



CONTRACTUAL/VARIABLE HOUR EMPLOYEES

Monthly Subsidized Rates

Effective 01/01/2018 thru 12/31/2018

Rates for employees who work 30 hours per week or an average of 130 hours per month.

| | PPO HEALTH PLANS | |
|--------------------------|------------------|--------------------------|
| Plan Type | CareFirst BC/BS | UnitedHealthcare Options |
| Individual | \$127.49 | \$125.42 |
| Individual + one person | \$229.48 | \$225.75 |
| Individual + two or more | \$318.74 | \$313.56 |

| | EPO HEALTH PLANS | | IHM HEALTH PLAN |
|--------------------------|------------------|------------------|-------------------|
| Plan Type | CareFirst BC/BS | UnitedHealthcare | Kaiser Permanente |
| Individual | \$113.46 | \$96.08 | \$105.86 |
| Individual + one person | \$238.10 | \$237.38 | \$222.16 |
| Individual + two or more | \$294.98 | \$283.04 | \$275.23 |

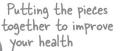
| PRESCRIPTION DRUG | | |
|--------------------------|----------|--|
| Plan Type CVS Caremark | | |
| Individual | \$56.34 | |
| Individual + Child | \$74.88 | |
| Individual + Spouse | \$93.51 | |
| Individual + two or more | \$112.68 | |

| DENTAL | | | |
|--------------------------|--------------|------------------|--|
| Dlan Tuna | Delta Dental | United Concordia | |
| Plan Type | DHMO | DPP0 | |
| Individual | \$13.66 | \$23.28 | |
| Individual + Child | \$23.80 | \$44.48 | |
| Individual + Spouse | \$27.36 | \$46.54 | |
| Individual + two or more | \$38.42 | \$87.20 | |

| ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE PREMIUM RATES | | | |
|--|--------|--------|--|
| Amount Individual Only Family | | | |
| \$100,000 | \$1.50 | \$2.80 | |
| \$200,000 | \$3.00 | \$5.60 | |
| \$300,000 | \$4.50 | \$8.40 | |

| TERM LIFE INSURANCE PREMIUM RATES | | | |
|--|---|------------------|-------------------------------|
| Age of Employee/ Retiree | Employee Retiree Rates (per \$1,000) | Age of Spouse | Spouse Rates (per \$1,000) |
| Under 30 | \$0.034 | Under 30 | \$0.102 |
| 30 to 34 | \$0.041 | 30 to 34 | \$0.110 |
| 35 to 39 | \$0.054 | 35 to 39 | \$0.138 |
| 40 to 44 | \$0.085 | 40 to 44 | \$0.202 |
| 45 to 49 | \$0.137 | 45 to 49 | \$0.312 |
| 50 to 54 | \$0.216 | 50 to 54 | \$0.464 |
| 55 to 59 | \$0.392 | 55 to 59 | \$0.722 |
| 60 to 64 | \$0.553 | 60 to 64 | \$1.106 |
| 65 to 69 | \$0.826 | 65 to 69 | \$1.608 |
| 70 to 74 | \$1.480 | 70 to 74 | \$2.528 |
| 75 to 79 | \$2.060 | 75 to 79 | \$2.528 |
| 80 and older | \$2.060 | 80 and older | \$2.528 |
| Dependent Child Coverage is \$0.156 pe | er \$1,000 per month. | | |

ENROLLMENT FORMS CAN BE FOUND ON OUR WEBSITE AT: www.dbm.maryland.gov/benefits





CONTRACTUAL/VARIABLE HOUR EMPLOYEES

Monthly Non-Subsidized Rates

Effective 01/01/2018 thru 12/31/2018

Rates for employees who work under 30 hours per week or less than an average of 130 hours per month.

| | PPO HEALTH PLANS | |
|--------------------------|------------------|--------------------------|
| Plan Type | CareFirst BC/BS | UnitedHealthcare Options |
| Individual | \$509.98 | \$501.66 |
| Individual + one person | \$917.94 | \$903.02 |
| Individual + two or more | \$1,274.94 | \$1,254.22 |

| | EPO HEALTH PLANS | | IHM HEALTH PLAN |
|--------------------------|------------------|-------------------------|-------------------|
| Plan Type | CareFirst BC/BS | UnitedHealthcare Select | Kaiser Permanente |
| Individual | \$453.84 | \$456.56 | \$423.44 |
| Individual + one person | \$952.40 | \$949.52 | \$888.62 |
| Individual + two or more | \$1,179.90 | \$1,132.18 | \$1,100.90 |

| PRESCRIPTION DRUG | | |
|--------------------------|----------|--|
| Plan Type CVS Caremark | | |
| Individual | \$225.36 | |
| Individual + Child | \$299.52 | |
| Individual + Spouse | \$374.02 | |
| Individual + two or more | \$450.72 | |

| DENTAL | | | |
|--------------------------|--------------|------------------|--|
| Dlan Tuna | Delta Dental | United Concordia | |
| Plan Type | DHMO | DPP0 | |
| Individual | \$13.66 | \$23.28 | |
| Individual + Child | \$23.80 | \$44.48 | |
| Individual + Spouse | \$27.36 | \$46.54 | |
| Individual + two or more | \$38.42 | \$87.20 | |

| ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE PREMIUM RATES | | | | |
|--|-------------------------------|--------|--|--|
| Amount | Amount Individual Only Family | | | |
| \$100,000 | \$1.50 | \$2.80 | | |
| \$200,000 | \$3.00 | \$5.60 | | |
| \$300,000 | \$4.50 | \$8.40 | | |

| TERM LIFE INSURANCE PREMIUM RATES | | | |
|-----------------------------------|---|------------------|-------------------------------|
| Age of Employee/ Retiree | Employee Retiree Rates (per \$1,000) | Age of Spouse | Spouse Rates (per \$1,000) |
| Under 30 | \$0.034 | Under 30 | \$0.102 |
| 30 to 34 | \$0.041 | 30 to 34 | \$0.110 |
| 35 to 39 | \$0.054 | 35 to 39 | \$0.138 |
| 40 to 44 | \$0.085 | 40 to 44 | \$0.202 |
| 45 to 49 | \$0.137 | 45 to 49 | \$0.312 |
| 50 to 54 | \$0.216 | 50 to 54 | \$0.464 |
| 55 to 59 | \$0.392 | 55 to 59 | \$0.722 |
| 60 to 64 | \$0.553 | 60 to 64 | \$1.106 |
| 65 to 69 | \$0.826 | 65 to 69 | \$1.608 |
| 70 to 74 | \$1.480 | 70 to 74 | \$2.528 |
| 75 to 79 | \$2.060 | 75 to 79 | \$2.528 |
| 80 and older | \$2.060 | 80 and older | \$2.528 |

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