

State of Maryland
FY 2013 Medical Plan Premiums
SLEOLA - Bargaining Unit I

CareFirst BCBS - PPO		Bi-Weekly			Monthly		
		EE	State	Total	EE	State	Total
Employee	1	61.25	183.76	245.01	122.50	367.51	490.01
Employee & 1 Child	2	110.25	330.76	441.01	220.50	661.51	882.01
Employee & Spouse	3	110.25	330.76	441.01	220.50	661.51	882.01
Employee + 2 or more	4	153.14	459.41	612.54	306.27	918.81	1,225.08

United-HealthCare - PPO		Bi-Weekly			Monthly		
		EE	State	Total	EE	State	Total
Employee	1	58.89	176.65	235.54	117.77	353.30	471.07
Employee & 1 Child	2	105.99	317.98	423.97	211.98	635.95	847.93
Employee & Spouse	3	105.99	317.98	423.97	211.98	635.95	847.93
Employee + 2 or more	4	147.22	441.66	588.88	294.44	883.31	1,177.75

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AETNA - POS		Bi-Weekly			Monthly		
		EE	State	Total	EE	State	Total
Employee	1	45.85	162.57	208.42	91.70	325.13	416.83
Employee & 1 Child	2	82.53	292.61	375.14	165.06	585.21	750.27
Employee & Spouse	3	82.53	292.61	375.14	165.06	585.21	750.27
Employee + 2 or more	4	114.62	406.39	521.01	229.24	812.78	1,042.02

CareFirst BCBS - POS		Bi-Weekly			Monthly		
		EE	State	Total	EE	State	Total
Employee	1	43.81	155.32	199.12	87.61	310.63	398.24
Employee & 1 Child	2	78.86	279.57	358.43	157.71	559.14	716.85
Employee & Spouse	3	78.86	279.57	358.43	157.71	559.14	716.85
Employee + 2 or more	4	109.52	388.29	497.81	219.03	776.58	995.61

United-HealthCare - POS		Bi-Weekly			Monthly		
		EE	State	Total	EE	State	Total
Employee	1	46.58	165.15	211.73	93.16	330.30	423.46
Employee & 1 Child	2	83.84	297.26	381.10	167.68	594.51	762.19
Employee & Spouse	3	83.84	297.26	381.10	167.68	594.51	762.19
Employee + 2 or more	4	116.46	412.88	529.34	232.91	825.76	1,058.67

EE/Ret= Employee/ Retiree

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AETNA - EPO		Bi-Weekly			Monthly		
		EE	State	Total	EE	State	Total
Employee	1	37.35	149.40	186.75	74.70	298.79	373.49
Employee & 1 Child	2	74.70	298.79	373.49	149.40	597.58	746.98
Employee & Spouse	3	74.70	298.79	373.49	149.40	597.58	746.98
Employee + 2 or more	4	93.55	374.20	467.75	187.10	748.40	935.50

CareFirst BCBS - EPO		Bi-Weekly			Monthly		
		EE	State	Total	EE	State	Total
Employee	1	37.16	148.61	185.77	74.31	297.22	371.53
Employee & 1 Child	2	77.97	311.88	389.85	155.94	623.75	779.69
Employee & Spouse	3	77.97	311.88	389.85	155.94	623.75	779.69
Employee + 2 or more	4	96.60	386.38	482.97	193.19	772.75	965.94

United-HealthCare - EPO		Bi-Weekly			Monthly		
		EE	State	Total	EE	State	Total
Employee	1	38.44	153.76	192.20	76.88	307.52	384.40
Employee & 1 Child	2	79.95	319.78	399.73	159.89	639.56	799.45
Employee & Spouse	3	79.95	319.78	399.73	159.89	639.56	799.45
Employee + 2 or more	4	95.33	381.30	476.62	190.65	762.59	953.24

**State of Maryland
SLEOLA – Bargaining Unit I
Prescription Drug Premiums**

Level of Coverage	SLEOLA BiWk Employee	SLEOLA BiWk State Subsidy	SLEOLA BiWeek Total
Employee	\$21.68	\$86.74	\$108.42
Employee & 1 Child	\$28.82	\$115.27	\$144.09
Employee & Spouse	\$35.99	\$143.95	\$179.94
Employee + 2 or more	\$43.37	\$173.47	\$216.84

Level of Coverage	SLEOLA Monthly	SLEOLA Monthly State Subsidy	Monthly Total
Employee	\$43.37	\$173.47	\$216.84
Employee & 1 Child	\$57.64	\$230.54	\$288.18
Employee & Spouse	\$71.98	\$287.90	\$359.88
Employee + 2 or more	\$86.74	\$346.94	\$433.68

State of Maryland
SLEOLA – Bargaining Unit I
FY13 Dental Plan Premiums

United Concordia (DHMO)			
Bi-Weekly Coverage Level	Employee Deduction	State Subsidy	Total
Employee / Retiree Only	\$3.67	\$3.66	\$7.33
Employee / Retiree + 1 Child	\$6.38	\$6.37	\$12.75
Employee / Retiree + Spouse	\$7.34	\$7.33	\$14.67
Employee / Retiree + 2 or More	\$10.31	\$10.31	\$20.62
Monthly Coverage Level	Employee Deduction	State Subsidy	Total
Employee / Retiree Only	\$7.33	\$7.32	\$14.65
Employee / Retiree + 1 Child	\$12.77	\$12.76	\$25.53
Employee / Retiree + Spouse	\$14.67	\$14.67	\$29.34
Employee / Retiree + 2 or More	\$20.61	\$20.61	\$41.22

United Concordia (DPPO)			
Bi-Weekly Coverage Level	Employee Deduction	State Subsidy	Total
Employee / Retiree Only	\$5.82	\$5.82	\$11.64
Employee / Retiree + 1 Child	\$11.12	\$11.12	\$22.24
Employee / Retiree + Spouse	\$11.64	\$11.63	\$23.27
Employee / Retiree + 2 or More	\$21.80	\$21.79	\$43.59
Monthly Coverage Level	Employee Deduction	State Subsidy	Total
Employee / Retiree Only	\$11.64	\$11.63	\$23.27
Employee / Retiree + 1 Child	\$22.24	\$22.24	\$44.48
Employee / Retiree + Spouse	\$23.27	\$23.27	\$46.54
Employee / Retiree + 2 or More	\$43.60	\$43.60	\$87.20

FY13 TERM LIFE INSURANCE PREMIUMS

Age of Employee/Retiree	Bi-Weekly Employee/Retiree Rate (per \$10,000)	Monthly Employee/Retiree Rate (per \$10,000)	Age of Spouse/Domestic Partner	Bi-Weekly Spouse/Domestic Partner Rate (per \$5,000)	Monthly Spouse/Domestic Partner Rate (per \$5,000)
Under 20	\$0.18	\$0.36	Under 20	\$0.25	\$0.51
20 to 29	\$0.18	\$0.36	20 to 29	\$0.25	\$0.51
30 to 34	\$0.22	\$0.44	30 to 34	\$0.28	\$0.55
35 to 39	\$0.29	\$0.58	35 to 39	\$0.35	\$0.69
40 to 44	\$0.45	\$0.90	40 to 44	\$0.51	\$1.01
45 to 49	\$0.73	\$1.46	45 to 49	\$0.78	\$1.56
50 to 54	\$1.15	\$2.30	50 to 54	\$1.16	\$2.32
55 to 59	\$2.09	\$4.17	55 to 59	\$1.81	\$3.61
60 to 64	\$2.95	\$5.89	60 to 64	\$2.76	\$5.53
65 to 69	\$4.40	\$8.80	65 to 69	\$4.02	\$8.04
70 to 74	\$7.88	\$15.76	70 to 74	\$6.32	\$12.64
75 to 79	\$15.42	\$30.84	75 to 79	\$6.32	\$12.64
80 and older	\$15.42	\$30.84	80 and older	\$6.32	\$12.64

Dependent Child Coverage is \$0.78 per \$5,000 per month; \$0.39 per \$5,000 per bi-weekly pay period.

FY13 AD&D INSURANCE PREMIUMS

Plan Coverage Level	Employee Only Bi-Weekly	Employee + Family Bi-Weekly	Employee Only Monthly	Employee + Family Monthly
\$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