

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

CareFirst BCBS - PPO - SLEOLA	Bi-Weekly			Monthly		
	EE	State	Total	EE/Ret	State	Total
EMPLOYEE ONLY, NO MEDICARE	69.29	207.87	277.16	138.58	415.74	554.32
EMPLOYEE & 1 CHILD, NO MEDICARE	123.29	369.89	493.18	246.58	739.78	986.36
EMPLOYEE & SPOUSE, NO MEDICARE	123.29	369.89	493.18	246.58	739.78	986.36
EMPLOYEE +2 OR MORE, NO MEDICARE	170.56	511.69	682.25	341.12	1,023.38	1,364.50
EMPLOYEE ONLY, WITH MEDICARE	35.54	106.62	142.16	71.08	213.24	284.32
EMPLOYEE + 1, ONE WITH MEDICARE	103.04	309.11	412.14	206.07	618.21	824.28
EMPLOYEE + 1, BOTH WITH MEDICARE	69.29	207.87	277.16	138.58	415.74	554.32
EMPLOYEE + 2, ONE WITH MEDICARE	157.04	471.14	628.18	314.08	942.28	1,256.36
EMPLOYEE + 2, TWO WITH MEDICARE	136.80	410.40	547.20	273.60	820.80	1,094.40
EMPLOYEE + 2 OR MORE, ALL WITH MEDICARE	103.03	309.11	412.14	206.06	618.22	824.28
EMPLOYEE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	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	48.83	173.12	221.95	97.66	346.24	443.90
EMPLOYEE & 1 CHILD, NO MEDICARE	86.81	307.78	394.59	173.62	615.56	789.18
EMPLOYEE & SPOUSE, NO MEDICARE	86.81	307.78	394.59	173.62	615.56	789.18
EMPLOYEE +2 OR MORE, NO MEDICARE	120.04	425.61	545.65	240.08	851.22	1,091.30
EMPLOYEE ONLY, WITH MEDICARE	31.06	110.14	141.20	62.12	220.28	282.40
EMPLOYEE + 1, ONE WITH MEDICARE	90.46	320.73	411.19	180.92	641.46	822.38
EMPLOYEE + 1, BOTH WITH MEDICARE	60.76	215.44	276.20	121.52	430.88	552.40
EMPLOYEE + 2, ONE WITH MEDICARE	137.99	489.23	627.22	275.98	978.46	1,254.44
EMPLOYEE + 2, TWO WITH MEDICARE	120.17	426.06	546.23	240.34	852.12	1,092.46
EMPLOYEE + 2 OR MORE, ALL WITH MEDICARE	90.46	320.73	411.19	180.92	641.46	822.38
EMPLOYEE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	120.04	425.61	545.65	240.08	851.22	1,091.30

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

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

Maryland State Employee Benefits Program

Prescription Drugs

January 1, 2019 to December 31, 2019

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 Employee	Bi Weekly Employee Subsidy	Bi Weekly Employee 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 Employee	Monthly Employee Subsidy	Monthly Employee Total
	EMPLOYEE ONLY, WITH MEDICARE	\$32.70	\$130.78
EMPLOYEE + 1, EMPLOYEE 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, EMPLOYEE WITH MEDICARE	\$78.12	\$312.54	\$390.66
EMPLOYEE + 2, DEPENDENT WITH MEDICARE	\$78.12	\$312.54	\$390.66
EMPLOYEE + 2, EMPLOYEE & 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, 2019 to December 31, 2019**

Delta Dental (DHMO)			
Bi-Weekly Level of Coverage	Employee/Retiree Deduction	State Subsidy	Total
Employee / Retiree Only	\$3.52	\$3.52	\$7.04
Employee / Retiree + 1 Child	\$6.13	\$6.13	\$12.26
Employee / Retiree + Spouse	\$7.05	\$7.05	\$14.10
Employee / Retiree + 2 or More	\$9.90	\$9.90	\$19.80

Monthly Level of Coverage	Employee/Retiree Deduction	State Subsidy	Total
Employee / Retiree Only	\$7.03	\$7.03	\$14.06
Employee / Retiree + 1 Child	\$12.26	\$12.26	\$24.52
Employee / Retiree + Spouse	\$14.09	\$14.09	\$28.18
Employee / Retiree + 2 or More	\$19.79	\$19.79	\$39.58

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	\$11.64	\$11.64	\$23.28
Employee + 1 Child	\$22.24	\$22.24	\$44.48
Employee + Spouse	\$23.26	\$23.28	\$46.54
Employee + 2 or More	\$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