

# State of Maryland

## EMPLOYEE AND RETIREE RATE SHEETS EFFECTIVE 01/01/2016 THRU 12/31/2016

MEDICAL - EMPLOYEE MONTHLY PREMIUM RATES			
Plan Name	Employee Only	Employee & Child or Employee & Spouse	Employee & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$97.14	\$174.84	\$242.85
CAREFIRST BLUECROSS BLUESHIELD EPO	\$64.83	\$136.06	\$168.56
KAISER	\$57.61	\$120.90	\$149.78
UNITEDHEALTHCARE PPO	\$95.56	\$172.00	\$238.90
UNITEDHEALTHCARE EPO	\$65.22	\$135.65	\$161.74

MEDICAL - EMPLOYEE BI-WEEKLY PREMIUM RATES			
Plan Name	Employee Only	Employee & Child or Employee & Spouse	Employee & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$48.57	\$87.42	\$121.42
CAREFIRST BLUECROSS BLUESHIELD EPO	\$32.42	\$68.03	\$84.28
KAISER	\$28.81	\$60.45	\$74.89
UNITEDHEALTHCARE PPO	\$47.78	\$86.00	\$119.45
UNITEDHEALTHCARE EPO	\$32.61	\$67.82	\$80.87

PRESCRIPTION DRUG - MONTHLY PREMIUM RATES				
EMPLOYEE	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
		\$45.94	\$61.06	\$76.25

PRESCRIPTION DRUG - BI-WEEKLY PREMIUM RATES				
EMPLOYEE	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
		\$22.97	\$30.53	\$38.13

DENTAL - EMPLOYEE MONTHLY PREMIUM RATES				
Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	\$6.44	\$11.22	\$12.89	\$18.11
UNITED CONCORDIA DPPO	\$11.64	\$22.24	\$23.27	\$43.60

DENTAL - EMPLOYEE BI-WEEKLY PREMIUM RATES				
Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	\$3.22	\$5.61	\$6.45	\$9.05
UNITED CONCORDIA DPPO	\$5.82	\$11.12	\$11.64	\$21.80

**MEDICAL - RETIREE MONTHLY (WITHOUT MEDICARE) PREMIUM RATES**

Plan Name	Retiree Only	Retiree & Child or Retiree & Spouse	Retiree & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$97.14	\$174.84	\$242.85
CAREFIRST BLUECROSS BLUESHIELD EPO	\$64.83	\$136.06	\$168.56
KAISER	\$57.61	\$120.90	\$149.78
UNITEDHEALTHCARE PPO	\$95.56	\$172.00	\$238.90
UNITEDHEALTHCARE EPO	\$65.22	\$135.65	\$161.74

**MEDICAL - RETIREE MONTHLY (WITH MEDICARE) PREMIUM RATES**

Plan Name	Retiree Only With Medicare	Retiree + 1, 1 With Medicare	Retiree + 1, Both With Medicare	Retiree + 2, 1 With Medicare	Retiree + 2, 2 With Medicare	Retiree + 2 or More, All With Medicare	Retiree + 3 or More, at Least 1 Without Medicare
CAREFIRST BLUECROSS BLUESHIELD PPO	\$48.57	\$145.69	\$97.14	\$223.40	\$194.27	\$145.69	\$242.85
CAREFIRST BLUECROSS BLUESHIELD EPO	\$31.96	\$96.27	\$70.22	\$160.58	\$102.42	\$87.84	\$168.56
UNITEDHEALTHCARE PPO	\$47.78	\$143.33	\$95.56	\$219.77	\$191.11	\$143.33	\$238.90
UNITEDHEALTHCARE EPO	\$43.07	\$108.29	\$86.14	\$161.74	\$147.88	\$129.21	\$161.79

**PRESCRIPTION DRUG - RETIREE MONTHLY (WITHOUT MEDICARE) PREMIUM RATES**

EXPRESS SCRIPTS	Retiree Only	Retiree & Child	Retiree & Spouse	Retiree & Family
	\$56.73	\$75.39	\$94.15	\$113.46

**PRESCRIPTION DRUG - RETIREE MONTHLY (WITH MEDICARE) PREMIUM RATES**

EXPRESS SCRIPTS	Retiree Only with Medicare	Retiree + 1, Retiree with Medicare	Retiree + 1, Dependent with Medicare	Retiree + 1, both with Medicare	Retiree + 2, Retiree with Medicare	Retiree + 2, Dependent with Medicare	Retiree + 2, 2 with Medicare	Retiree + 2 or more, all with Medicare	Retiree + 3 or more, Retiree with Medicare	Retiree + 3 or more, 1, 2, or 3 with Medicare
	\$40.82	\$71.74	\$74.68	\$67.66	\$97.54	\$97.54	\$83.22	\$81.63	\$97.54*	\$97.54**

\*FAMILY COVERAGE RETIREE W/MEDICARE AND/OR OTHER DEPENDENTS W/MEDICARE

\*\*FAMILY COVERAGE RETIREE NO MEDICARE AND 1 OR MORE DEPENDENTS W/MEDICARE

**DENTAL - RETIREE MONTHLY PREMIUM RATES**

Plan Name	Retiree Only	Retiree & Child	Retiree & Spouse	Retiree & Family
DELTA DENTAL DHMO	\$6.44	\$11.22	\$12.89	\$18.11
UNITED CONCORDIA DPPO	\$11.64	\$22.24	\$23.27	\$43.60

**TERM LIFE INSURANCE PREMIUM RATES**

<b>Age of Employee/Retiree</b>	<b>Bi-Weekly Employee/Retiree Rates (per \$1,000)</b>	<b>Monthly Employee/Retiree Rates (per \$1,000)</b>	<b>Age of Spouse</b>	<b>Bi-Weekly Spouse Rates (per \$1,000)</b>	<b>Monthly Spouse Rates (per \$1,000)</b>
Under 30	\$0.017	\$0.034	Under 30	\$0.051	\$0.102
30 to 34	\$0.021	\$0.041	30 to 34	\$0.055	\$0.110
35 to 39	\$0.027	\$0.054	35 to 39	\$0.069	\$0.138
40 to 44	\$0.043	\$0.085	40 to 44	\$0.101	\$0.202
45 to 49	\$0.069	\$0.137	45 to 49	\$0.156	\$0.313
50 to 54	\$0.108	\$0.216	50 to 54	\$0.232	\$0.464
55 to 59	\$0.196	\$0.392	55 to 59	\$0.361	\$0.722
60 to 64	\$0.277	\$0.553	60 to 64	\$0.553	\$1.106
65 to 69	\$0.413	\$0.826	65 to 69	\$0.804	\$1.608
70 to 74	\$0.740	\$1.480	70 to 74	\$1.264	\$2.528
75 to 79	\$1.030	\$2.060	75 to 79	\$1.264	\$2.528
80 and older	\$1.030	\$2.060	80 and older	\$1.264	\$2.528

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

**ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE PREMIUM RATES**

<b>Plan Coverage Level</b>	<b>Employee Only Bi-Weekly Rates</b>	<b>Employee + Family Bi-Weekly Rates</b>	<b>Employee Only Monthly Rates</b>	<b>Employee + Family Monthly Rates</b>
\$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

