

State of Maryland
January 1, 2016 to December 31, 2016
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	48.57	194.27	242.84	97.14	388.55	485.68
Employee/Retiree & 1 CHILD, NO MEDICARE	2	M011	87.42	349.69	437.11	174.84	699.38	874.22
Employee/Retiree & SPOUSE, NO MEDICARE	3	M012	87.42	349.69	437.11	174.84	699.38	874.22
Employee/Retiree +2 OR MORE, NO MEDICARE	4	M013	121.42	485.70	607.12	242.85	971.39	1,214.24
RETIREE ONLY, WITH MEDICARE	5	M014	24.29	97.15	121.44	48.57	194.30	242.87
RETIREE + 1, ONE WITH MEDICARE	6	M015	72.85	291.38	364.23	145.69	582.76	728.45
RETIREE + 1, BOTH WITH MEDICARE	7	M016	48.57	194.27	242.84	97.14	388.55	485.68
RETIREE + 2, ONE WITH MEDICARE	8	M017	111.70	446.80	558.50	223.40	893.60	1,117.00
RETIREE + 2, TWO WITH MEDICARE	9	M018	97.13	388.54	485.67	194.27	777.08	971.35
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	M019	72.85	291.38	364.23	145.69	582.76	728.45
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	M020	121.42	485.70	607.12	242.85	971.39	1,214.24

UnitedHealthCare - PPO			Bi-Weekly			Monthly		
			EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	1	H210	47.78	191.11	238.89	95.56	382.22	477.78
Employee/Retiree & 1 CHILD, NO MEDICARE	2	H211	86.00	344.01	430.01	172.00	688.01	860.01
Employee/Retiree & SPOUSE, NO MEDICARE	3	H212	86.00	344.01	430.01	172.00	688.01	860.01
Employee/Retiree +2 OR MORE, NO MEDICARE	4	H213	119.45	477.80	597.25	238.90	955.60	1,194.50
RETIREE ONLY, WITH MEDICARE	5	H214	23.89	95.57	119.46	47.78	191.13	238.91
RETIREE + 1, ONE WITH MEDICARE	6	H215	71.66	286.65	358.31	143.33	573.31	716.63
RETIREE + 1, BOTH WITH MEDICARE	7	H216	47.78	191.11	238.89	95.56	382.22	477.78
RETIREE + 2, ONE WITH MEDICARE	8	H217	109.88	439.53	549.41	219.77	879.07	1,098.84
RETIREE + 2, TWO WITH MEDICARE	9	H218	95.55	382.22	477.77	191.11	764.44	955.55
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	H219	71.66	286.65	358.31	143.33	573.31	716.63
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	H220	119.45	477.80	597.25	238.90	955.60	1,194.50

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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	32.42	183.70	216.12	64.83	367.39	432.23
Employee/Retiree & 1 CHILD, NO MEDICARE	2	H751	68.03	385.50	453.53	136.06	771.00	907.06
Employee/Retiree & SPOUSE, NO MEDICARE	3	H752	68.03	385.50	453.53	136.06	771.00	907.06
Employee/Retiree +2 OR MORE, NO MEDICARE	4	H753	84.28	477.58	561.86	168.56	955.17	1,123.72
RETIREE ONLY, WITH MEDICARE	5	H754	15.98	90.55	106.53	31.96	181.10	213.06
RETIREE + 1, ONE WITH MEDICARE	6	H755	48.13	272.76	320.89	96.27	545.52	641.78
RETIREE + 1, BOTH WITH MEDICARE	7	H756	35.11	198.97	234.08	70.22	397.94	468.16
RETIREE + 2, ONE WITH MEDICARE	8	H757	80.29	454.98	535.27	160.58	909.96	1,070.54
RETIREE + 2, TWO WITH MEDICARE	9	H758	51.21	290.18	341.39	102.42	580.37	682.79
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	H759	43.92	248.89	292.81	87.84	497.79	585.63
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	H760	84.28	477.58	561.86	168.56	955.17	1,123.72

UnitedHealthCare - EPO			Bi-Weekly			Monthly		
			EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	1	H710	32.61	184.80	217.41	65.22	369.60	434.83
Employee/Retiree & 1 CHILD, NO MEDICARE	2	H711	67.82	384.33	452.15	135.65	768.66	904.31
Employee/Retiree & SPOUSE, NO MEDICARE	3	H712	67.82	384.33	452.15	135.65	768.66	904.31
Employee/Retiree +2 OR MORE, NO MEDICARE	4	H713	80.87	458.26	539.13	161.74	916.52	1,078.26
RETIREE ONLY, WITH MEDICARE	5	H714	21.54	122.04	143.58	43.07	244.09	287.16
RETIREE + 1, ONE WITH MEDICARE	6	H715	54.15	306.82	360.97	108.29	613.65	721.94
RETIREE + 1, BOTH WITH MEDICARE	7	H716	43.07	244.06	287.13	86.14	488.12	574.26
RETIREE + 2, ONE WITH MEDICARE	8	H717	80.87	458.26	539.13	161.74	916.52	1,078.26
RETIREE + 2, TWO WITH MEDICARE	9	H718	73.94	418.99	492.93	147.88	837.98	985.86
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	H719	64.60	366.09	430.69	129.21	732.18	861.39
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	H720	80.87	458.26	539.13	161.74	916.52	1,078.26

State of Maryland
January 1, 2016 to December 31, 2016
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, 2016 to December 31, 2016

Employee Rates

Level of Coverage		Bi- Weekly Employee	Bi- Weekly State Subsidy	Bi- Weekly Total
Employee / Retiree Only		\$22.97	\$91.89	\$114.86
Employee / Retiree + 1 Child		\$30.53	\$122.13	\$152.66
Employee / Retiree + Spouse		\$38.13	\$152.51	\$190.64
Employee / Retiree + 2 or More		\$45.95	\$183.78	\$229.73

Level of Coverage		Monthly Employee	Monthly State Subsidy	Monthly Total
Employee / Retiree Only		\$45.94	\$183.78	\$229.72
Employee / Retiree + 1 Child		\$61.06	\$244.26	\$305.32
Employee / Retiree + Spouse		\$76.25	\$305.02	\$381.27
Employee / Retiree + 2 or More		\$91.89	\$367.57	\$459.46

Retiree (without Medicare) Rates

Level of Coverage		Bi Weekly Retiree	Bi Weekly Retiree Subsidy	Bi Weekly Retiree Total
Employee / Retiree Only		\$28.36	\$85.09	\$113.45
Employee / Retiree + 1 Child		\$37.70	\$113.09	\$150.79
Employee / Retiree + Spouse		\$47.08	\$141.23	\$188.31
Employee / Retiree + 2 or More		\$56.73	\$170.19	\$226.92

Level of Coverage		Monthly Retiree	Monthly Retiree Subsidy	Monthly Retiree Total
Employee / Retiree Only	P101	\$56.73	\$170.18	\$226.91
Employee / Retiree + 1 Child	P102	\$75.39	\$226.17	\$301.57
Employee / Retiree + Spouse	P103	\$94.15	\$282.45	\$376.60
Employee / Retiree + 2 or More	P104	\$113.46	\$340.38	\$453.84

Retiree (with Medicare) Rates

Level of Coverage		Bi Weekly Retiree	Bi Weekly Retiree Subsidy	Bi Weekly Retiree Total
		RETIREE ONLY, WITH MEDICARE	20.41	61.22
RETIREE + 1, RETIREE WITH MEDICARE		35.87	107.61	\$143.48
RETIREE + 1, DEPENDENT WITH MEDICARE		37.34	112.02	\$149.36
RETIREE + 1, BOTH WITH MEDICARE		33.83	101.49	\$135.32
RETIREE + 2, RETIREE WITH MEDICARE		48.77	146.31	\$195.08
RETIREE + 2, DEPENDENT WITH MEDICARE		48.77	146.31	\$195.08
RETIREE + 2, RETIREE & 1 WITH MEDICARE		41.61	124.83	\$166.44
RETIREE + 2, TWO WITH MEDICARE		41.61	124.83	\$166.44
RETIREE + 2 OR MORE, ALL WITH MEDICARE		40.82	122.45	\$163.27
RETIREE + 3 OR MORE; RETIREE WITH MEDICARE (Family coverage Retiree w/Medicare and/or other dependents w/Medicare)		48.77	146.31	\$195.08
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE (Family coverage Retiree no Medicare and 1 or more dependents w/Medicare)		48.77	146.31	\$195.08

Level of Coverage		Monthly Retiree	Monthly Retiree Subsidy	Monthly Retiree Total
		RETIREE ONLY, WITH MEDICARE	40.82	122.45
RETIREE + 1, RETIREE WITH MEDICARE		71.74	215.22	286.96
RETIREE + 1, DEPENDENT WITH MEDICARE		74.68	224.05	298.73
RETIREE + 1, BOTH WITH MEDICARE		67.66	202.98	270.64
RETIREE + 2, RETIREE WITH MEDICARE		97.54	292.63	390.17
RETIREE + 2, DEPENDENT WITH MEDICARE		97.54	292.63	390.17
RETIREE + 2, RETIREE & 1 WITH MEDICARE		83.22	249.67	332.89
RETIREE + 2, TWO WITH MEDICARE		83.22	249.67	332.89
RETIREE + 2 OR MORE, ALL WITH MEDICARE		81.63	244.89	326.53
RETIREE + 3 OR MORE; RETIREE WITH MEDICARE (Family coverage Retiree w/Medicare and/or other dependents w/Medicare)		97.54	292.63	390.17
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE (Family coverage Retiree no Medicare and 1 or more dependents w/Medicare)		97.54	292.63	390.17

**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	\$23.28
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	\$11.64	\$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