



Health Benefits

Together, we are working toward a *healthier community*



CONTRACTUAL/VARIABLE HOUR EMPLOYEES

Monthly Subsidized Rates

Effective 01/01/2021 thru 12/31/2021

Rates for employees who work 30 hours per week or an average of 130 hours per month.

| PPO HEALTH PLANS | | |
|--------------------------|-----------------|--------------------------|
| Plan Type | CareFirst BC/BS | UnitedHealthcare Options |
| Individual | \$133.22 | \$131.06 |
| Individual + one person | \$239.80 | \$235.90 |
| Individual + two or more | \$333.08 | \$327.66 |

| EPO HEALTH PLANS | | | IHM HEALTH PLAN |
|--------------------------|-----------------|------------------|-------------------|
| Plan Type | CareFirst BC/BS | UnitedHealthcare | Kaiser Permanente |
| Individual | \$118.56 | \$119.28 | \$118.48 |
| Individual + one person | \$248.82 | \$248.06 | \$248.64 |
| Individual + two or more | \$308.26 | \$295.78 | \$308.04 |

| PRESCRIPTION DRUG | |
|--------------------------|--------------|
| Plan Type | CVS Caremark |
| Individual | \$56.34 |
| Individual + Child | \$74.88 |
| Individual + Spouse | \$93.50 |
| Individual + two or more | \$112.68 |

| DENTAL | | |
|--------------------------|--------------|------------------|
| Plan Type | Delta Dental | United Concordia |
| | DHMO | DPPO |
| Individual | \$16.31 | \$24.64 |
| Individual + Child | \$32.68 | \$47.10 |
| Individual + Spouse | \$28.44 | \$49.28 |
| Individual + two or more | \$45.90 | \$92.34 |

| ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE PREMIUM RATES | | |
|--|-----------------|--------|
| Amount | Individual Only | Family |
| \$100,000 | \$1.20 | \$2.30 |
| \$200,000 | \$2.40 | \$4.60 |
| \$300,000 | \$3.60 | \$6.90 |

| TERM LIFE INSURANCE PREMIUM RATES | | | |
|-----------------------------------|---|------------------|-------------------------------|
| Age of Employee/ Retiree | Employee Retiree Rates (per \$1,000) | Age of Spouse | Spouse Rates (per \$1,000) |
| Under 30 | \$0.03 | Under 30 | \$0.09 |
| 30 to 34 | \$0.04 | 30 to 34 | \$0.10 |
| 35 to 39 | \$0.05 | 35 to 39 | \$0.12 |
| 40 to 44 | \$0.08 | 40 to 44 | \$0.18 |
| 45 to 49 | \$0.13 | 45 to 49 | \$0.28 |
| 50 to 54 | \$0.20 | 50 to 54 | \$0.42 |
| 55 to 59 | \$0.37 | 55 to 59 | \$0.65 |
| 60 to 64 | \$0.52 | 60 to 64 | \$1.00 |
| 65 to 69 | \$0.77 | 65 to 69 | \$1.45 |
| 70 to 74 | \$1.38 | 70 to 74 | \$2.28 |
| 75 to 79 | \$2.06 | 75 to 79 | \$2.28 |
| 80 and older | \$2.06 | 80 and older | \$2.28 |

Dependent Child Coverage is \$0.14 per \$1,000 per month.

ENROLLMENT FORMS CAN BE FOUND ON OUR WEBSITE AT: www.dbm.maryland.gov/benefits



Health Benefits

Together, we are working toward a *healthier community*



CONTRACTUAL/VARIABLE HOUR EMPLOYEES

Monthly Non-Subsidized Rates

Effective 01/01/2021 thru 12/31/2021

Rates for employees who work under 30 hours per week or less than an average of 130 hours per month.

| PPO HEALTH PLANS | | |
|--------------------------|-----------------|--------------------------|
| Plan Type | CareFirst BC/BS | UnitedHealthcare Options |
| Individual | \$532.92 | \$524.24 |
| Individual + one person | \$959.24 | \$943.64 |
| Individual + two or more | \$1,332.32 | \$1,310.68 |

| EPO HEALTH PLANS | | | IHM HEALTH PLAN |
|--------------------------|-----------------|-------------------------|-------------------|
| Plan Type | CareFirst BC/BS | UnitedHealthcare Select | Kaiser Permanente |
| Individual | \$474.26 | \$477.12 | \$473.94 |
| Individual + one person | \$995.26 | \$992.26 | \$994.61 |
| Individual + two or more | \$1,233.00 | \$1,183.12 | \$1,232.19 |

| PRESCRIPTION DRUG | |
|--------------------------|--------------|
| Plan Type | CVS Caremark |
| Individual | \$225.36 |
| Individual + Child | \$299.52 |
| Individual + Spouse | \$374.02 |
| Individual + two or more | \$450.72 |

| DENTAL | | |
|--------------------------|--------------|------------------|
| Plan Type | Delta Dental | United Concordia |
| | DHMO | DPPO |
| Individual | \$16.31 | \$24.64 |
| Individual + Child | \$32.68 | \$47.10 |
| Individual + Spouse | \$28.44 | \$49.28 |
| Individual + two or more | \$45.90 | \$92.34 |

| ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE PREMIUM RATES | | |
|--|-----------------|--------|
| Amount | Individual Only | Family |
| \$100,000 | \$1.20 | \$2.30 |
| \$200,000 | \$2.40 | \$4.60 |
| \$300,000 | \$3.60 | \$6.90 |

| TERM LIFE INSURANCE PREMIUM RATES | | | |
|-----------------------------------|---|------------------|-------------------------------|
| Age of Employee/ Retiree | Employee Retiree Rates (per \$1,000) | Age of Spouse | Spouse Rates (per \$1,000) |
| Under 30 | \$0.03 | Under 30 | \$0.09 |
| 30 to 34 | \$0.04 | 30 to 34 | \$0.10 |
| 35 to 39 | \$0.05 | 35 to 39 | \$0.12 |
| 40 to 44 | \$0.08 | 40 to 44 | \$0.18 |
| 45 to 49 | \$0.13 | 45 to 49 | \$0.28 |
| 50 to 54 | \$0.20 | 50 to 54 | \$0.42 |
| 55 to 59 | \$0.37 | 55 to 59 | \$0.65 |
| 60 to 64 | \$0.52 | 60 to 64 | \$1.00 |
| 65 to 69 | \$0.77 | 65 to 69 | \$1.45 |
| 70 to 74 | \$1.38 | 70 to 74 | \$2.28 |
| 75 to 79 | \$2.06 | 75 to 79 | \$2.28 |
| 80 and older | \$2.06 | 80 and older | \$2.28 |

Dependent Child Coverage is \$0.14 per \$1,000 per month.

FORMS CAN BE FOUND ON OUR WEBSITE AT: www.dbm.maryland.gov/benefits