



State of Maryland



EMPLOYEES AND RETIREES RATE SHEETS EFFECTIVE 07/01/2012 THRU 06/30/2013

MEDICAL - EMPLOYEE MONTHLY PREMIUM RATES

Plan Name	Employee Only	Employee & Child or Employee & Spouse	Employee & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$92.54	\$166.57	\$231.35
UNITEDHEALTHCARE PPO	\$88.96	\$160.13	\$222.41
AETNA POS	\$66.91	\$120.43	\$167.26
CAREFIRST BLUECROSS BLUESHIELD POS	\$63.93	\$115.07	\$159.82
UNITEDHEALTHCARE POS	\$67.97	\$122.35	\$169.94
AETNA EPO	\$55.77	\$111.53	\$139.68
CAREFIRST BLUECROSS BLUESHIELD EPO	\$55.47	\$116.42	\$144.22
UNITEDHEALTHCARE EPO	\$57.40	\$119.37	\$142.33

MEDICAL - EMPLOYEE BI-WEEKLY PREMIUM RATES

Plan Name	Employee Only	Employee & Child or Employee & Spouse	Employee & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$46.27	\$83.29	\$115.68
UNITEDHEALTHCARE PPO	\$44.48	\$80.07	\$111.21
AETNA POS	\$33.46	\$60.22	\$83.63
CAREFIRST BLUECROSS BLUESHIELD POS	\$31.97	\$57.54	\$79.91
UNITEDHEALTHCARE POS	\$33.99	\$61.18	\$84.97
AETNA EPO	\$27.89	\$55.77	\$69.84
CAREFIRST BLUECROSS BLUESHIELD EPO	\$27.74	\$58.21	\$72.11
UNITEDHEALTHCARE EPO	\$28.70	\$59.69	\$71.17

PRESCRIPTION DRUG - MONTHLY PREMIUM RATES

EMPLOYEE	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
	\$39.71	\$52.78	\$65.91	\$79.42

RETIREE	Retiree Only	Retiree & Child	Retiree & Spouse	Retiree & Family
	\$49.03	\$65.16	\$81.37	\$98.06

PRESCRIPTION DRUG - BI-WEEKLY PREMIUM RATES

EMPLOYEE	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
	\$19.85	\$26.39	\$32.95	\$39.71

DENTAL - EMPLOYEE MONTHLY PREMIUM RATES

Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
UNITED CONCORDIA DHMO	\$7.33	\$12.77	\$14.67	\$20.61
UNITED CONCORDIA DPPO	\$11.64	\$22.24	\$23.27	\$43.60

DENTAL - EMPLOYEE BI-WEEKLY PREMIUM RATES

Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
UNITED CONCORDIA DHMO	\$3.67	\$6.38	\$7.34	\$10.31
UNITED CONCORDIA DPPO	\$5.82	\$11.12	\$11.64	\$21.80

DENTAL - RETIREE MONTHLY PREMIUM RATES

Plan Name	Retiree Only	Retiree & Child	Retiree & Spouse	Retiree & Family
UNITED CONCORDIA DHMO	\$7.33	\$12.77	\$14.67	\$20.61
UNITED CONCORDIA DPPO	\$11.64	\$22.24	\$23.27	\$43.60

MEDICAL - RETIREE MONTHLY (WITHOUT MEDICARE) PREMIUM RATES

Plan Name	Retiree Only	Retiree & Child or Retiree & Spouse	Retiree & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$92.54	\$166.57	\$231.35
UNITEDHEALTHCARE PPO	\$88.96	\$160.13	\$222.41
AETNA POS	\$66.91	\$120.43	\$167.26
CAREFIRST BLUECROSS BLUESHIELD POS	\$63.93	\$115.07	\$159.82
UNITEDHEALTHCARE POS	\$67.97	\$122.35	\$169.94
AETNA EPO	\$55.77	\$111.53	\$139.68
CAREFIRST BLUECROSS BLUESHIELD EPO	\$55.47	\$116.42	\$144.22
UNITEDHEALTHCARE EPO	\$57.40	\$119.37	\$142.33

MEDICAL - RETIREE MONTHLY (WITH MEDICARE) PREMIUM RATES

Plan Name	Retiree Only With Medicare	Retiree + 1, 1 With Medicare	Retiree + 1, Both With Medicare	Retiree + 2, 1 With Medicare	Retiree + 2, 2 With Medicare	Retiree + 2 or More, All With Medicare	Retiree + 3 or More, at Least 1 Without Medicare
CAREFIRST BLUECROSS BLUESHIELD PPO	\$46.28	\$138.79	\$92.54	\$212.83	\$185.07	\$138.79	\$231.35
UNITEDHEALTHCARE PPO	\$44.49	\$133.43	\$88.96	\$204.60	\$177.92	\$133.43	\$222.41
AETNA POS	\$33.44	\$100.34	\$66.91	\$153.89	\$133.81	\$100.34	\$167.26
CAREFIRST BLUECROSS BLUESHIELD POS	\$31.96	\$95.89	\$63.93	\$147.03	\$127.85	\$95.89	\$159.82
UNITEDHEALTHCARE POS	\$33.98	\$101.96	\$67.97	\$156.34	\$135.94	\$101.96	\$169.94
AETNA EPO	\$33.47	\$89.24	\$66.94	\$145.00	\$122.71	\$100.41	\$156.18
CAREFIRST BLUECROSS BLUESHIELD EPO	\$27.34	\$82.37	\$60.09	\$137.40	\$87.63	\$75.16	\$136.75
UNITEDHEALTHCARE EPO	\$37.90	\$95.29	\$75.80	\$142.33	\$130.13	\$113.70	\$142.33

PLEASE NOTE: Post tax deductions and Imputed income amounts for Same Sex Domestic Partners and/or the Domestic Partner's child(ren) are available on the "July 2012-June 2013 Premium Rate Sheet" at www.dbm.maryland.gov/benefits.

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.

AD&D INSURANCE PREMIUM RATES

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