

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

CareFirst BCBS - PPO - SLEOLA			Bi-Weekly			Monthly		
			EE	State	Total	EE/Ret	State	Total
EMPLOYEE ONLY, NO MEDICARE	1	M010	69.29	207.87	277.16	138.58	415.74	554.32
EMPLOYEE & 1 CHILD, NO MEDICARE	2	M011	123.29	369.89	493.18	246.58	739.78	986.36
EMPLOYEE & SPOUSE, NO MEDICARE	3	M012	123.29	369.89	493.18	246.58	739.78	986.36
EMPLOYEE +2 OR MORE, NO MEDICARE	4	M013	170.56	511.69	682.25	341.12	1,023.38	1,364.50
EMPLOYEE ONLY, WITH MEDICARE	5	M014	35.54	106.62	142.16	71.08	213.24	284.32
EMPLOYEE + 1, ONE WITH MEDICARE	6	M015	103.03	309.11	412.14	206.06	618.22	824.28
EMPLOYEE + 1, BOTH WITH MEDICARE	7	M016	69.29	207.87	277.16	138.58	415.74	554.32
EMPLOYEE + 2, ONE WITH MEDICARE	8	M017	157.04	471.14	628.18	314.08	942.28	1,256.36
EMPLOYEE + 2, TWO WITH MEDICARE	9	M018	136.80	410.40	547.20	273.60	820.80	1,094.40
EMPLOYEE + 2 OR MORE, ALL WITH MEDICARE	10	M019	103.03	309.11	412.14	206.06	618.22	824.28
EMPLOYEE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	M020	170.56	511.69	682.25	341.12	1,023.38	1,364.50

CareFirst BCBS - POS - SLEOLA			Bi-Weekly			Monthly		
			EE	State	Total	EE/Ret	State	Total
EMPLOYEE ONLY, NO MEDICARE	1	H750	48.83	173.12	221.95	97.66	346.24	443.90
EMPLOYEE & 1 CHILD, NO MEDICARE	2	H751	86.81	307.78	394.59	173.62	615.56	789.18
EMPLOYEE & SPOUSE, NO MEDICARE	3	H752	86.81	307.78	394.59	173.62	615.56	789.18
EMPLOYEE +2 OR MORE, NO MEDICARE	4	H753	120.04	425.61	545.65	240.08	851.22	1,091.30
EMPLOYEE ONLY, WITH MEDICARE	5	H754	31.06	110.14	141.20	62.12	220.28	282.40
EMPLOYEE + 1, ONE WITH MEDICARE	6	H755	90.46	320.73	411.19	180.92	641.46	822.38
EMPLOYEE + 1, BOTH WITH MEDICARE	7	H756	60.76	215.44	276.20	121.52	430.88	552.40
EMPLOYEE + 2, ONE WITH MEDICARE	8	H757	137.99	489.23	627.22	275.98	978.46	1,254.44
EMPLOYEE + 2, TWO WITH MEDICARE	9	H758	120.17	426.06	546.23	240.34	852.12	1,092.46
EMPLOYEE + 2 OR MORE, ALL WITH MEDICARE	10	H759	90.46	320.73	411.19	180.92	641.46	822.38
EMPLOYEE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	H760	120.04	425.61	545.65	240.08	851.22	1,091.30

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

CareFirst BCBS - EPO - SLEOLA			Bi-Weekly			Monthly		
			EE	State	Total	EE/Ret	State	Total
EMPLOYEE ONLY, NO MEDICARE	1	H750	47.15	188.61	235.76	94.30	377.22	471.52
EMPLOYEE & 1 CHILD, NO MEDICARE	2	H751	97.24	388.95	486.19	194.48	777.90	972.38
EMPLOYEE & SPOUSE, NO MEDICARE	3	H752	97.24	388.95	486.19	194.48	777.90	972.38
EMPLOYEE +2 OR MORE, NO MEDICARE	4	H753	120.09	480.38	600.47	240.18	960.76	1,200.94
EMPLOYEE ONLY, WITH MEDICARE	5	H754	24.03	96.13	120.16	48.06	192.26	240.32
EMPLOYEE + 1, ONE WITH MEDICARE	6	H755	69.25	277.03	346.28	138.50	554.06	692.56
EMPLOYEE + 1, BOTH WITH MEDICARE	7	H756	50.94	203.77	254.71	101.88	407.54	509.42
EMPLOYEE + 2, ONE WITH MEDICARE	8	H757	114.48	457.94	572.42	228.96	915.88	1,144.84
EMPLOYEE + 2, TWO WITH MEDICARE	9	H758	73.58	294.33	367.91	147.16	588.66	735.82
EMPLOYEE + 2 OR MORE, ALL WITH MEDICARE	10	H759	63.33	253.34	316.67	126.66	506.68	633.34
EMPLOYEE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	H760	120.09	480.38	600.47	240.18	960.76	1,200.94

Maryland State Employee Benefits Program

Prescription Drugs

January 1, 2018 to December 31, 2018

Employee Rates - SLEOLA

Level of Coverage	Bi- Weekly Employee	Bi- Weekly State Subsidy	Bi- Weekly Total
EMPLOYEE ONLY	\$24.61	\$98.45	\$123.06
EMPLOYEE + 1 CHILD	\$32.71	\$130.84	\$163.55
EMPLOYEE + SPOUSE	\$40.85	\$163.39	\$204.24
EMPLOYEE + 2 OR MORE	\$49.22	\$196.90	\$246.12

Level of Coverage	Monthly Employee	Monthly State Subsidy	Monthly Total
EMPLOYEE ONLY	\$49.22	\$196.90	\$246.12
EMPLOYEE + 1 CHILD	\$65.42	\$261.68	\$327.10
EMPLOYEE + SPOUSE	\$81.70	\$326.78	\$408.48
EMPLOYEE + 2 OR MORE	\$98.44	\$393.80	\$492.24

Employee (with Medicare) Rates - SLEOLA

Level of Coverage	Bi Weekly Retiree	Bi Weekly Retiree Subsidy	Bi Weekly Retiree Total
	EMPLOYEE ONLY, WITH MEDICARE	\$16.35	\$65.39
EMPLOYEE + 1, EMPLOYEE WITH MEDICARE	\$28.73	\$114.92	\$143.65
EMPLOYEE + 1, DEPENDENT WITH MEDICARE	\$29.91	\$119.64	\$149.55
EMPLOYEE + 1, BOTH WITH MEDICARE	\$27.10	\$108.39	\$135.49
EMPLOYEE + 2, EMPLOYEE WITH MEDICARE	\$39.06	\$156.27	\$195.33
EMPLOYEE + 2, DEPENDENT WITH MEDICARE	\$39.06	\$156.27	\$195.33
EMPLOYEE + 2, EMPLOYEE & 1 WITH MEDICARE	\$33.33	\$133.33	\$166.66
EMPLOYEE + 2, TWO WITH MEDICARE	\$32.69	\$130.78	\$163.47
EMPLOYEE + 2 OR MORE, ALL WITH MEDICARE	\$32.69	\$130.78	\$163.47
EMPLOYEE + 3 OR MORE; EMPLOYEE WITH MEDICARE (Family coverage Employee w/Medicare and/or other dependents w/Medicare)	\$39.06	\$156.27	\$195.33
EMPLOYEE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE (Family coverage Employee no Medicare and 1 or more dependents w/Medicare)	\$39.06	\$156.27	\$195.33

Level of Coverage	Monthly Retiree	Monthly Retiree Subsidy	Monthly Retiree Total
	EMPLOYEE ONLY, WITH MEDICARE	\$32.70	\$130.78
EMPLOYEE + 1, RETIREE WITH MEDICARE	\$57.46	\$229.84	\$287.30
EMPLOYEE + 1, DEPENDENT WITH MEDICARE	\$59.82	\$239.28	\$299.10
EMPLOYEE + 1, BOTH WITH MEDICARE	\$54.20	\$216.78	\$270.98
EMPLOYEE + 2, RETIREE WITH MEDICARE	\$78.12	\$312.54	\$390.66
EMPLOYEE + 2, DEPENDENT WITH MEDICARE	\$78.12	\$312.54	\$390.66
EMPLOYEE + 2, RETIREE & 1 WITH MEDICARE	\$66.66	\$266.66	\$333.32
EMPLOYEE + 2, TWO WITH MEDICARE	\$65.38	\$261.56	\$326.94
EMPLOYEE + 2 OR MORE, ALL WITH MEDICARE	\$65.38	\$261.56	\$326.94
EMPLOYEE + 3 OR MORE; EMPLOYEE WITH MEDICARE (Family coverage Employee w/Medicare and/or other dependents w/Medicare)	\$78.12	\$312.54	\$390.66
EMPLOYEE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE (Family coverage Employee no Medicare and 1 or more dependents w/Medicare)	\$78.12	\$312.54	\$390.66

**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 Only		\$3.41	\$3.42	\$6.83
Employee + 1 Child		\$5.95	\$5.95	\$11.90
Employee + Spouse		\$6.84	\$6.84	\$13.68
Employee + 2 or More		\$9.60	\$9.61	\$19.21

Monthly Level of Coverage		Employee/Retiree Deduction	State Subsidy	Total
Employee Only	D401	\$6.82	\$6.84	\$13.66
Employee + 1 Child	D402	\$11.90	\$11.90	\$23.80
Employee + Spouse	D403	\$13.68	\$13.68	\$27.36
Employee + 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 Only		\$5.82	\$5.82	\$11.64
Employee + 1 Child		\$11.12	\$11.12	\$22.24
Employee + Spouse		\$11.63	\$11.64	\$23.27
Employee + 2 or More		\$21.80	\$21.80	\$43.60

Monthly Level of Coverage		Employee/Retiree Deduction	State Subsidy	Total
Employee Only	D301	\$11.64	\$11.64	\$23.28
Employee + 1 Child	D302	\$22.24	\$22.24	\$44.48
Employee + Spouse	D303	\$23.26	\$23.28	\$46.54
Employee + 2 or More	D304	\$43.60	\$43.60	\$87.20

Life Insurance
January 1, 2018 to December 31, 2018

Age of Employee	Bi-Weekly Employee Rate (per \$1,000)	Monthly Employee 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