



# Department of Budget & Management



STATE OF MARYLAND

## DIRECT PAY ENROLLEES

**EFFECTIVE 01/01/2014 THRU 12/31/2014**

### MONTHLY PREMIUM SCHEDULE – STATE GROUP BENEFITS PROGRAM

**IMPORTANT: COBRA AND CONTINUING OR CONTINUATION COVERAGE FOR DOMESTIC PARTNER ENROLLEES NEED TO ADD 2% FOR ADMINISTRATIVE FEE.**

#### PPO HEALTH PLANS

Plan Type	CareFirst BC/BS	UnitedHealthcare Options
Individual	\$476.16	\$468.41
Individual + one person	\$857.08	\$843.15
Individual & two or more	\$1,190.43	\$1,171.08

#### POS HEALTH PLANS

Plan Type	Aetna Choice	CareFirst BC/BS Maryland	UnitedHealthcare ChoicePlus
Individual	\$400.59	\$380.50	\$434.11
Individual + one person	\$721.05	\$684.91	\$781.36
Individual & two or more	\$1001.41	\$951.24	\$1085.28

#### EPO HEALTH PLANS

Plan Type	CareFirst BC/BS	Aetna Select	UnitedHealthcare Select
Individual	\$423.75	\$371.78	\$426.30
Individual + one person	\$889.27	\$743.55	\$886.58
Individual & two or more	\$1101.69	\$931.20	\$1057.12

#### PRESCRIPTION DRUG

Plan Type	Express Scripts
Individual	\$200.65
Individual & Child	\$266.68
Individual & Spouse	\$333.02
Individual & two or more	\$401.31

#### DENTAL

Plan Type	United Concordia	
	DHMO	DPPO
Individual	\$15.31	\$23.27
Individual & Child	\$26.68	\$44.48
Individual & Spouse	\$30.66	\$46.54
Individual & two or more	\$43.07	\$87.20

#### ACCIDENTAL DEATH & DISMEMBERMENT

Amount	Individual Only	Family
\$100,000	\$1.50	\$2.80
\$200,000	\$3.00	\$5.60
\$300,000	\$4.50	\$8.40

ENROLLMENT FORMS CAN BE FOUND ON OUR WEBSITE AT: [www.dbm.maryland.gov/benefits](http://www.dbm.maryland.gov/benefits)

*Life Insurance rates on the back of this sheet.*

## TERM LIFE INSURANCE PREMIUM RATES

Age of Employee/Retiree	Bi-Weekly Employee/Retiree Rate (per \$1,000)	Monthly Employee/Retiree Rate (per \$1,000)	Age of Spouse	Bi-Weekly Spouse Rate (per \$1,000)	Monthly Spouse Rate (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.