

State of Maryland
January 1, 2014 to December 31, 2014
Health Insurance Premiums
Employee / Retiree

CareFirst BCBS - PPO			Bi-Weekly			Monthly		
			EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	1	M010	47.62	190.47	238.08	95.23	380.93	476.17
Employee/Retiree & 1 CHILD, NO MEDICARE	2	M011	85.71	342.83	428.54	171.42	685.66	857.08
Employee/Retiree & SPOUSE, NO MEDICARE	3	M012	85.71	342.83	428.54	171.42	685.66	857.08
Employee/Retiree +2 OR MORE, NO MEDICARE	4	M013	119.04	476.17	595.22	238.09	952.35	1,190.44
RETIREE ONLY, WITH MEDICARE	5	M014	23.81	95.24	119.06	47.62	190.49	238.11
RETIREE + 1, ONE WITH MEDICARE	6	M015	71.42	285.67	357.08	142.83	571.33	714.17
RETIREE + 1, BOTH WITH MEDICARE	7	M016	47.62	190.47	238.08	95.23	380.93	476.17
RETIREE + 2, ONE WITH MEDICARE	8	M017	109.51	438.04	547.55	219.02	876.08	1,095.10
RETIREE + 2, TWO WITH MEDICARE	9	M018	95.23	380.92	476.15	190.46	761.84	952.30
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	M019	71.42	285.67	357.08	142.83	571.33	714.17
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	M020	119.04	476.17	595.22	238.09	952.35	1,190.44

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United-HealthCare - PPO			Bi-Weekly			Monthly		
			EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	1	H210	46.84	187.37	234.21	93.68	374.73	468.42
Employee/Retiree & 1 CHILD, NO MEDICARE	2	H211	84.32	337.26	421.58	168.63	674.52	843.15
Employee/Retiree & SPOUSE, NO MEDICARE	3	H212	84.32	337.26	421.58	168.63	674.52	843.15
Employee/Retiree +2 OR MORE, NO MEDICARE	4	H213	117.11	468.44	585.54	234.22	936.87	1,171.09
RETIREE ONLY, WITH MEDICARE	5	H214	23.42	93.69	117.12	46.85	187.39	234.23
RETIREE + 1, ONE WITH MEDICARE	6	H215	70.26	281.03	351.29	140.52	562.06	702.58
RETIREE + 1, BOTH WITH MEDICARE	7	H216	46.84	187.37	234.21	93.68	374.73	468.42
RETIREE + 2, ONE WITH MEDICARE	8	H217	107.73	430.92	538.64	215.46	861.83	1,077.29
RETIREE + 2, TWO WITH MEDICARE	9	H218	93.68	374.72	468.40	187.36	749.45	936.81
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	H219	70.26	281.03	351.29	140.52	562.06	702.58
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	H220	117.11	468.44	585.54	234.22	936.87	1,171.09

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AETNA - POS			Bi-Weekly			Monthly		
			EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	1	H350	34.05	166.25	200.30	68.10	332.49	400.59
Employee/Retiree, 1 CHILD, NO MEDICARE	2	H351	61.29	299.23	360.52	122.58	598.47	721.05
Employee/Retiree & SPOUSE, NO MEDICARE	3	H352	61.29	299.23	360.52	122.58	598.47	721.05
Employee/Retiree +2 OR MORE, NO MEDICARE	4	H353	85.12	415.59	500.71	170.24	831.18	1,001.42
RETIREE ONLY, WITH MEDICARE	5	H354	17.02	83.10	100.11	34.04	166.19	200.23
RETIREE + 1, ONE WITH MEDICARE	6	H355	51.06	249.31	300.38	102.13	498.62	600.75
RETIREE + 1, BOTH WITH MEDICARE	7	H356	34.05	166.25	200.30	68.10	332.49	400.59
RETIREE + 2, ONE WITH MEDICARE	8	H357	78.31	382.35	460.66	156.62	764.69	921.31
RETIREE + 2, TWO WITH MEDICARE	9	H358	68.09	332.46	400.55	136.19	664.92	801.10
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	H359	51.06	249.31	300.38	102.13	498.62	600.75
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	H360	85.12	415.59	500.71	170.24	831.18	1,001.42

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CareFirst BCBS - POS			Bi-Weekly			Monthly		
			EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	1	M110	32.34	157.91	190.25	64.69	315.82	380.50
Employee/Retiree & 1 CHILD, NO MEDICARE	2	M111	58.22	284.24	342.46	116.44	568.48	684.91
Employee/Retiree & SPOUSE, NO MEDICARE	3	M112	58.22	284.24	342.46	116.44	568.48	684.91
Employee/Retiree +2 OR MORE, NO MEDICARE	4	M113	80.86	394.77	475.62	161.71	789.54	951.25
RETIREE ONLY, WITH MEDICARE	5	M114	16.17	78.94	95.11	32.34	157.88	190.22
RETIREE + 1, ONE WITH MEDICARE	6	M115	48.51	236.86	285.38	97.03	473.73	570.75
RETIREE + 1, BOTH WITH MEDICARE	7	M116	32.34	157.91	190.25	64.69	315.82	380.50
RETIREE + 2, ONE WITH MEDICARE	8	M117	74.39	363.18	437.57	148.77	726.36	875.13
RETIREE + 2, TWO WITH MEDICARE	9	M118	64.68	315.80	380.49	129.37	631.61	760.97
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	M119	48.51	236.86	285.38	97.03	473.73	570.75
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	M120	80.86	394.77	475.62	161.71	789.54	951.25

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United-HealthCare - POS			Bi-Weekly			Monthly		
			EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	1	H250	36.90	180.15	217.05	73.80	360.31	434.11
Employee/Retiree & 1 CHILD, NO MEDICARE	2	H251	66.42	324.27	390.68	132.83	648.53	781.36
Employee/Retiree & SPOUSE, NO MEDICARE	3	H252	66.42	324.27	390.68	132.83	648.53	781.36
Employee/Retiree +2 OR MORE, NO MEDICARE	4	H253	92.25	450.39	542.64	184.50	900.79	1,085.29
RETIREE ONLY, WITH MEDICARE	5	H254	18.45	90.07	108.51	36.89	180.13	217.03
RETIREE + 1, ONE WITH MEDICARE	6	H255	55.35	270.22	325.57	110.69	540.44	651.14
RETIREE + 1, BOTH WITH MEDICARE	7	H256	36.90	180.15	217.05	73.80	360.31	434.11
RETIREE + 2, ONE WITH MEDICARE	8	H257	84.86	414.34	499.21	169.73	828.68	998.41
RETIREE + 2, TWO WITH MEDICARE	9	H258	73.80	360.30	434.09	147.59	720.59	868.18
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	H259	55.35	270.22	325.57	110.69	540.44	651.14
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	H260	92.25	450.39	542.64	184.50	900.79	1,085.29

State of Maryland
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Employee / Retiree

CareFirst BCBS - EPO			Bi-Weekly			Monthly		
			EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	1	H750	31.78	180.09	211.88	63.56	360.19	423.75
Employee/Retiree & 1 CHILD, NO MEDICARE	2	H751	66.70	377.94	444.63	133.39	755.88	889.27
Employee/Retiree & SPOUSE, NO MEDICARE	3	H752	66.70	377.94	444.63	133.39	755.88	889.27
Employee/Retiree +2 OR MORE, NO MEDICARE	4	H753	82.63	468.22	550.84	165.25	936.43	1,101.69
RETIREE ONLY, WITH MEDICARE	5	H754	15.67	88.77	104.44	31.33	177.55	208.88
RETIREE + 1, ONE WITH MEDICARE	6	H755	47.19	267.41	314.60	94.38	534.82	629.20
RETIREE + 1, BOTH WITH MEDICARE	7	H756	34.42	195.07	229.49	68.85	390.14	458.98
RETIREE + 2, ONE WITH MEDICARE	8	H757	78.72	446.06	524.78	157.43	892.12	1,049.55
RETIREE + 2, TWO WITH MEDICARE	9	H758	50.20	284.49	334.70	100.41	568.99	669.40
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	H759	43.06	244.01	287.07	86.12	488.03	574.15
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	H760	78.34	443.94	522.28	156.68	887.87	1,044.56

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AETNA - EPO			Bi-Weekly			Monthly		
			EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	1	H810	27.88	158.01	185.89	55.77	316.01	371.78
Employee/Retiree & 1 CHILD, NO MEDICARE	2	H811	55.77	316.01	371.78	111.53	632.02	743.55
Employee/Retiree & SPOUSE, NO MEDICARE	3	H812	55.77	316.01	371.78	111.53	632.02	743.55
Employee/Retiree +2 OR MORE, NO MEDICARE	4	H813	69.84	395.76	465.60	139.68	791.52	931.20
RETIREE ONLY, WITH MEDICARE	5	H814	16.74	94.83	111.57	33.47	189.67	223.14
RETIREE + 1, ONE WITH MEDICARE	6	H815	44.62	252.84	297.46	89.24	505.67	594.91
RETIREE + 1, BOTH WITH MEDICARE	7	H816	33.47	189.66	223.13	66.94	379.32	446.26
RETIREE + 2, ONE WITH MEDICARE	8	H817	72.50	410.84	483.34	145.00	821.68	966.68
RETIREE + 2, TWO WITH MEDICARE	9	H818	61.35	347.67	409.03	122.71	695.34	818.05
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	H819	50.21	284.50	334.70	100.41	568.99	669.40
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	H820	78.09	442.51	520.60	156.18	885.01	1,041.19

State of Maryland
January 1, 2014 to December 31, 2014
Health Insurance Premiums
Employee / Retiree

United-HealthCare - EPO			Bi-Weekly			Monthly		
			EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	1	H710	31.97	181.18	213.15	63.94	362.35	426.30
Employee/Retiree & 1 CHILD, NO MEDICARE	2	H711	66.49	376.80	443.29	132.99	753.59	886.58
Employee/Retiree & SPOUSE, NO MEDICARE	3	H712	66.49	376.80	443.29	132.99	753.59	886.58
Employee/Retiree +2 OR MORE, NO MEDICARE	4	H713	79.28	449.28	528.56	158.57	898.56	1,057.12
RETIREE ONLY, WITH MEDICARE	5	H714	21.11	119.65	140.77	42.23	239.30	281.53
RETIREE + 1, ONE WITH MEDICARE	6	H715	53.08	300.81	353.89	106.17	601.61	707.78
RETIREE + 1, BOTH WITH MEDICARE	7	H716	42.22	239.27	281.50	84.45	478.55	563.00
RETIREE + 2, ONE WITH MEDICARE	8	H717	79.28	449.28	528.56	158.57	898.56	1,057.12
RETIREE + 2, TWO WITH MEDICARE	9	H718	72.49	410.77	483.26	144.98	821.55	966.53
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	H719	63.34	358.91	422.25	126.67	717.82	844.50
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	H720	79.28	449.28	528.56	158.57	898.56	1,057.12

Maryland State Employee Benefits Program

Prescription Drugs

January 1, 2014 to December 31, 2014

Employee Rates

Level of Coverage		Bi- Weekly Employee	Bi- Weekly State Subsidy	Bi- Weekly Total
Employee / Retiree Only		\$20.07	\$80.26	\$100.33
Employee / Retiree + 1 Child		\$26.67	\$106.67	\$133.34
Employee / Retiree + Spouse		\$33.30	\$133.21	\$166.51
Employee / Retiree + 2 or More		\$40.13	\$160.52	\$200.65

Level of Coverage		Monthly Employee	Monthly State Subsidy	Monthly Total
Employee / Retiree Only		\$40.13	\$160.52	\$200.65
Employee / Retiree + 1 Child		\$53.34	\$213.34	\$266.68
Employee / Retiree + Spouse		\$66.60	\$266.42	\$333.02
Employee / Retiree + 2 or More		\$80.26	\$321.05	\$401.31

Retiree (without Medicare) Rates

Level of Coverage		Bi Weekly Retiree	Bi Weekly Retiree Subsidy	Bi Weekly Retiree Total
Employee / Retiree Only		\$24.77	\$74.32	\$99.09
Employee / Retiree + 1 Child		\$32.93	\$98.78	\$131.70
Employee / Retiree + Spouse		\$41.12	\$123.35	\$164.47
Employee / Retiree + 2 or More		\$49.55	\$148.65	\$198.20

Level of Coverage		Monthly Retiree	Monthly Retiree Subsidy	Monthly Retiree Total
Employee / Retiree Only	P101	\$49.55	\$148.64	\$198.19
Employee / Retiree + 1 Child	P102	\$65.85	\$197.55	\$263.40
Employee / Retiree + Spouse	P103	\$82.24	\$246.71	\$328.94
Employee / Retiree + 2 or More	P104	\$99.10	\$297.30	\$396.40

Retiree (with Medicare) Rates

Level of Coverage		Bi Weekly Retiree	Bi Weekly Retiree Subsidy	Bi Weekly Retiree Total
		RETIREE ONLY, WITH MEDICARE	17.83	53.48
RETIREE + 1, RETIREE WITH MEDICARE		31.33	93.99	125.32
RETIREE + 1, DEPENDENT WITH MEDICARE		32.62	97.85	130.46
RETIREE + 1, BOTH WITH MEDICARE		29.55	88.65	118.20
RETIREE + 2, RETIREE WITH MEDICARE		42.60	127.80	170.40
RETIREE + 2, DEPENDENT WITH MEDICARE		42.60	127.80	170.40
RETIREE + 2, RETIREE & 1 WITH MEDICARE		36.35	109.04	145.38
RETIREE + 2, TWO WITH MEDICARE		36.35	109.04	145.38
RETIREE + 2 OR MORE, ALL WITH MEDICARE		35.65	106.95	142.60
MEDICARE (Family coverage Retiree w/Medicare and/or other dependents w/Medicare)		42.60	127.80	170.40
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE (Family coverage Retiree no Medicare and 1 or more dependents w/Medicare)		42.60	127.80	170.40

Level of Coverage		Monthly Retiree	Monthly Retiree Subsidy	Monthly Retiree Total
		RETIREE ONLY, WITH MEDICARE	35.65	106.95
RETIREE + 1, RETIREE WITH MEDICARE		62.66	187.98	250.64
RETIREE + 1, DEPENDENT WITH MEDICARE		65.23	195.69	260.92
RETIREE + 1, BOTH WITH MEDICARE		59.10	177.29	236.39
RETIREE + 2, RETIREE WITH MEDICARE		85.20	255.59	340.79
RETIREE + 2, DEPENDENT WITH MEDICARE		85.20	255.59	340.79
RETIREE + 2, RETIREE & 1 WITH MEDICARE		72.69	218.07	290.76
RETIREE + 2, TWO WITH MEDICARE		72.69	218.07	290.76
RETIREE + 2 OR MORE, ALL WITH MEDICARE		71.30	213.90	285.20
RETIREE + 3 OR MORE; RETIREE WITH MEDICARE (Family coverage Retiree w/Medicare and/or other dependents w/Medicare)		85.20	255.59	340.79
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE (Family coverage Retiree no Medicare and 1 or more dependents w/Medicare)		85.20	255.59	340.79

**Maryland State Employee Benefits Program
Dental Plans
January 1, 2014 to December 31, 2014**

United Concordia (DHMO)

Bi-Weekly Level of Coverage		Employee/Retiree Deduction	State Subsidy	Total
Employee / Retiree Only		\$3.83	\$3.83	\$7.65
Employee / Retiree + 1 Child		\$6.67	\$6.67	\$13.34
Employee / Retiree + Spouse		\$7.67	\$7.67	\$15.33
Employee / Retiree + 2 or More		\$10.77	\$10.77	\$21.54

Monthly Level of Coverage		Employee/Retiree Deduction	State Subsidy	Total
Employee / Retiree Only	D201	\$7.65	\$7.65	\$15.31
Employee / Retiree + 1 Child	D202	\$13.34	\$13.34	\$26.68
Employee / Retiree + Spouse	D203	\$15.33	\$15.33	\$30.66
Employee / Retiree + 2 or More	D204	\$21.54	\$21.54	\$43.07

United Concordia (DPPO)

Bi-Weekly Level of Coverage		Employee/Retiree 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	\$11.64	\$23.27
Employee / Retiree + 2 or More		\$21.80	\$21.80	\$43.60

Monthly Level of Coverage		Employee/Retiree Deduction	State Subsidy	Total
Employee / Retiree Only	D301	\$11.64	\$11.63	\$23.27
Employee / Retiree + 1 Child	D302	\$22.24	\$22.24	\$44.48
Employee / Retiree + Spouse	D303	\$23.27	\$23.27	\$46.54
Employee / Retiree + 2 or More	D304	\$43.60	\$43.60	\$87.20

Life Insurance
January 1, 2014 to December 31, 2014

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
30-34	\$0.021	\$0.041	30-34	\$0.055	\$0.110
35-39	\$0.027	\$0.054	35-39	\$0.069	\$0.138
40-44	\$0.043	\$0.085	40-44	\$0.101	\$0.202
45-49	\$0.069	\$0.137	45-49	\$0.156	\$0.312
50-54	\$0.108	\$0.216	50-54	\$0.232	\$0.464
55-59	\$0.196	\$0.392	55-59	\$0.361	\$0.722
60-64	\$0.277	\$0.553	60-64	\$0.553	\$1.106
65-69	\$0.413	\$0.826	65-69	\$0.804	\$1.608
70-74	\$0.740	\$1.480	70-74	\$1.264	\$2.528
75-79	\$1.030	\$2.060	75-79	\$1.264	\$2.528
80 and over	\$1.030	\$2.060	80 and over	\$1.264	\$2.528

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

AD&D Insurance
January 1, 2014 to December 31, 2014

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