

State of Maryland
January 1, 2018 to December 31, 2018
Health Insurance Premiums
Employee / Retiree

CareFirst BCBS - PPO			Bi-Weekly			Monthly		
			EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	1	M010	51.00	203.99	254.99	102.00	407.98	509.98
Employee/Retiree & 1 CHILD, NO MEDICARE	2	M011	91.79	367.18	458.97	183.58	734.36	917.94
Employee/Retiree & SPOUSE, NO MEDICARE	3	M012	91.79	367.18	458.97	183.58	734.36	917.94
Employee/Retiree +2 OR MORE, NO MEDICARE	4	M013	127.49	509.98	637.47	254.98	1,019.96	1,274.94
RETIREE ONLY, WITH MEDICARE	5	M014	25.50	102.01	127.51	51.00	204.02	255.02
RETIREE + 1, ONE WITH MEDICARE	6	M015	76.49	305.95	382.44	152.98	611.90	764.88
RETIREE + 1, BOTH WITH MEDICARE	7	M016	51.00	203.99	254.99	102.00	407.98	509.98
RETIREE + 2, ONE WITH MEDICARE	8	M017	117.28	469.15	586.43	234.56	938.30	1,172.86
RETIREE + 2, TWO WITH MEDICARE	9	M018	101.99	407.97	509.96	203.98	815.94	1,019.92
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	M019	76.49	305.95	382.44	152.98	611.90	764.88
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	M020	127.49	509.98	637.47	254.98	1,019.96	1,274.94

UnitedHealthCare - PPO			Bi-Weekly			Monthly		
			EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	1	H210	50.16	200.67	250.83	100.32	401.34	501.66
Employee/Retiree & 1 CHILD, NO MEDICARE	2	H211	90.30	361.21	451.51	180.60	722.42	903.02
Employee/Retiree & SPOUSE, NO MEDICARE	3	H212	90.30	361.21	451.51	180.60	722.42	903.02
Employee/Retiree +2 OR MORE, NO MEDICARE	4	H213	125.42	501.69	627.11	250.84	1,003.38	1,254.22
RETIREE ONLY, WITH MEDICARE	5	H214	25.08	100.35	125.43	50.16	200.70	250.86
RETIREE + 1, ONE WITH MEDICARE	6	H215	75.24	300.99	376.23	150.48	601.98	752.46
RETIREE + 1, BOTH WITH MEDICARE	7	H216	50.16	200.67	250.83	100.32	401.34	501.66
RETIREE + 2, ONE WITH MEDICARE	8	H217	115.38	461.51	576.89	230.76	923.02	1,153.78
RETIREE + 2, TWO WITH MEDICARE	9	H218	100.33	401.33	501.66	200.66	802.66	1,003.32
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	H219	75.24	300.99	376.23	150.48	601.98	752.46
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	H220	125.42	501.69	627.11	250.84	1,003.38	1,254.22

State of Maryland
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Employee / Retiree

CareFirst BCBS - EPO			Bi-Weekly			Monthly		
			EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	1	H750	34.04	192.88	226.92	68.08	385.76	453.84
Employee/Retiree & 1 CHILD, NO MEDICARE	2	H751	71.43	404.77	476.20	142.86	809.54	952.40
Employee/Retiree & SPOUSE, NO MEDICARE	3	H752	71.43	404.77	476.20	142.86	809.54	952.40
Employee/Retiree +2 OR MORE, NO MEDICARE	4	H753	88.49	501.46	589.95	176.98	1,002.92	1,179.90
RETIREE ONLY, WITH MEDICARE	5	H754	16.78	95.08	111.86	33.56	190.16	223.72
RETIREE + 1, ONE WITH MEDICARE	6	H755	50.54	286.40	336.94	101.08	572.80	673.88
RETIREE + 1, BOTH WITH MEDICARE	7	H756	36.87	208.92	245.79	73.74	417.84	491.58
RETIREE + 2, ONE WITH MEDICARE	8	H757	84.30	477.73	562.03	168.60	955.46	1,124.06
RETIREE + 2, TWO WITH MEDICARE	9	H758	53.77	304.70	358.47	107.54	609.40	716.94
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	H759	46.12	261.34	307.46	92.24	522.68	614.92
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	H760	88.49	501.46	589.95	176.98	1,002.92	1,179.90

UnitedHealthCare - EPO			Bi-Weekly			Monthly		
			EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	1	H710	34.24	194.04	228.28	68.48	388.08	456.56
Employee/Retiree & 1 CHILD, NO MEDICARE	2	H711	71.21	403.55	474.76	142.42	807.10	949.52
Employee/Retiree & SPOUSE, NO MEDICARE	3	H712	71.21	403.55	474.76	142.42	807.10	949.52
Employee/Retiree +2 OR MORE, NO MEDICARE	4	H713	84.91	481.18	566.09	169.82	962.36	1,132.18
RETIREE ONLY, WITH MEDICARE	5	H714	22.61	128.15	150.76	45.22	256.30	301.52
RETIREE + 1, ONE WITH MEDICARE	6	H715	56.85	322.17	379.02	113.70	644.34	758.04
RETIREE + 1, BOTH WITH MEDICARE	7	H716	45.22	256.27	301.49	90.44	512.54	602.98
RETIREE + 2, ONE WITH MEDICARE	8	H717	84.91	481.18	566.09	169.82	962.36	1,132.18
RETIREE + 2, TWO WITH MEDICARE	9	H718	77.63	439.94	517.57	155.26	879.88	1,035.14
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	H719	67.83	384.40	452.23	135.66	768.80	904.46
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	H720	84.91	481.18	566.09	169.82	962.36	1,132.18

State of Maryland
January 1, 2018 to December 31, 2018
Health Insurance Premiums
Employee / Retiree

Kaiser - IHM			Bi-Weekly			Monthly		
			EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	1	H110	31.76	179.96	211.72	63.52	359.92	423.44
Employee/Retiree & 1 CHILD, NO MEDICARE	2	H111	66.64	377.67	444.31	133.28	755.34	888.62
Employee/Retiree & SPOUSE, NO MEDICARE	3	H112	66.64	377.67	444.31	133.28	755.34	888.62
Employee/Retiree +2 OR MORE, NO MEDICARE	4	H113	82.57	467.88	550.45	165.14	935.76	1,100.90

Maryland State Employee Benefits Program

Prescription Drugs

January 1, 2018 to December 31, 2018

Employee Rates

Level of Coverage		Bi- Weekly Employee	Bi- Weekly State Subsidy	Bi- Weekly Total
Employee / Retiree Only		\$22.54	\$90.14	\$112.68
Employee / Retiree + 1 Child		\$29.95	\$119.81	\$149.76
Employee / Retiree + Spouse		\$37.40	\$149.61	\$187.01
Employee / Retiree + 2 or More		\$45.07	\$180.29	\$225.36

Level of Coverage		Monthly Employee	Monthly State Subsidy	Monthly Total
Employee / Retiree Only		\$45.08	\$180.28	\$225.36
Employee / Retiree + 1 Child		\$59.90	\$239.62	\$299.52
Employee / Retiree + Spouse		\$74.80	\$299.22	\$374.02
Employee / Retiree + 2 or More		\$90.14	\$360.58	\$450.72

Retiree (without Medicare) Rates

Level of Coverage		Bi Weekly Retiree	Bi Weekly Retiree Subsidy	Bi Weekly Retiree Total
Employee / Retiree Only		\$27.82	\$83.48	\$111.30
Employee / Retiree + 1 Child		\$36.98	\$110.94	\$147.92
Employee / Retiree + Spouse		\$46.18	\$138.54	\$184.72
Employee / Retiree + 2 or More		\$55.65	\$166.96	\$222.61

Level of Coverage		Monthly Retiree	Monthly Retiree Subsidy	Monthly Retiree Total
Employee / Retiree Only	P101	\$55.64	\$166.96	\$222.60
Employee / Retiree + 1 Child	P102	\$73.96	\$221.88	\$295.84
Employee / Retiree + Spouse	P103	\$92.36	\$277.08	\$369.44
Employee / Retiree + 2 or More	P104	\$111.30	\$333.92	\$445.22

Retiree (with Medicare) Rates

Level of Coverage		Bi Weekly Retiree	Bi Weekly Retiree Subsidy	Bi Weekly Retiree Total
RETIREE ONLY, WITH MEDICARE		20.02	60.06	\$80.08
RETIREE + 1, RETIREE WITH MEDICARE		35.19	105.56	\$140.75
RETIREE + 1, DEPENDENT WITH MEDICARE		36.63	109.89	\$146.52
RETIREE + 1, BOTH WITH MEDICARE		33.19	99.56	\$132.75
RETIREE + 2, RETIREE WITH MEDICARE		47.84	143.54	\$191.38
RETIREE + 2, DEPENDENT WITH MEDICARE		47.84	143.54	\$191.38
RETIREE + 2, RETIREE & 1 WITH MEDICARE		40.82	122.46	\$163.28
RETIREE + 2, TWO WITH MEDICARE		40.82	122.46	\$163.28
RETIREE + 2 OR MORE, ALL WITH MEDICARE		40.04	120.12	\$160.16
RETIREE + 3 OR MORE; RETIREE WITH MEDICARE (Family coverage Retiree w/Medicare and/or other dependents w/Medicare)		47.84	143.54	\$191.38
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE (Family coverage Retiree no Medicare and 1 or more dependents w/Medicare)		47.84	143.54	\$191.38

Level of Coverage		Monthly Retiree	Monthly Retiree Subsidy	Monthly Retiree Total
RETIREE ONLY, WITH MEDICARE		40.04	120.12	160.16
RETIREE + 1, RETIREE WITH MEDICARE		70.38	211.12	281.50
RETIREE + 1, DEPENDENT WITH MEDICARE		73.26	219.78	293.04
RETIREE + 1, BOTH WITH MEDICARE		66.38	199.12	265.50
RETIREE + 2, RETIREE WITH MEDICARE		95.68	287.08	382.76
RETIREE + 2, DEPENDENT WITH MEDICARE		95.68	287.08	382.76
RETIREE + 2, RETIREE & 1 WITH MEDICARE		81.64	244.92	326.56
RETIREE + 2, TWO WITH MEDICARE		81.64	244.92	326.56
RETIREE + 2 OR MORE, ALL WITH MEDICARE		80.08	240.24	320.32
RETIREE + 3 OR MORE; RETIREE WITH MEDICARE (Family coverage Retiree w/Medicare and/or other dependents w/Medicare)		95.68	287.08	382.76
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE (Family coverage Retiree no Medicare and 1 or more dependents w/Medicare)		95.68	287.08	382.76

**Maryland State Employee Benefits Program
Dental Plans
January 1, 2018 to December 31, 2018**

Delta Dental (DHMO)

Bi-Weekly Level of Coverage		Employee/Retiree Deduction	State Subsidy	Total
Employee / Retiree Only		\$3.41	\$3.42	\$6.83
Employee / Retiree + 1 Child		\$5.95	\$5.95	\$11.90
Employee / Retiree + Spouse		\$6.84	\$6.84	\$13.68
Employee / Retiree + 2 or More		\$9.60	\$9.61	\$19.21

Monthly Level of Coverage		Employee/Retiree Deduction	State Subsidy	Total
Employee / Retiree Only	D401	\$6.82	\$6.84	\$13.66
Employee / Retiree + 1 Child	D402	\$11.90	\$11.90	\$23.80
Employee / Retiree + Spouse	D403	\$13.68	\$13.68	\$27.36
Employee / Retiree + 2 or More	D404	\$19.20	\$19.22	\$38.42

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		\$11.63	\$11.64	\$23.27
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	\$23.28
Employee / Retiree + 1 Child	D302	\$22.24	\$22.24	\$44.48
Employee / Retiree + Spouse	D303	\$23.26	\$23.28	\$46.54
Employee / Retiree + 2 or More	D304	\$43.60	\$43.60	\$87.20

Life Insurance
January 1, 2018 to December 31, 2018

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 \$0.078 per \$1,000 per biweekly pay period; \$0.156 per \$1,000 per month.

AD&D Insurance
January 1, 2018 to December 31, 2018

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