

**State of Maryland**  
**January 1, 2019 to December 31, 2019**  
**Health Insurance Premiums**  
**Employee / Retiree**

<b>CareFirst BCBS - PPO</b>	<b>Bi-Weekly</b>			<b>Monthly</b>		
	<b>EE</b>	<b>State</b>	<b>Total</b>	<b>EE/Ret</b>	<b>State</b>	<b>Total</b>
Employee/Retiree ONLY, NO MEDICARE	51.00	203.99	254.99	102.00	407.98	509.98
Employee/Retiree & 1 CHILD, NO MEDICARE	91.79	367.18	458.97	183.58	734.36	917.94
Employee/Retiree & SPOUSE, NO MEDICARE	91.79	367.18	458.97	183.58	734.36	917.94
Employee/Retiree +2 OR MORE, NO MEDICARE	127.49	509.98	637.47	254.98	1,019.96	1,274.94
RETIREE ONLY, WITH MEDICARE	25.50	102.01	127.51	51.00	204.02	255.02
RETIREE + 1, ONE WITH MEDICARE	76.49	305.95	382.44	152.98	611.90	764.88
RETIREE + 1, BOTH WITH MEDICARE	51.00	203.99	254.99	102.00	407.98	509.98
RETIREE + 2, ONE WITH MEDICARE	117.28	469.15	586.43	234.56	938.30	1,172.86
RETIREE + 2, TWO WITH MEDICARE	101.99	407.97	509.96	203.98	815.94	1,019.92
RETIREE + 2 OR MORE, ALL WITH MEDICARE	76.49	305.95	382.44	152.98	611.90	764.88
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	127.49	509.98	637.47	254.98	1,019.96	1,274.94

<b>UnitedHealthCare - PPO</b>	<b>Bi-Weekly</b>			<b>Monthly</b>		
	<b>EE</b>	<b>State</b>	<b>Total</b>	<b>EE/Ret</b>	<b>State</b>	<b>Total</b>
Employee/Retiree ONLY, NO MEDICARE	50.16	200.67	250.83	100.32	401.34	501.66
Employee/Retiree & 1 CHILD, NO MEDICARE	90.30	361.21	451.51	180.60	722.42	903.02
Employee/Retiree & SPOUSE, NO MEDICARE	90.30	361.21	451.51	180.60	722.42	903.02
Employee/Retiree +2 OR MORE, NO MEDICARE	125.42	501.69	627.11	250.84	1,003.38	1,254.22
RETIREE ONLY, WITH MEDICARE	25.08	100.35	125.43	50.16	200.70	250.86
RETIREE + 1, ONE WITH MEDICARE	75.24	300.99	376.23	150.48	601.98	752.46
RETIREE + 1, BOTH WITH MEDICARE	50.16	200.67	250.83	100.32	401.34	501.66
RETIREE + 2, ONE WITH MEDICARE	115.38	461.51	576.89	230.76	923.02	1,153.78
RETIREE + 2, TWO WITH MEDICARE	100.33	401.33	501.66	200.66	802.66	1,003.32
RETIREE + 2 OR MORE, ALL WITH MEDICARE	75.24	300.99	376.23	150.48	601.98	752.46
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	125.42	501.69	627.11	250.84	1,003.38	1,254.22

**State of Maryland**  
**January 1, 2019 to December 31, 2019**  
**Health Insurance Premiums**  
**Employee / Retiree**

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

<b>UnitedHealthCare - EPO</b>	<b>Bi-Weekly</b>			<b>Monthly</b>		
	<b>EE</b>	<b>State</b>	<b>Total</b>	<b>EE/Ret</b>	<b>State</b>	<b>Total</b>
Employee/Retiree ONLY, NO MEDICARE	34.24	194.04	228.28	68.48	388.08	456.56
Employee/Retiree & 1 CHILD, NO MEDICARE	71.21	403.55	474.76	142.42	807.10	949.52
Employee/Retiree & SPOUSE, NO MEDICARE	71.21	403.55	474.76	142.42	807.10	949.52
Employee/Retiree +2 OR MORE, NO MEDICARE	84.91	481.18	566.09	169.82	962.36	1,132.18
RETIREE ONLY, WITH MEDICARE	22.61	128.15	150.76	45.22	256.30	301.52
RETIREE + 1, ONE WITH MEDICARE	56.85	322.17	379.02	113.70	644.34	758.04
RETIREE + 1, BOTH WITH MEDICARE	45.22	256.27	301.49	90.44	512.54	602.98
RETIREE + 2, ONE WITH MEDICARE	84.91	481.18	566.09	169.82	962.36	1,132.18
RETIREE + 2, TWO WITH MEDICARE	77.63	439.94	517.57	155.26	879.88	1,035.14
RETIREE + 2 OR MORE, ALL WITH MEDICARE	67.83	384.40	452.23	135.66	768.80	904.46
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	84.91	481.18	566.09	169.82	962.36	1,132.18

**State of Maryland**  
**January 1, 2019 to December 31, 2019**  
**Health Insurance Premiums**  
**Employee / Retiree**

<b>Kaiser - IHM</b>	<b>Bi-Weekly</b>			<b>Monthly</b>		
	<b>EE</b>	<b>State</b>	<b>Total</b>	<b>EE/Ret</b>	<b>State</b>	<b>Total</b>
Employee/Retiree ONLY, NO MEDICARE	33.19	188.07	221.26	66.38	376.14	442.52
Employee/Retiree & 1 CHILD, NO MEDICARE	69.65	394.69	464.34	139.30	789.38	928.68
Employee/Retiree & SPOUSE, NO MEDICARE	69.65	394.69	464.34	139.30	789.38	928.68
Employee/Retiree +2 OR MORE, NO MEDICARE	86.29	488.97	575.26	172.58	977.93	1,150.51

# Maryland State Employee Benefits Program

## Prescription Drugs

January 1, 2019 to December 31, 2019

### 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, 2019 to December 31, 2019**

<b>Delta Dental (DHMO)</b>				
<b>Bi-Weekly Level of Coverage</b>		<b>Employee/Retiree Deduction</b>	<b>State Subsidy</b>	<b>Total</b>
Employee / Retiree Only		\$3.52	\$3.51	\$7.03
Employee / Retiree + 1 Child		\$6.13	\$6.13	\$12.26
Employee / Retiree + Spouse		\$7.04	\$7.05	\$14.09
Employee / Retiree + 2 or More		\$9.89	\$9.90	\$19.79

<b>Monthly Level of Coverage</b>		<b>Employee/Retiree Deduction</b>	<b>State Subsidy</b>	<b>Total</b>
Employee / Retiree Only	D401	\$7.03	\$7.03	\$14.06
Employee / Retiree + 1 Child	D402	\$12.26	\$12.26	\$24.52
Employee / Retiree + Spouse	D403	\$14.09	\$14.09	\$28.17
Employee / Retiree + 2 or More	D404	\$19.79	\$19.79	\$39.57

<b>United Concordia (DPPO)</b>				
<b>Bi-Weekly Level of Coverage</b>		<b>Employee/Retiree Deduction</b>	<b>State Subsidy</b>	<b>Total</b>
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

<b>Monthly Level of Coverage</b>		<b>Employee/Retiree Deduction</b>	<b>State Subsidy</b>	<b>Total</b>
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, 2019 to December 31, 2019**

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	\$0.02	\$0.03	Under 30	\$0.05	\$0.09
30-34	\$0.02	\$0.04	30-34	\$0.05	\$0.10
35-39	\$0.03	\$0.05	35-39	\$0.06	\$0.12
40-44	\$0.04	\$0.08	40-44	\$0.09	\$0.18
45-49	\$0.07	\$0.13	45-49	\$0.14	\$0.28
50-54	\$0.10	\$0.20	50-54	\$0.21	\$0.42
55-59	\$0.19	\$0.37	55-59	\$0.33	\$0.65
60-64	\$0.26	\$0.52	60-64	\$0.50	\$1.00
65-69	\$0.39	\$0.77	65-69	\$0.73	\$1.45
70-74	\$0.69	\$1.38	70-74	\$1.14	\$2.28
75-79	\$1.03	\$2.06	75-79	\$1.14	\$2.28
80 and over	\$1.03	\$2.06	80 and over	\$1.14	\$2.28

Dependent Child Coverage is \$0.07 per \$1,000 per biweekly pay period; \$0.14 per \$1,000 per month.

**AD&D Insurance**  
**January 1, 2019 to December 31, 2019**

Plan Coverage Level	Employee Only Bi-Weekly	Employee + Family Bi-Weekly	Employee Only Monthly	Employee + Family Monthly
\$100,000	0.60	1.15	1.20	2.30
\$200,000	1.20	2.30	2.40	4.60
\$300,000	1.80	3.45	3.60	6.90