

State of Maryland
January 1, 2016 to December 31, 2016
Health Insurance Premiums
Employee / Retiree

CareFirst BCBS - PPO - SLEOLA			Bi-Weekly			Monthly		
			EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	1	M010	65.99	197.97	263.96	131.98	395.94	527.93
Employee/Retiree & 1 CHILD, NO MEDICARE	2	M011	117.43	352.28	469.71	234.85	704.55	939.40
Employee/Retiree & SPOUSE, NO MEDICARE	3	M012	117.43	352.28	469.71	234.85	704.55	939.40
Employee/Retiree +2 OR MORE, NO MEDICARE	4	M013	162.44	487.32	649.76	324.88	974.64	1,299.52
RETIREE ONLY, WITH MEDICARE	5	M014	33.85	101.54	135.39	67.70	203.09	270.78
RETIREE + 1, ONE WITH MEDICARE	6	M015	983.13	294.39	1,277.52	196.26	588.77	785.03
RETIREE + 1, BOTH WITH MEDICARE	7	M016	65.99	197.97	263.96	131.98	395.95	527.93
RETIREE + 2, ONE WITH MEDICARE	8	M017	149.57	448.70	598.27	299.13	897.40	1,196.54
RETIREE + 2, TWO WITH MEDICARE	9	M018	130.28	390.85	521.13	260.57	781.71	1,042.28
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	M019	98.13	294.39	392.52	196.26	588.78	785.04
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	M020	162.44	487.32	649.76	324.88	974.64	1,299.52

CareFirst BCBS - POS - SLEOLA			Bi-Weekly			Monthly		
			EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	1	H750	46.50	164.88	211.38	93.01	329.76	422.76
Employee/Retiree & 1 CHILD, NO MEDICARE	2	H751	82.68	293.12	375.80	165.35	586.25	751.60
Employee/Retiree & SPOUSE, NO MEDICARE	3	H752	82.68	293.12	375.80	165.35	586.25	751.60
Employee/Retiree +2 OR MORE, NO MEDICARE	4	H753	114.33	405.34	519.67	228.65	810.67	1,039.32
RETIREE ONLY, WITH MEDICARE	5	H754	29.59	104.89	134.48	59.17	209.79	268.96
RETIREE + 1, ONE WITH MEDICARE	6	H755	86.15	305.45	391.60	172.31	610.91	783.21
RETIREE + 1, BOTH WITH MEDICARE	7	H756	57.87	205.32	263.19	115.74	410.36	526.11
RETIREE + 2, ONE WITH MEDICARE	8	H757	131.42	465.93	597.35	262.83	931.87	1,194.70
RETIREE + 2, TWO WITH MEDICARE	9	H758	114.45	405.77	520.22	228.90	811.55	1,040.44
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	H759	86.15	305.45	391.60	172.31	610.90	783.21
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	H760	142.74	506.09	648.83	285.49	1,012.19	1,297.68

State of Maryland
January 1, 2016 to December 31, 2016
Health Insurance Premiums
Employee / Retiree

CareFirst BCBS - EPO - SLEOLA			Bi-Weekly			Monthly		
			EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	1	H750	44.91	179.62	224.53	89.81	359.25	449.06
Employee/Retiree & 1 CHILD, NO MEDICARE	2	H751	92.61	370.43	463.04	185.22	740.87	926.08
Employee/Retiree & SPOUSE, NO MEDICARE	3	H752	92.61	370.43	463.04	185.22	740.87	926.08
Employee/Retiree +2 OR MORE, NO MEDICARE	4	H753	114.38	457.50	571.88	228.75	915.00	1,143.75
RETIREE ONLY, WITH MEDICARE	5	H754	22.89	91.55	114.44	45.78	183.11	228.88
RETIREE + 1, ONE WITH MEDICARE	6	H755	65.96	263.84	329.80	131.92	527.67	659.59
RETIREE + 1, BOTH WITH MEDICARE	7	H756	48.52	194.07	242.59	97.03	388.13	485.16
RETIREE + 2, ONE WITH MEDICARE	8	H757	109.03	436.13	545.16	218.06	872.26	1,090.32
RETIREE + 2, TWO WITH MEDICARE	9	H758	70.08	280.31	350.39	140.16	560.63	700.78
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	H759	60.32	241.27	301.59	120.64	482.54	603.18
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	H760	108.52	434.08	542.60	217.04	868.17	1,085.21

Maryland State Employee Benefits Program

Prescription Drugs

January 1, 2016 to December 31, 2016

Employee Rates - SLEOLA

Level of Coverage	Bi- Weekly Employee	Bi- Weekly State Subsidy	Bi- Weekly Total
Employee / Retiree Only	\$25.09	\$100.36	\$125.45
Employee / Retiree + 1 Child	\$33.34	\$133.37	\$166.71
Employee / Retiree + Spouse	\$41.64	\$166.56	\$208.20
Employee / Retiree + 2 or More	\$50.18	\$200.71	\$250.89

Level of Coverage	Monthly Employee	Monthly State Subsidy	Monthly Total
Employee / Retiree Only	\$50.18	\$200.71	\$250.89
Employee / Retiree + 1 Child	\$66.69	\$266.74	\$333.43
Employee / Retiree + Spouse	\$83.28	\$333.11	\$416.39
Employee / Retiree + 2 or More	\$100.36	\$401.43	\$501.79

Employee (with Medicare) Rates - SLEOLA

Level of Coverage	Bi Weekly Retiree	Bi Weekly Retiree Subsidy	Bi Weekly Retiree Total
	RETIREE ONLY, WITH MEDICARE	\$16.66	\$66.66
RETIREE + 1, RETIREE WITH MEDICARE	\$29.29	\$117.15	\$146.44
RETIREE + 1, DEPENDENT WITH MEDICARE	\$30.49	\$121.96	\$152.45
RETIREE + 1, BOTH WITH MEDICARE	\$27.62	\$110.49	\$138.11
RETIREE + 2, RETIREE WITH MEDICARE	\$39.82	\$159.30	\$199.12
RETIREE + 2, DEPENDENT WITH MEDICARE	\$39.82	\$159.30	\$199.12
RETIREE + 2, RETIREE & 1 WITH MEDICARE	\$33.98	\$135.91	\$169.89
RETIREE + 2, TWO WITH MEDICARE	\$33.98	\$135.91	\$169.89
RETIREE + 2 OR MORE, ALL WITH MEDICARE	\$33.33	\$133.31	\$166.64
MEDICARE (Family coverage Retiree w/Medicare and/or other dependents w/Medicare)	\$39.82	\$159.30	\$199.12
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE (Family coverage Retiree no Medicare and 1 or more dependents w/Medicare)	\$39.82	\$159.30	\$199.12

Level of Coverage	Monthly Retiree	Monthly Retiree Subsidy	Monthly Retiree Total
	RETIREE ONLY, WITH MEDICARE	\$33.33	\$133.31
RETIREE + 1, RETIREE WITH MEDICARE	\$58.58	\$234.30	\$292.88
RETIREE + 1, DEPENDENT WITH MEDICARE	\$60.98	\$243.91	\$304.89
RETIREE + 1, BOTH WITH MEDICARE	\$55.25	\$220.98	\$276.23
RETIREE + 2, RETIREE WITH MEDICARE	\$79.65	\$318.59	\$398.24
RETIREE + 2, DEPENDENT WITH MEDICARE	\$79.65	\$318.59	\$398.24
RETIREE + 2, RETIREE & 1 WITH MEDICARE	\$67.95	\$271.82	\$339.77
RETIREE + 2, TWO WITH MEDICARE	\$67.95	\$271.82	\$339.77
RETIREE + 2 OR MORE, ALL WITH MEDICARE	\$66.66	\$266.62	\$333.28
RETIREE + 3 OR MORE; RETIREE WITH MEDICARE (Family coverage Retiree w/Medicare and/or other dependents w/Medicare)	\$79.65	\$318.59	\$398.24
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE (Family coverage Retiree no Medicare and 1 or more dependents w/Medicare)	\$79.65	\$318.59	\$398.24

**Maryland State Employee Benefits Program
Dental Plans
January 1, 2016 to December 31, 2016**

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, 2016 to December 31, 2016

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, 2016 to December 31, 2016

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