	\$11.64	\$21.80

PLEASE NOTE: Post tax deductions and imputed income amounts for age 25 grandchildren and legal wards are available on the "January 2015-December 2015 Imputed Income Rate Sheet" at www.dbm.maryland.gov/benefits.

MEDICAL - RETIREE MONTHLY (WITHOUT MEDICARE) PREMIUM RATES

Plan Name	Retiree Only	Retiree & Child or Retiree & Spouse	Retiree & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$95.23	\$171.42	\$238.09
CAREFIRST BLUECROSS BLUESHIELD EPO	\$63.56	\$133.39	\$165.25
KAISER	\$57.61	\$120.90	\$149.78
UNITEDHEALTHCARE PPO	\$93.68	\$168.63	\$234.22
UNITEDHEALTHCARE EPO	\$63.95	\$132.99	\$158.57

MEDICAL - RETIREE MONTHLY (WITH MEDICARE) PREMIUM RATES

Plan Name	Retiree Only With Medicare	Retiree + 1, 1 With Medicare	Retiree + 1, Both With Medicare	Retiree + 2, 1 With Medicare	Retiree + 2, 2 With Medicare	Retiree + 2 or More, All With Medicare	Retiree + 3 or More, at Least 1 Without Medicare
CAREFIRST BLUECROSS BLUESHIELD PPO	\$47.62	\$142.83	\$95.23	\$219.02	\$190.46	\$142.83	\$238.09
CAREFIRST BLUECROSS BLUESHIELD EPO	\$31.33	\$94.38	\$68.85	\$157.43	\$100.41	\$86.12	\$165.25
UNITEDHEALTHCARE PPO	\$46.85	\$140.52	\$93.68	\$215.46	\$187.36	\$140.52	\$234.22
UNITEDHEALTHCARE EPO	\$42.23	\$106.17	\$84.45	\$158.57	\$144.98	\$126.68	\$158.57

PRESCRIPTION DRUG - RETIREE MONTHLY (WITHOUT MEDICARE) PREMIUM RATES

EXPRESS SCRIPTS	Retiree Only	Retiree & Child	Retiree & Spouse	Retiree & Family
	\$53.02	\$70.46	\$87.99	\$106.04

PRESCRIPTION DRUG - RETIREE MONTHLY (WITH MEDICARE) PREMIUM RATES

EXPRESS SCRIPTS	Retiree Only with Medicare	Retiree + 1, Retiree with Medicare	Retiree + 1, Dependent with Medicare	Retiree + 1, both with Medicare	Retiree + 2, Retiree with Medicare	Retiree + 2, Dependent with Medicare	Retiree + 2, 2 with Medicare	Retiree + 2 or more, all with Medicare	Retiree + 3 or more, Retiree with Medicare	Retiree + 3 or more, 1, 2, or 3 with Medicare
	\$38.15	\$67.05	\$69.80	\$63.23	\$91.16	\$91.16	\$77.78	\$76.29	\$91.16*	\$91.16**

DENTAL - RETIREE MONTHLY PREMIUM RATES

Plan Name	Retiree Only	Retiree & Child	Retiree & Spouse	Retiree & Family
DELTA DENTAL DHMO	\$6.44	\$11.22	\$12.89	\$18.11
UNITED CONCORDIA DPPO	\$11.64	\$22.24	\$23.27	\$43.60

TERM LIFE INSURANCE PREMIUM RATES

Age of Employee/Retiree	Bi-Weekly Employee/Retiree Rates (per \$1,000)	Monthly Employee/Retiree Rates (per \$1,000)	Age of Spouse	Bi-Weekly Spouse Rates (per \$1,000)	Monthly Spouse Rates (per \$1,000)
Under 30	\$0.017	\$0.034	Under 30	\$0.051	\$0.102
30 to 34	\$0.021	\$0.041	30 to 34	\$0.055	\$0.110
35 to 39	\$0.027	\$0.054	35 to 39	\$0.069	\$0.138
40 to 44	\$0.043	\$0.085	40 to 44	\$0.101	\$0.202
45 to 49	\$0.069	\$0.137	45 to 49	\$0.156	\$0.313
50 to 54	\$0.108	\$0.216	50 to 54	\$0.232	\$0.464
55 to 59	\$0.196	\$0.392	55 to 59	\$0.361	\$0.722
60 to 64	\$0.277	\$0.553	60 to 64	\$0.553	\$1.106
65 to 69	\$0.413	\$0.826	65 to 69	\$0.804	\$1.608
70 to 74	\$0.740	\$1.480	70 to 74	\$1.264	\$2.528
75 to 79	\$1.030	\$2.060	75 to 79	\$1.264	\$2.528
80 and older	\$1.030	\$2.060	80 and older	\$1.264	\$2.528

Dependent Child Coverage is \$0.156 per \$1,000 per month; \$0.078 per \$1,000 per bi-weekly pay period.

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE PREMIUM RATES

Plan Coverage Level	Employee Only Bi-Weekly Rates	Employee + Family Bi-Weekly Rates	Employee Only Monthly Rates	Employee + Family Monthly Rates
\$100,000	\$0.75	\$1.40	\$1.50	\$2.80
\$200,000	\$1.50	\$2.80	\$3.00	\$5.60
\$300,000	\$2.25	\$4.20	\$4.50	\$8.40

*FAMILY COVERAGE RETIREE W/MEDICARE AND/OR OTHER DEPENDENTS W/MEDICARE

**FAMILY COVERAGE RETIREE NO MEDICARE AND 1 OR MORE DEPENDENTS W/MEDICARE

