



Department of Budget & Management



STATE OF MARYLAND

DIRECT PAY ENROLLEES

EFFECTIVE 07/01/2013 THRU 12/31/2013

MONTHLY PREMIUM SCHEDULE – STATE GROUP BENEFITS PROGRAM

IMPORTANT: COBRA AND CONTINUING OR CONTINUATION COVERAGE FOR DOMESTIC PARTNER ENROLLEES NEED TO ADD 2% FOR ADMINISTRATIVE FEE.

PPO HEALTH PLANS

| Plan Type | CareFirst BC/BS | UnitedHealthcare Options |
|--------------------------|-----------------|--------------------------|
| Individual | \$476.16 | \$468.41 |
| Individual + one person | \$857.08 | \$843.15 |
| Individual & two or more | \$1,190.43 | \$1,171.08 |

POS HEALTH PLANS

| Plan Type | Aetna Choice | CareFirst BC/BS Maryland | UnitedHealthcare ChoicePlus |
|--------------------------|--------------|--------------------------|-----------------------------|
| Individual | \$400.59 | \$380.50 | \$434.11 |
| Individual + one person | \$721.05 | \$684.91 | \$781.36 |
| Individual & two or more | \$1001.41 | \$951.24 | \$1085.28 |

EPO HEALTH PLANS

| Plan Type | CareFirst BC/BS | Aetna Select | UnitedHealthcare Select |
|--------------------------|-----------------|--------------|-------------------------|
| Individual | \$423.75 | \$371.78 | \$426.30 |
| Individual + one person | \$889.27 | \$743.55 | \$886.58 |
| Individual & two or more | \$1101.69 | \$931.20 | \$1057.12 |

PRESCRIPTION DRUG

| Plan Type | Express Scripts |
|--------------------------|-----------------|
| Individual | \$200.65 |
| Individual & Child | \$266.68 |
| Individual & Spouse | \$333.02 |
| Individual & two or more | \$401.31 |

DENTAL

| Plan Type | United Concordia | |
|--------------------------|------------------|---------|
| | DHMO | DPPO |
| Individual | \$15.31 | \$23.27 |
| Individual & Child | \$26.68 | \$44.48 |
| Individual & Spouse | \$30.66 | \$46.54 |
| Individual & two or more | \$43.07 | \$87.20 |

ACCIDENTAL DEATH & DISMEMBERMENT

| Amount | Individual Only | Family |
|-----------|-----------------|--------|
| \$100,000 | \$1.50 | \$2.80 |
| \$200,000 | \$3.00 | \$5.60 |
| \$300,000 | \$4.50 | \$8.40 |

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

Life Insurance rates on the back of this sheet.

TERM LIFE INSURANCE PREMIUM RATES

| 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 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.