

**State of Maryland Medical Plan Premiums
SLEOLA - Bargaining Unit I
January 1, 2014 - December 31, 2014**

CareFirst BCBS - PPO		Bi-Weekly			Monthly		
		EE	State	Total	EE/Ret	State	Total
Employee ONLY, NO MEDICARE	1	63.03	189.10	252.14	126.07	378.20	504.27
Employee & 1 CHILD, NO MEDICARE	2	113.46	340.38	453.84	226.92	680.76	907.68
Employee & SPOUSE, NO MEDICARE	3	113.46	340.38	453.84	226.92	680.76	907.68
Employee +2 OR MORE, NO MEDICARE	4	157.59	472.78	630.37	315.18	945.55	1,260.73
RETIREE ONLY, WITH MEDICARE	5	23.81	95.24	119.06	47.62	190.49	238.11
RETIREE + 1, ONE WITH MEDICARE	6	71.42	285.67	357.08	142.83	571.33	714.17
RETIREE + 1, BOTH WITH MEDICARE	7	47.62	190.47	238.08	95.23	380.93	476.17
RETIREE + 2, ONE WITH MEDICARE	8	109.51	438.04	547.55	219.02	876.08	1,095.10
RETIREE + 2, TWO WITH MEDICARE	9	95.23	380.92	476.15	190.46	761.84	952.30
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	71.42	285.67	357.08	142.83	571.33	714.17
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	119.04	476.17	595.22	238.09	952.35	1,190.44

United-HealthCare - PPO		Bi-Weekly			Monthly		
		EE	State	Total	EE/Ret	State	Total
Employee ONLY, NO MEDICARE	1	62.01	186.03	248.03	124.02	372.05	496.07
Employee & 1 CHILD, NO MEDICARE	2	111.62	334.85	446.46	223.23	669.70	892.93
Employee & SPOUSE, NO MEDICARE	3	111.62	334.85	446.46	223.23	669.70	892.93
Employee +2 OR MORE, NO MEDICARE	4	155.03	465.10	620.13	310.06	930.19	1,240.25
RETIREE ONLY, WITH MEDICARE	5	23.42	93.69	117.12	46.85	187.39	234.23
RETIREE + 1, ONE WITH MEDICARE	6	70.26	281.03	351.29	140.52	562.06	702.58
RETIREE + 1, BOTH WITH MEDICARE	7	46.84	187.37	234.21	93.68	374.73	468.42
RETIREE + 2, ONE WITH MEDICARE	8	107.73	430.92	538.64	215.46	861.83	1,077.29
RETIREE + 2, TWO WITH MEDICARE	9	93.68	374.72	468.40	187.36	749.45	936.81
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	70.26	281.03	351.29	140.52	562.06	702.58
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	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 ONLY, NO MEDICARE	1	46.67	165.46	212.12	93.33	330.91	424.25
Employee & 1 CHILD, NO MEDICARE	2	84.00	297.81	381.81	168.00	595.62	763.62
Employee & SPOUSE, NO MEDICARE	3	84.00	297.81	381.81	168.00	595.62	763.62
Employee +2 OR MORE, NO MEDICARE	4	116.66	413.62	530.28	233.32	827.24	1,060.56
RETIREE ONLY, WITH MEDICARE	5	17.02	83.10	100.11	34.04	166.19	200.23
RETIREE + 1, ONE WITH MEDICARE	6	51.06	249.31	300.38	102.13	498.62	600.75
RETIREE + 1, BOTH WITH MEDICARE	7	34.05	166.25	200.30	68.10	332.49	400.59
RETIREE + 2, ONE WITH MEDICARE	8	78.31	382.35	460.66	156.62	764.69	921.31
RETIREE + 2, TWO WITH MEDICARE	9	68.09	332.46	400.55	136.19	664.92	801.10
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	51.06	249.31	300.38	102.13	498.62	600.75
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	85.12	415.59	500.71	170.24	831.18	1,001.42

CareFirst BCBS - POS		Bi-Weekly			Monthly		
		EE	State	Total	EE/Ret	State	Total
Employee ONLY, NO MEDICARE	1	44.33	157.16	201.48	88.65	314.31	402.97
Employee & 1 CHILD, NO MEDICARE	2	79.79	282.89	362.68	159.58	565.78	725.36
Employee & SPOUSE, NO MEDICARE	3	79.79	282.89	362.68	159.58	565.78	725.36
Employee +2 OR MORE, NO MEDICARE	4	110.82	392.90	503.71	221.63	785.79	1,007.43
RETIREE ONLY, WITH MEDICARE	5	16.17	78.94	95.11	32.34	157.88	190.22
RETIREE + 1, ONE WITH MEDICARE	6	48.51	236.86	285.38	97.03	473.73	570.75
RETIREE + 1, BOTH WITH MEDICARE	7	32.34	157.91	190.25	64.69	315.82	380.50
RETIREE + 2, ONE WITH MEDICARE	8	74.39	363.18	437.57	148.77	726.36	875.13
RETIREE + 2, TWO WITH MEDICARE	9	64.68	315.80	380.49	129.37	631.61	760.97
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	48.51	236.86	285.38	97.03	473.73	570.75
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	80.86	394.77	475.62	161.71	789.54	951.25

United-HealthCare - POS		Bi-Weekly			Monthly		
		EE	State	Total	EE/Ret	State	Total
Employee ONLY, NO MEDICARE	1	50.57	179.30	229.87	101.14	358.60	459.74
Employee & 1 CHILD, NO MEDICARE	2	91.02	322.72	413.75	182.05	645.44	827.49
Employee & SPOUSE, NO MEDICARE	3	91.02	322.72	413.75	182.05	645.44	827.49
Employee +2 OR MORE, NO MEDICARE	4	126.43	448.26	574.69	252.86	896.51	1,149.37
RETIREE ONLY, WITH MEDICARE	5	18.45	90.07	108.51	36.89	180.13	217.03
RETIREE + 1, ONE WITH MEDICARE	6	55.35	270.22	325.57	110.69	540.44	651.14
RETIREE + 1, BOTH WITH MEDICARE	7	36.90	180.15	217.05	73.80	360.31	434.11
RETIREE + 2, ONE WITH MEDICARE	8	84.86	414.34	499.21	169.73	828.68	998.41
RETIREE + 2, TWO WITH MEDICARE	9	73.80	360.30	434.09	147.59	720.59	868.18
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	55.35	270.22	325.57	110.69	540.44	651.14
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	92.25	450.39	542.64	184.50	900.79	1,085.29

**State of Maryland Medical Plan Premiums
SLEOLA - Bargaining Unit I
January 1, 2014 - December 31, 2014**

CareFirst BCBS - EPO		Bi-Weekly			Monthly		
		EE	State	Total	EE/Ret	State	Total
Employee ONLY, NO MEDICARE	1	42.56	170.23	212.79	85.12	340.47	425.58
Employee & 1 CHILD, NO MEDICARE	2	89.34	357.35	446.68	178.67	714.70	893.37
Employee & SPOUSE, NO MEDICARE	3	89.34	357.35	446.68	178.67	714.70	893.37
Employee +2 OR MORE, NO MEDICARE	4	110.68	442.71	553.39	221.35	885.42	1,106.77
RETIREE ONLY, WITH MEDICARE	5	15.67	88.77	104.44	31.33	177.55	208.88
RETIREE + 1, ONE WITH MEDICARE	6	47.19	267.41	314.60	94.38	534.82	629.20
RETIREE + 1, BOTH WITH MEDICARE	7	34.42	195.07	229.49	68.85	390.14	458.98
RETIREE + 2, ONE WITH MEDICARE	8	78.72	446.06	524.78	157.43	892.12	1,049.55
RETIREE + 2, TWO WITH MEDICARE	9	50.20	284.49	334.70	100.41	568.99	669.40
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	43.06	244.01	287.07	86.12	488.03	574.15
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	78.34	443.94	522.28	156.68	887.87	1,044.56

AETNA - EPO		Bi-Weekly			Monthly		
		EE	State	Total	EE/Ret	State	Total
Employee ONLY, NO MEDICARE	1	37.35	149.40	186.75	74.70	298.79	373.49
Employee & 1 CHILD, NO MEDICARE	2	74.70	298.79	373.49	149.40	597.58	746.98
Employee & SPOUSE, NO MEDICARE	3	74.70	298.79	373.49	149.40	597.58	746.98
Employee +2 OR MORE, NO MEDICARE	4	93.55	374.20	467.75	187.10	748.40	935.50
RETIREE ONLY, WITH MEDICARE	5	16.74	94.83	111.57	33.47	189.67	223.14
RETIREE + 1, ONE WITH MEDICARE	6	44.62	252.85	297.47	89.24	505.70	594.94
RETIREE + 1, BOTH WITH MEDICARE	7	33.47	189.66	223.13	66.94	379.32	446.26
RETIREE + 2, ONE WITH MEDICARE	8	72.50	410.84	483.34	145.00	821.68	966.68
RETIREE + 2, TWO WITH MEDICARE	9	61.35	347.67	409.03	122.71	695.34	818.05
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	50.21	284.50	334.70	100.41	568.99	669.40
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	78.09	442.51	520.60	156.18	885.01	1,041.19

United-HealthCare - EPO		Bi-Weekly			Monthly		
		EE	State	Total	EE/Ret	State	Total
Employee ONLY, NO MEDICARE	1	42.83	171.30	214.13	85.65	342.61	428.26
Employee & 1 CHILD, NO MEDICARE	2	89.07	356.27	445.33	178.13	712.53	890.67
Employee & SPOUSE, NO MEDICARE	3	89.07	356.27	445.33	178.13	712.53	890.67
Employee +2 OR MORE, NO MEDICARE	4	106.20	424.80	531.00	212.40	849.60	1,062.00
RETIREE ONLY, WITH MEDICARE	5	21.11	119.65	140.77	42.23	239.30	281.53
RETIREE + 1, ONE WITH MEDICARE	6	53.08	300.81	353.89	106.17	601.61	707.78
RETIREE + 1, BOTH WITH MEDICARE	7	42.22	239.27	281.50	84.45	478.55	563.00
RETIREE + 2, ONE WITH MEDICARE	8	79.28	449.28	528.56	158.57	898.56	1,057.12
RETIREE + 2, TWO WITH MEDICARE	9	72.49	410.77	483.26	144.98	821.55	966.53
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	63.34	358.91	422.25	126.67	717.82	844.50
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	79.28	449.28	528.56	158.57	898.56	1,057.12

State of Maryland
SLEOLA - Bargaining Unit I
Prescription Drug Premiums
January 1, 2014 to December 31, 2014

Level of Coverage	SLEOLA Active Employee	SLEOLA BiWk State Subsidy	SLEOLA BiWeek Total
Employee ONLY, NO MEDICARE	\$21.91	\$87.66	\$109.57
Employee & 1 CHILD, NO MEDICARE	\$29.12	\$116.49	\$145.62
Employee & SPOUSE, NO MEDICARE	\$36.37	\$145.48	\$181.85
Employee +2 OR MORE, NO MEDICARE	\$43.83	\$175.31	\$219.14
Level of Coverage			
Level of Coverage	SLEOLA Monthly	SLEOLA Monthly State Subsidy	Monthly Total
Employee ONLY, NO MEDICARE	\$43.83	\$175.31	\$219.14
Employee & 1 CHILD, NO MEDICARE	\$58.25	\$232.99	\$291.23
Employee & SPOUSE, NO MEDICARE	\$72.74	\$290.96	\$363.69
Employee +2 OR MORE, NO MEDICARE	\$87.66	\$350.62	\$438.28

State of Maryland
SLEOLA - Bargaining Unit I
Dental Plans

January 1, 2014 to December 31, 2014

United Concordia (DHMO)			
Bi-Weekly Coverage Level	Employee 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 Coverage Level	Employee Deduction	State Subsidy	Total
Employee / Retiree Only	\$7.65	\$7.65	\$15.31
Employee / Retiree + 1 Child	\$13.34	\$13.34	\$26.68
Employee / Retiree + Spouse	\$15.33	\$15.33	\$30.66
Employee / Retiree + 2 or More	\$21.54	\$21.54	\$43.07

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	\$11.64	\$23.27
Employee / Retiree + 2 or More	\$21.80	\$21.80	\$43.60
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

State of Maryland
SLEOLA - Bargaining Unit I
January 1, 2014 to December 31, 2014

Life Insurance					
July 1, 2013 to December 31, 2013					
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				
July 1, 2013 to December 31, 2013				
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