



# State of Maryland



## EMPLOYEES AND RETIREES RATE SHEETS EFFECTIVE 01/01/2014 THRU 12/31/2014

### 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
UNITEDHEALTHCARE PPO	\$93.68	\$168.63	\$234.22
AETNA POS	\$68.10	\$122.58	\$170.24
CAREFIRST BLUECROSS BLUESHIELD POS	\$64.69	\$116.44	\$161.71
UNITEDHEALTHCARE POS	\$73.80	\$132.83	\$184.50
AETNA EPO	\$55.77	\$111.53	\$139.68
CAREFIRST BLUECROSS BLUESHIELD EPO	\$63.56	\$133.39	\$165.25
UNITEDHEALTHCARE EPO	\$63.94	\$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
UNITEDHEALTHCARE PPO	\$46.84	\$84.32	\$117.11
AETNA POS	\$34.05	\$61.29	\$85.12
CAREFIRST BLUECROSS BLUESHIELD POS	\$32.34	\$58.22	\$80.86
UNITEDHEALTHCARE POS	\$36.90	\$66.42	\$92.25
AETNA EPO	\$27.89	\$55.77	\$69.84
CAREFIRST BLUECROSS BLUESHIELD EPO	\$31.78	\$66.70	\$82.63
UNITEDHEALTHCARE EPO	\$31.97	\$66.49	\$79.28

### PRESCRIPTION DRUG - MONTHLY PREMIUM RATES

EMPLOYEE	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
	\$40.13	\$53.34	\$66.60	\$80.26

### PRESCRIPTION DRUG - BI-WEEKLY PREMIUM RATES

EMPLOYEE	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
	\$20.07	\$26.67	\$33.30	\$40.13

### DENTAL - EMPLOYEE MONTHLY PREMIUM RATES

Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
UNITED CONCORDIA DHMO	\$7.65	\$13.34	\$15.33	\$21.54
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
UNITED CONCORDIA DHMO	\$3.83	\$6.67	\$7.67	\$10.77
UNITED CONCORDIA DPPO	\$5.82	\$11.12	\$11.64	\$21.80

**PLEASE NOTE:** Post tax deductions and imputed income amounts for Domestic Partners and/or their dependents are available on the "January 2014-December 2014 Imputed Income Rate Sheet" at [www.dbm.maryland.gov/benefits](http://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
UNITEDHEALTHCARE PPO	\$93.68	\$168.63	\$234.22
AETNA POS	\$68.10	\$122.58	\$170.24
CAREFIRST BLUECROSS BLUESHIELD POS	\$64.69	\$116.44	\$161.71
UNITEDHEALTHCARE POS	\$73.80	\$132.83	\$184.50
AETNA EPO	\$55.77	\$111.53	\$139.68
CAREFIRST BLUECROSS BLUESHIELD EPO	\$63.56	\$133.39	\$165.25
UNITEDHEALTHCARE EPO	\$63.94	\$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
UNITEDHEALTHCARE PPO	\$46.85	\$140.52	\$93.68	\$215.46	\$187.36	\$140.52	\$234.22
AETNA POS	\$34.04	\$102.13	\$68.10	\$156.62	\$136.19	\$102.13	\$170.24
CAREFIRST BLUECROSS BLUESHIELD POS	\$32.34	\$97.03	\$64.69	\$148.77	\$129.37	\$97.03	\$161.71
UNITEDHEALTHCARE POS	\$36.89	\$110.69	\$73.80	\$169.73	\$147.59	\$110.69	\$184.50
AETNA EPO	\$33.47	\$89.24	\$66.94	\$145.00	\$122.71	\$100.41	\$156.18
CAREFIRST BLUECROSS BLUESHIELD EPO	\$31.33	\$94.38	\$68.85	\$157.43	\$100.41	\$86.12	\$156.68
UNITEDHEALTHCARE EPO	\$42.23	\$106.17	\$84.45	\$158.57	\$144.98	\$126.67	\$158.57

**PRESCRIPTION DRUG - RETIREE MONTHLY (WITHOUT MEDICARE) PREMIUM RATES**

EXPRESS SCRIPTS	Retiree Only	Retiree & Child	Retiree & Spouse	Retiree & Family
	\$49.55	\$65.85	\$82.24	\$99.10

**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
	\$35.65	\$62.66	\$65.23	\$59.10	\$85.20	\$85.20	\$72.69	\$71.30	\$85.20*	\$85.20**

**DENTAL - RETIREE MONTHLY PREMIUM RATES**

Plan Name	Retiree Only	Retiree & Child	Retiree & Spouse	Retiree & Family
UNITED CONCORDIA DHMO	\$7.65	\$13.34	\$15.33	\$21.54
UNITED CONCORDIA DPPO	\$11.64	\$22.24	\$23.27	\$43.60

### 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.

### AD&D INSURANCE PREMIUM RATES

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

\*Family coverage Retiree w/Medicare and/or other dependents w/Medicare

\*\*Family coverage Retiree no Medicare and 1 or more dependents w/Medicare

