

**Maryland State Benefits Program**  
**January 1, 2020 to December 31, 2020**  
**Medical Insurance Premiums**  
**Employee/Retiree**

CareFirst BCBS - PPO			12 Month Employee & Retiree Rates					
			Bi-Weekly			Monthly		
Level of Coverage			EE/Ret	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

10 Month Employee Rates					
Bi-Weekly			Monthly		
EE	State	Total	EE	State	Total
61.20	244.79	305.99	122.40	489.58	611.98
110.15	440.62	550.77	220.30	881.24	1,101.54
110.15	440.62	550.77	220.30	881.24	1,101.54
152.99	611.98	764.97	305.97	1,223.96	1,529.93

UnitedHealthCare - PPO			12 Month Employee & Retiree Rates					
			Bi-Weekly			Monthly		
Level of Coverage			EE/Ret	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

10 Month Employee Rates					
Bi-Weekly			Monthly		
EE	State	Total	EE	State	Total
60.19	240.81	301.00	120.38	481.61	601.99
108.36	433.45	541.81	216.72	866.90	1,083.62
108.36	433.45	541.81	216.72	866.90	1,083.62
150.51	602.02	752.53	301.01	1,204.05	1,505.06

**Maryland State Benefits Program**  
**January 1, 2020 to December 31, 2020**  
**Medical Insurance Premiums**  
**Employee/Retiree**

CareFirst BCBS - EPO			12 Month Employee & Retiree Rates					
			Bi-Weekly			Monthly		
Level of Coverage			EE/Ret	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

10 Month Employee Rates					
Bi-Weekly			Monthly		
EE	State	Total	EE	State	Total
40.85	231.46	272.31	81.70	462.91	544.61
85.71	485.72	571.43	171.42	971.45	1,142.87
85.71	485.72	571.43	171.42	971.45	1,142.87
106.19	601.75	707.94	212.38	1,203.50	1,415.88

UnitedHealthCare - EPO			12 Month Employee & Retiree Rates					
			Bi-Weekly			Monthly		
Level of Coverage			EE/Ret	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

10 Month Employee Rates					
Bi-Weekly			Monthly		
EE	State	Total	EE	State	Total
41.09	232.85	273.94	82.18	465.69	547.87
85.45	484.26	569.71	170.90	968.52	1,139.42
85.45	484.26	569.71	170.90	968.52	1,139.42
101.90	577.42	679.31	203.79	1,154.83	1,358.62

**Maryland State Benefits Program  
January 1, 2020 to December 31, 2020  
Medical Insurance Premiums  
Employee/Retiree**

Kaiser - IHM			12 Month Employee & Retiree Rates						10 Month Employee Rates					
			Bi-Weekly			Monthly			Bi-Weekly			Monthly		
Level of Coverage			EE	State	Total	EE	State	Total	EE	State	Total	EE	State	Total
Employee/Retiree ONLY, NO MEDICARE	1	H110	33.85	191.84	225.69	67.70	383.68	451.38	40.62	230.21	270.83	81.24	460.42	541.66
Employee/Retiree & 1 CHILD, NO MEDICARE	2	H111	71.04	402.59	473.63	142.08	805.18	947.26	85.25	483.11	568.36	170.50	966.22	1,136.72
Employee/Retiree & SPOUSE, NO MEDICARE	3	H112	71.04	402.59	473.63	142.08	805.18	947.26	85.25	483.11	568.36	170.50	966.22	1,136.72
Employee/Retiree +2 OR MORE, NO MEDICARE	4	H113	88.01	498.75	586.76	176.02	997.50	1,173.52	105.61	598.50	704.11	211.22	1,197.00	1,408.22

**Maryland State Benefits Program**  
**January 1, 2020 to December 31, 2020**  
**Prescription Drugs**  
**Employee/Retiree**

**Employee Rates**

Level of Coverage	12 Month Employee Rates		
	Bi Weekly		
	Employee	State Subsidy	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	10 Month Employee Rates		
	Bi Weekly		
	Employee	State Subsidy	Total
Employee / Retiree Only	\$27.04	\$108.17	\$135.21
Employee / Retiree + 1 Child	\$35.94	\$143.77	\$179.71
Employee / Retiree + Spouse	\$44.88	\$179.53	\$224.41
Employee / Retiree + 2 or More	\$54.09	\$216.35	\$270.44

Level of Coverage	12 Month Employee Rates		
	Monthly		
	Employee	State Subsidy	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

Level of Coverage	10 Month Employee Rates		
	Monthly		
	Employee	State Subsidy	Total
Employee / Retiree Only	\$54.08	\$216.34	\$270.42
Employee / Retiree + 1 Child	\$71.88	\$287.54	\$359.42
Employee / Retiree + Spouse	\$89.76	\$359.06	\$448.82
Employee / Retiree + 2 or More	\$108.18	\$432.70	\$540.88

**Retiree (without Medicare) Rates**

Level of Coverage		Bi Weekly		
		Retiree	Retiree Subsidy	Retiree Total
Retiree Only	P101	\$27.82	\$83.48	\$111.30
Retiree + 1 Child	P102	\$36.98	\$110.94	\$147.92
Retiree + Spouse	P103	\$46.18	\$138.54	\$184.72
Retiree + 2 or More	P104	\$55.65	\$166.96	\$222.61

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

**Retiree (with Medicare) Rates**

Level of Coverage		Biweekly		
		Retiree	Retiree Subsidy	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	Retiree Subsidy	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**  
**January 1, 2020 to December 31, 2020**  
**Dental Plans**  
**Employee/Retiree**

<b>Delta Dental (DHMO)</b>				
<b>12 Month Employee &amp; Retiree Rates</b>				
<b>Bi-Weekly</b>		<b>Employee/Retiree</b>	<b>State</b>	<b>Total</b>
<b>Level of Coverage</b>		<b>Deduction</b>	<b>Subsidy</b>	
Employee / Retiree Only		\$3.90	\$3.91	\$7.81
Employee / Retiree + 1 Child		\$7.82	\$7.82	\$15.64
Employee / Retiree + Spouse		\$6.80	\$6.81	\$13.61
Employee / Retiree + 2 or More		\$10.98	\$10.98	\$21.96

<b>Delta Dental (DHMO)</b>				
<b>10 Month Employee Rates</b>				
<b>Bi-Weekly</b>		<b>Employee/Retiree</b>	<b>State</b>	<b>Total</b>
<b>Level of Coverage</b>		<b>Deduction</b>	<b>Subsidy</b>	
Employee		\$4.68	\$4.69	\$9.37
Employee + 1 Child		\$9.38	\$9.39	\$18.77
Employee + Spouse		\$8.16	\$8.17	\$16.33
Employee + 2 or More		\$13.18	\$13.18	\$26.36

<b>Monthly</b>		<b>Employee/Retiree</b>	<b>State</b>	<b>Total</b>
<b>Level of Coverage</b>		<b>Deduction</b>	<b>Subsidy</b>	
Employee / Retiree Only	D401	\$7.80	\$7.82	\$15.62
Employee / Retiree + 1 Child	D402	\$15.64	\$15.64	\$31.28
Employee / Retiree + Spouse	D403	\$13.60	\$13.62	\$27.22
Employee / Retiree + 2 or More	D404	\$21.96	\$21.96	\$43.92

<b>Monthly</b>		<b>Employee/Retiree</b>	<b>State</b>	<b>Total</b>
<b>Level of Coverage</b>		<b>Deduction</b>	<b>Subsidy</b>	
Employee	D401	\$9.36	\$9.38	\$18.74
Employee + 1 Child	D402	\$18.76	\$18.78	\$37.54
Employee + Spouse	D403	\$16.32	\$16.34	\$32.66
Employee + 2 or More	D404	\$26.36	\$26.36	\$52.72

<b>United Concordia (DPPO)</b>				
<b>12 Month Employee &amp; Retiree Rates</b>				
<b>Bi-Weekly</b>		<b>Employee/Retiree</b>	<b>State</b>	<b>Total</b>
<b>Level of Coverage</b>		<b>Deduction</b>	<b>Subsidy</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>United Concordia (DPPO)</b>				
<b>10 Month Employee Rates</b>				
<b>Bi-Weekly</b>		<b>Employee/Retiree</b>	<b>State</b>	<b>Total</b>
<b>Level of Coverage</b>		<b>Deduction</b>	<b>Subsidy</b>	
Employee		\$6.98	\$6.99	\$13.97
Employee + 1 Child		\$13.34	\$13.35	\$26.69
Employee + Spouse		\$13.96	\$13.96	\$27.92
Employee + 2 or More		\$26.16	\$26.16	\$52.32

<b>Monthly</b>		<b>Employee/Retiree</b>	<b>State</b>	<b>Total</b>
<b>Level of Coverage</b>		<b>Deduction</b>	<b>Subsidy</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

<b>Monthly</b>		<b>Employee/Retiree</b>	<b>State</b>	<b>Total</b>
<b>Level of Coverage</b>		<b>Deduction</b>	<b>Subsidy</b>	
Employee	D301	\$13.96	\$13.98	\$27.94
Employee + 1 Child	D302	\$26.68	\$26.70	\$53.38
Employee + Spouse	D303	\$27.92	\$27.92	\$55.84
Employee + 2 or More	D304	\$52.32	\$52.32	\$104.64

Life Insurance January 1, 2020 to December 31, 2020					
Age of Employee/Retiree	12 Month Employee & Retiree Rates				
	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.					

Life Insurance January 1, 2020 to December 31, 2020					
Age of Employee	10 Month Employee Rates				
	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	\$0.018	\$0.036	Under 30	\$0.054	\$0.108
30-34	\$0.024	\$0.048	30-34	\$0.060	\$0.120
35-39	\$0.030	\$0.060	35-39	\$0.072	\$0.144
40-44	\$0.048	\$0.096	40-44	\$0.108	\$0.216
45-49	\$0.078	\$0.156	45-49	\$0.168	\$0.336
50-54	\$0.120	\$0.240	50-54	\$0.252	\$0.504
55-59	\$0.222	\$0.444	55-59	\$0.390	\$0.780
60-64	\$0.312	\$0.624	60-64	\$0.600	\$1.200
65-69	\$0.462	\$0.924	65-69	\$0.870	\$1.740
70-74	\$0.828	\$1.656	70-74	\$1.368	\$2.736
75-79	\$1.236	\$2.472	75-79	\$1.368	\$2.736
80 and over	\$1.236	\$2.472	80 and over	\$1.368	\$2.736
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, 2020 to December 31, 2020				
Plan Coverage Level	12 Month Employee Rates			
	Employee Only Bi-Weekly	Employee + Family Bi-Weekly	Employee On 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

AD&D Insurance January 1, 2020 to December 31, 2020				
Plan Coverage Level	10 Month Employee Rates			
	Employee Only Bi-Weekly	Employee + Family Bi-Weekly	Employee On Monthly	Employee + Family Monthly
\$100,000	0.72	1.38	1.44	2.76
\$200,000	1.44	2.30	2.88	4.60
\$300,000	2.16	4.14	4.32	8.28