

State of Maryland
January 1, 2015 to December 31, 2015
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	190.46	238.08	95.23	380.93	476.16
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	952.34	1,190.43
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	190.46	238.08	95.23	380.93	476.16
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	952.34	1,190.43

UnitedHealthCare - PPO			Bi-Weekly			Monthly		
			EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	1	H210	46.84	187.36	234.21	93.68	374.73	468.41
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	468.43	585.54	234.22	936.86	1,171.08
RETIREE ONLY, WITH MEDICARE	5	H214	23.42	93.69	117.12	46.85	187.38	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	187.36	234.21	93.68	374.73	468.41
RETIREE + 2, ONE WITH MEDICARE	8	H217	107.73	430.92	538.65	215.46	861.83	1,077.29
RETIREE + 2, TWO WITH MEDICARE	9	H218	93.68	374.72	468.41	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	468.43	585.54	234.22	936.86	1,171.08

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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	82.63	468.22	550.85	165.25	936.44	1,101.69

UnitedHealthCare - EPO			Bi-Weekly			Monthly		
			EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	1	H710	31.97	181.18	213.15	63.95	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	126.68	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

State of Maryland
January 1, 2015 to December 31, 2015
Health Insurance Premiums
Employee / Retiree

Kaiser - IHM			Bi-Weekly			Monthly		
			EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	1	H110	28.81	163.23	192.04	57.61	326.46	384.07
Employee/Retiree & 1 CHILD, NO MEDICARE	2	H111	60.45	342.55	403.01	120.90	685.11	806.01
Employee/Retiree & SPOUSE, NO MEDICARE	3	H112	60.45	342.55	403.01	120.90	685.11	806.01
Employee/Retiree +2 OR MORE, NO MEDICARE	4	H113	74.89	424.38	499.28	149.78	848.77	998.55

Maryland State Employee Benefits Program

Prescription Drugs

January 1, 2015 to December 31, 2015

Employee Rates

Level of Coverage		Bi- Weekly Employee	Bi- Weekly State Subsidy	Bi- Weekly Total
Employee / Retiree Only		\$21.47	\$85.88	\$107.35
Employee / Retiree + 1 Child		\$28.54	\$114.14	\$142.68
Employee / Retiree + Spouse		\$35.63	\$142.53	\$178.17
Employee / Retiree + 2 or More		\$42.94	\$171.76	\$214.70

Level of Coverage		Monthly Employee	Monthly State Subsidy	Monthly Total
Employee / Retiree Only		\$42.94	\$171.76	\$214.70
Employee / Retiree + 1 Child		\$57.07	\$228.28	\$285.35
Employee / Retiree + Spouse		\$71.27	\$285.06	\$356.33
Employee / Retiree + 2 or More		\$85.88	\$343.52	\$429.40

Retiree (without Medicare) Rates

Level of Coverage		Bi Weekly Retiree	Bi Weekly Retiree Subsidy	Bi Weekly Retiree Total
Employee / Retiree Only		\$26.51	\$79.52	\$106.03
Employee / Retiree + 1 Child		\$35.23	\$105.69	\$140.92
Employee / Retiree + Spouse		\$44.00	\$131.99	\$175.99
Employee / Retiree + 2 or More		\$53.02	\$159.06	\$212.08

Level of Coverage		Monthly Retiree	Monthly Retiree Subsidy	Monthly Retiree Total
Employee / Retiree Only	P101	\$53.02	\$159.05	\$212.06
Employee / Retiree + 1 Child	P102	\$70.46	\$211.38	\$281.84
Employee / Retiree + Spouse	P103	\$87.99	\$263.98	\$351.97
Employee / Retiree + 2 or More	P104	\$106.04	\$318.11	\$424.15

Retiree (with Medicare) Rates

Level of Coverage		Bi Weekly Retiree	Bi Weekly Retiree Subsidy	Bi Weekly Retiree Total
RETIREE ONLY, WITH MEDICARE		19.07	57.22	76.29
RETIREE + 1, RETIREE WITH MEDICARE		33.52	100.57	134.09
RETIREE + 1, DEPENDENT WITH MEDICARE		34.90	104.69	139.59
RETIREE + 1, BOTH WITH MEDICARE		31.62	94.85	126.47
RETIREE + 2, RETIREE WITH MEDICARE		45.58	136.74	182.33
RETIREE + 2, DEPENDENT WITH MEDICARE		45.58	136.74	182.33
RETIREE + 2, RETIREE & 1 WITH MEDICARE		38.89	116.67	155.56
RETIREE + 2, TWO WITH MEDICARE		38.89	116.67	155.56
RETIREE + 2 OR MORE, ALL WITH MEDICARE		38.15	114.44	152.58
MEDICARE (Family coverage Retiree w/Medicare and/or other dependents w/Medicare)		45.58	136.74	182.33
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE (Family coverage Retiree no Medicare and 1 or more dependents w/Medicare)		45.58	136.74	182.33

Level of Coverage		Monthly Retiree	Monthly Retiree Subsidy	Monthly Retiree Total
RETIREE ONLY, WITH MEDICARE		38.15	114.44	152.58
RETIREE + 1, RETIREE WITH MEDICARE		67.05	201.14	268.18
RETIREE + 1, DEPENDENT WITH MEDICARE		69.80	209.39	279.18
RETIREE + 1, BOTH WITH MEDICARE		63.24	189.71	252.94
RETIREE + 2, RETIREE WITH MEDICARE		91.16	273.49	364.65
RETIREE + 2, DEPENDENT WITH MEDICARE		91.16	273.49	364.65
RETIREE + 2, RETIREE & 1 WITH MEDICARE		77.78	233.33	311.11
RETIREE + 2, TWO WITH MEDICARE		77.78	233.33	311.11
RETIREE + 2 OR MORE, ALL WITH MEDICARE		76.29	228.87	305.16
RETIREE + 3 OR MORE; RETIREE WITH MEDICARE (Family coverage Retiree w/Medicare and/or other dependents w/Medicare)		91.16	273.49	364.65
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE (Family coverage Retiree no Medicare and 1 or more dependents w/Medicare)		91.16	273.49	364.65

Maryland State Employee Benefits Program
Dental Plans
January 1, 2015 to December 31, 2015

Delta Dental (DHMO)

Bi-Weekly Level of Coverage		Employee/Retiree Deduction	State Subsidy	Total
Employee / Retiree Only		\$3.22	\$3.22	\$6.44
Employee / Retiree + 1 Child		\$5.61	\$5.61	\$11.22
Employee / Retiree + Spouse		\$6.45	\$6.45	\$12.89
Employee / Retiree + 2 or More		\$9.05	\$9.05	\$18.11

Monthly Level of Coverage		Employee/Retiree Deduction	State Subsidy	Total
Employee / Retiree Only	D401	\$6.44	\$6.44	\$12.87
Employee / Retiree + 1 Child	D402	\$11.22	\$11.22	\$22.44
Employee / Retiree + Spouse	D403	\$12.89	\$12.89	\$25.78
Employee / Retiree + 2 or More	D404	\$18.11	\$18.11	\$36.21

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, 2015 to December 31, 2015

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, 2015 to December 31, 2015

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