

Health Benefits



CONTRACTUAL/VARIABLE HOUR EMPLOYEES

Monthly Subsidized Rates

Effective 01/01/2015 thru 12/31/2015

Rates for employees who work 30 hours per week or an average of 130 hours per month.

PPO HEALTH PLANS		
Plan Type	CareFirst BC/BS	UnitedHealthcare Options
Individual	\$119.04	\$117.10
Individual + one person	\$214.27	\$210.79
Individual + two or more	\$297.61	\$292.77

EPO HEALTH PLANS			IHM HEALTH PLAN
Plan Type	CareFirst BC/BS	UnitedHealthcare	Kaiser Permanente
Individual	\$105.94	\$106.58	\$96.02
Individual + one person	\$222.32	\$221.65	\$201.50
Individual + two or more	\$275.42	\$264.28	\$249.64

PRESCRIPTION DRUG	
Plan Type	Express Scripts
Individual	\$53.67
Individual + Child	\$71.34
Individual + Spouse	\$89.08
Individual + two or more	\$107.35

DENTAL		
Plan Type	Delta Dental	United Concordia
	DHMO	DPPO
Individual	\$12.87	\$23.27
Individual + Child	\$22.44	\$44.48
Individual + Spouse	\$25.78	\$46.54
Individual + two or more	\$36.21	\$87.20

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE PREMIUM RATES		
Amount	Individual Only	Family
\$100,000	\$1.50	\$2.80
\$200,000	\$3.00	\$5.60
\$300,000	\$4.50	\$8.40

TERM LIFE INSURANCE PREMIUM RATES			
Age of Employee/ Retiree	Employee Retiree Rates (per \$1,000)	Age of Spouse	Spouse Rates (per \$1,000)
Under 30	\$0.034	Under 30	\$0.102
30 to 34	\$0.041	30 to 34	\$0.110
35 to 39	\$0.054	35 to 39	\$0.138
40 to 44	\$0.085	40 to 44	\$0.202
45 to 49	\$0.137	45 to 49	\$0.313
50 to 54	\$0.216	50 to 54	\$0.464
55 to 59	\$0.392	55 to 59	\$0.722
60 to 64	\$0.553	60 to 64	\$1.106
65 to 69	\$0.826	65 to 69	\$1.608
70 to 74	\$1.480	70 to 74	\$2.528
75 to 79	\$2.060	75 to 79	\$2.528
80 and older	\$2.060	80 and older	\$2.528

Dependent Child Coverage is \$0.156 per \$1,000 per month.

ENROLLMENT FORMS CAN BE FOUND ON OUR WEBSITE AT: www.dbm.maryland.gov/benefits



CONTRACTUAL/VARIABLE HOUR EMPLOYEES Monthly Non-Subsidized Rates

Effective 01/01/2015 thru 12/31/2015

Rates for employees who work under 30 hours per week or less than an average of 130 hours per month.

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

EPO HEALTH PLANS			IHM HEALTH PLAN
Plan Type	CareFirst BC/BS	UnitedHealthcare Select	Kaiser Permanente
Individual	\$423.75	\$426.30	\$384.07
Individual + one person	\$889.27	\$886.58	\$806.01
Individual + two or more	\$1101.69	\$1057.12	\$998.55

PRESCRIPTION DRUG	
Plan Type	Express Scripts
Individual	\$214.70
Individual + Child	\$285.35
Individual + Spouse	\$356.33
Individual + two or more	\$429.40

DENTAL		
Plan Type	Delta Dental	United Concordia
	DHMO	DPPO
Individual	\$12.87	\$23.27
Individual + Child	\$22.44	\$44.48
Individual + Spouse	\$25.78	\$46.54
Individual + two or more	\$36.21	\$87.20

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE PREMIUM RATES		
Amount	Individual Only	Family
\$100,000	\$1.50	\$2.80
\$200,000	\$3.00	\$5.60
\$300,000	\$4.50	\$8.40

TERM LIFE INSURANCE PREMIUM RATES			
Age of Employee/ Retiree	Employee Retiree Rates (per \$1,000)	Age of Spouse	Spouse Rates (per \$1,000)
Under 30	\$0.034	Under 30	\$0.102
30 to 34	\$0.041	30 to 34	\$0.110
35 to 39	\$0.054	35 to 39	\$0.138
40 to 44	\$0.085	40 to 44	\$0.202
45 to 49	\$0.137	45 to 49	\$0.313
50 to 54	\$0.216	50 to 54	\$0.464
55 to 59	\$0.392	55 to 59	\$0.722
60 to 64	\$0.553	60 to 64	\$1.106
65 to 69	\$0.826	65 to 69	\$1.608
70 to 74	\$1.480	70 to 74	\$2.528
75 to 79	\$2.060	75 to 79	\$2.528
80 and older	\$2.060	80 and older	\$2.528

Dependent Child Coverage is \$0.156 per \$1,000 per month.

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