

State of Maryland
January 1, 2017 to December 31, 2017
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	69.29	207.87	277.16	138.58	415.74	554.32
Employee/Retiree & 1 CHILD, NO MEDICARE	2	M011	123.30	369.89	493.19	246.59	739.78	986.37
Employee/Retiree & SPOUSE, NO MEDICARE	3	M012	123.30	369.89	493.19	246.59	739.78	986.37
Employee/Retiree +2 OR MORE, NO MEDICARE	4	M013	170.56	511.68	682.24	341.12	1,023.37	1,364.49
RETIREE ONLY, WITH MEDICARE	5	M014	35.54	106.62	142.16	71.08	213.24	284.32
RETIREE + 1, ONE WITH MEDICARE	6	M015	103.04	309.11	412.15	206.07	618.21	824.28
RETIREE + 1, BOTH WITH MEDICARE	7	M016	69.29	207.87	277.16	138.58	415.74	554.32
RETIREE + 2, ONE WITH MEDICARE	8	M017	157.05	471.14	628.19	314.09	942.27	1,256.36
RETIREE + 2, TWO WITH MEDICARE	9	M018	136.79	410.39	547.18	273.60	820.79	1,094.39
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	M019	103.04	309.11	412.15	206.07	618.22	824.29
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	M020	170.56	511.69	682.25	341.12	1,023.37	1,364.49

CareFirst BCBS - POS - SLEOLA			Bi-Weekly			Monthly		
			EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	1	H750	48.83	173.12	221.95	97.66	346.24	443.90
Employee/Retiree & 1 CHILD, NO MEDICARE	2	H751	86.81	307.78	394.59	173.62	615.56	789.18
Employee/Retiree & SPOUSE, NO MEDICARE	3	H752	86.81	307.78	394.59	173.62	615.56	789.18
Employee/Retiree +2 OR MORE, NO MEDICARE	4	H753	120.04	425.60	545.64	240.08	851.21	1,091.29
RETIREE ONLY, WITH MEDICARE	5	H754	31.07	110.13	141.20	62.13	220.28	282.41
RETIREE + 1, ONE WITH MEDICARE	6	H755	90.46	320.72	411.18	180.92	641.45	822.37
RETIREE + 1, BOTH WITH MEDICARE	7	H756	60.76	215.44	276.20	121.53	430.88	552.41
RETIREE + 2, ONE WITH MEDICARE	8	H757	137.99	489.23	627.22	275.98	978.46	1,254.44
RETIREE + 2, TWO WITH MEDICARE	9	H758	120.17	426.06	546.23	240.34	852.12	1,092.46
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	H759	90.46	320.72	411.18	180.92	641.45	822.37
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	H760	149.88	531.39	681.27	299.76	1,062.80	1,362.56

State of Maryland
January 1, 2017 to December 31, 2017
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	47.15	188.61	235.76	94.30	377.21	471.51
Employee/Retiree & 1 CHILD, NO MEDICARE	2	H751	97.24	388.96	486.20	194.48	777.91	972.39
Employee/Retiree & SPOUSE, NO MEDICARE	3	H752	97.24	388.96	486.20	194.48	777.91	972.39
Employee/Retiree +2 OR MORE, NO MEDICARE	4	H753	120.09	480.38	600.47	240.19	960.75	1,200.94
RETIREE ONLY, WITH MEDICARE	5	H754	24.03	96.13	120.16	48.07	192.26	240.33
RETIREE + 1, ONE WITH MEDICARE	6	H755	69.26	277.03	346.29	138.51	554.05	692.56
RETIREE + 1, BOTH WITH MEDICARE	7	H756	50.95	203.77	254.72	101.88	407.54	509.42
RETIREE + 2, ONE WITH MEDICARE	8	H757	114.48	457.94	572.42	228.97	915.87	1,144.84
RETIREE + 2, TWO WITH MEDICARE	9	H758	73.58	294.33	367.91	147.16	588.66	735.82
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	H759	63.34	253.33	316.67	126.67	506.67	633.34
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	H760	113.95	455.78	569.73	227.89	911.58	1,139.47

Maryland State Employee Benefits Program

Prescription Drugs

January 1, 2017 to December 31, 2017

Employee Rates - SLEOLA

Level of Coverage	Bi- Weekly Employee	Bi- Weekly State Subsidy	Bi- Weekly Total
Employee / Retiree Only	\$27.35	\$109.39	\$136.74
Employee / Retiree + 1 Child	\$36.34	\$145.38	\$181.72
Employee / Retiree + Spouse	\$45.39	\$181.55	\$226.94
Employee / Retiree + 2 or More	\$54.69	\$218.78	\$273.47

Level of Coverage	Monthly Employee	Monthly State Subsidy	Monthly Total
Employee / Retiree Only	\$54.69	\$218.78	\$273.47
Employee / Retiree + 1 Child	\$72.69	\$290.75	\$363.44
Employee / Retiree + Spouse	\$90.77	\$363.09	\$453.86
Employee / Retiree + 2 or More	\$109.39	\$437.56	\$546.95

Employee (with Medicare) Rates - SLEOLA

Level of Coverage	Bi Weekly Retiree	Bi Weekly Retiree Subsidy	Bi Weekly Retiree Total
	RETIREE ONLY, WITH MEDICARE	\$18.16	\$72.66
RETIREE + 1, RETIREE WITH MEDICARE	\$31.93	\$127.69	\$159.62
RETIREE + 1, DEPENDENT WITH MEDICARE	\$33.23	\$132.94	\$166.17
RETIREE + 1, BOTH WITH MEDICARE	\$30.11	\$120.43	\$150.54
RETIREE + 2, RETIREE WITH MEDICARE	\$43.40	\$173.64	\$217.04
RETIREE + 2, DEPENDENT WITH MEDICARE	\$43.40	\$173.64	\$217.04
RETIREE + 2, RETIREE & 1 WITH MEDICARE	\$37.04	\$148.14	\$185.18
RETIREE + 2, TWO WITH MEDICARE	\$37.04	\$148.14	\$185.18
RETIREE + 2 OR MORE, ALL WITH MEDICARE	\$36.33	\$145.31	\$181.64
MEDICARE (Family coverage Retiree w/Medicare and/or other dependents w/Medicare)	\$43.40	\$173.64	\$217.04
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE (Family coverage Retiree no Medicare and 1 or more dependents w/Medicare)	\$43.40	\$173.64	\$217.04

Level of Coverage	Monthly Retiree	Monthly Retiree Subsidy	Monthly Retiree Total
	RETIREE ONLY, WITH MEDICARE	\$36.33	\$145.31
RETIREE + 1, RETIREE WITH MEDICARE	\$63.85	\$255.39	\$319.24
RETIREE + 1, DEPENDENT WITH MEDICARE	\$66.47	\$265.86	\$332.33
RETIREE + 1, BOTH WITH MEDICARE	\$60.22	\$240.87	\$301.09
RETIREE + 2, RETIREE WITH MEDICARE	\$86.82	\$347.26	\$434.08
RETIREE + 2, DEPENDENT WITH MEDICARE	\$86.82	\$347.26	\$434.08
RETIREE + 2, RETIREE & 1 WITH MEDICARE	\$74.07	\$296.28	\$370.35
RETIREE + 2, TWO WITH MEDICARE	\$74.07	\$296.28	\$370.35
RETIREE + 2 OR MORE, ALL WITH MEDICARE	\$72.65	\$290.62	\$363.27
RETIREE + 3 OR MORE; RETIREE WITH MEDICARE (Family coverage Retiree w/Medicare and/or other dependents w/Medicare)	\$86.82	\$347.26	\$434.08
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE (Family coverage Retiree no Medicare and 1 or more dependents w/Medicare)	\$86.82	\$347.26	\$434.08

**Maryland State Employee Benefits Program
Dental Plans
January 1, 2017 to December 31, 2017**

Delta Dental (DHMO)

Bi-Weekly Level of Coverage		Employee/Retiree Deduction	State Subsidy	Total
Employee / Retiree Only		\$3.22	\$3.41	\$6.63
Employee / Retiree + 1 Child		\$5.61	\$5.95	\$11.56
Employee / Retiree + Spouse		\$6.45	\$6.83	\$13.28
Employee / Retiree + 2 or More		\$9.05	\$9.60	\$18.65

Monthly Level of Coverage		Employee/Retiree Deduction	State Subsidy	Total
Employee / Retiree Only	D401	\$6.44	\$6.82	\$13.26
Employee / Retiree + 1 Child	D402	\$11.22	\$11.89	\$23.11
Employee / Retiree + Spouse	D403	\$12.89	\$13.66	\$26.55
Employee / Retiree + 2 or More	D404	\$18.11	\$19.19	\$37.30

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, 2017 to December 31, 2017

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, 2017 to December 31, 2017

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