



Department of Budget & Management



STATE OF MARYLAND

DIRECT PAY ENROLLEES

EFFECTIVE 07/01/2012 THRU 06/30/2013

MONTHLY PREMIUM SCHEDULE – STATE GROUP BENEFITS PROGRAM

PPO HEALTH PLANS		
Plan Type	CareFirst BC/BS	UnitedHealthcare Options
Individual	\$462.70	\$444.81
Individual + one person	\$832.84	\$800.66
Individual & two or more	\$1,156.77	\$1,112.07

POS HEALTH PLANS			
Plan Type	Aetna Choice	CareFirst BC/BS Maryland	UnitedHealthcare ChoicePlus
Individual	\$393.59	\$376.04	\$399.85
Individual + one person	\$708.44	\$676.88	\$719.70
Individual & two or more	\$983.91	\$940.09	\$999.64

EPO HEALTH PLANS			
Plan Type	CareFirst BC/BS	Aetna Select	UnitedHealthcare Select
Individual	\$369.83	\$371.78	\$382.64
Individual + one person	\$776.11	\$743.55	\$795.78
Individual & two or more	\$961.50	\$931.20	\$948.86

PRESCRIPTION DRUG	
Plan Type	Express Scripts
Individual	\$198.55
Individual & Child	\$263.88
Individual & Spouse	\$329.53
Individual & two or more	\$397.10

DENTAL		
Plan Type	United Concordia	
	DHMO	DPPO
Individual	\$14.65	\$23.27
Individual & Child	\$25.53	\$44.48
Individual & Spouse	\$29.34	\$46.54
Individual & two or more	\$41.22	\$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

**** COBRA AND CONTINUING OR CONTINUATION COVERAGE FOR DOMESTIC PARTNER ENROLLEES NEED TO ADD 2% FOR PROCESSING FEE.**

Life Insurance rates on the back of this sheet.

TERM LIFE INSURANCE PREMIUM RATES

Age of Employee/Retiree	Bi-Weekly Employee/Retiree Rate (per \$10,000)	Monthly Employee/Retiree Rate (per \$10,000)	Age of Spouse/Domestic Partner	Bi-Weekly Spouse/Domestic Partner Rate (per \$5,000)	Monthly Spouse/Domestic Partner Rate (per \$5,000)
Under 20	\$0.18	\$0.36	Under 20	\$0.25	\$0.51
20 to 29	\$0.18	\$0.36	20 to 29	\$0.25	\$0.51
30 to 34	\$0.22	\$0.44	30 to 34	\$0.28	\$0.55
35 to 39	\$0.29	\$0.58	35 to 39	\$0.35	\$0.69
40 to 44	\$0.45	\$0.90	40 to 44	\$0.51	\$1.01
45 to 49	\$0.73	\$1.46	45 to 49	\$0.78	\$1.56
50 to 54	\$1.15	\$2.30	50 to 54	\$1.16	\$2.32
55 to 59	\$2.09	\$4.17	55 to 59	\$1.81	\$3.61
60 to 64	\$2.95	\$5.89	60 to 64	\$2.76	\$5.53
65 to 69	\$4.40	\$8.80	65 to 69	\$4.02	\$8.04
70 to 74	\$7.88	\$15.76	70 to 74	\$6.32	\$12.64
75 to 79	\$15.42	\$30.84	75 to 79	\$6.32	\$12.64
80 and older	\$15.42	\$30.84	80 and older	\$6.32	\$12.64

Dependent Child Coverage is \$0.78 per \$5,000 per month; \$0.39 per \$5,000 per bi-weekly pay period.