

Health Benefits

Putting the pieces together to improve your health



CONTRACTUAL/VARIABLE HOUR EMPLOYEES

Monthly Subsidized Rates

Effective 01/01/2017 thru 12/31/2017

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	\$127.49	\$125.42
Individual + one person	\$229.48	\$225.75
Individual + two or more	\$318.74	\$313.56

EPO HEALTH PLANS			IHM HEALTH PLAN
Plan Type	CareFirst BC/BS	UnitedHealthcare	Kaiser Permanente
Individual	\$113.46	\$114.14	\$95.63
Individual + one person	\$238.10	\$237.38	\$211.58
Individual + two or more	\$294.98	\$283.04	\$262.12

PRESCRIPTION DRUG	
Plan Type	Express Scripts
Individual	\$62.60
Individual + Child	\$83.20
Individual + Spouse	\$103.90
Individual + two or more	\$125.20

DENTAL		
Plan Type	Delta Dental	United Concordia
	DHMO	DPPO
Individual	\$13.26	\$23.27
Individual + Child	\$23.11	\$44.48
Individual + Spouse	\$26.55	\$46.54
Individual + two or more	\$37.30	\$87.20

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE PREMIUM RATES		
Amount	Individual Only	Family
\$100,000	\$1.50	\$2.80
\$200,000	\$3.00	\$5.60
\$300,000	\$4.50	\$8.40

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	\$0.034	Under 30	\$0.102
30 to 34	\$0.041	30 to 34	\$0.110
35 to 39	\$0.054	35 to 39	\$0.138
40 to 44	\$0.085	40 to 44	\$0.202
45 to 49	\$0.137	45 to 49	\$0.312
50 to 54	\$0.216	50 to 54	\$0.464
55 to 59	\$0.392	55 to 59	\$0.722
60 to 64	\$0.553	60 to 64	\$1.106
65 to 69	\$0.826	65 to 69	\$1.608
70 to 74	\$1.480	70 to 74	\$2.528
75 to 79	\$2.060	75 to 79	\$2.528
80 and older	\$2.060	80 and older	\$2.528

Dependent Child Coverage is \$0.156 per \$1,000 per month.

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

Health Benefits

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CONTRACTUAL/VARIABLE HOUR EMPLOYEES

Monthly Non-Subsidized Rates

Effective 01/01/2017 thru 12/31/2017

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	\$509.97	\$501.67
Individual + one person	\$917.93	\$903.01
Individual + two or more	\$1,274.95	\$1,254.23

EPO HEALTH PLANS			IHM HEALTH PLAN
Plan Type	CareFirst BC/BS	UnitedHealthcare Select	Kaiser Permanente
Individual	\$453.84	\$456.57	\$403.27
Individual + one person	\$952.41	\$949.53	\$846.31
Individual + two or more	\$1,179.91	\$1,132.18	\$1,048.48

PRESCRIPTION DRUG	
Plan Type	Express Scripts
Individual	\$250.40
Individual + Child	\$332.80
Individual + Spouse	\$415.59
Individual + two or more	\$500.81

DENTAL		
Plan Type	Delta Dental	United Concordia
	DHMO	DPPO
Individual	\$13.26	\$23.27
Individual + Child	\$23.11	\$44.48
Individual + Spouse	\$26.55	\$46.54
Individual + two or more	\$37.30	\$87.20

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE PREMIUM RATES		
Amount	Individual Only	Family
\$100,000	\$1.50	\$2.80
\$200,000	\$3.00	\$5.60
\$300,000	\$4.50	\$8.40

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	\$0.034	Under 30	\$0.102
30 to 34	\$0.041	30 to 34	\$0.110
35 to 39	\$0.054	35 to 39	\$0.138
40 to 44	\$0.085	40 to 44	\$0.202
45 to 49	\$0.137	45 to 49	\$0.312
50 to 54	\$0.216	50 to 54	\$0.464
55 to 59	\$0.392	55 to 59	\$0.722
60 to 64	\$0.553	60 to 64	\$1.106
65 to 69	\$0.826	65 to 69	\$1.608
70 to 74	\$1.480	70 to 74	\$2.528
75 to 79	\$2.060	75 to 79	\$2.528
80 and older	\$2.060	80 and older	\$2.528

Dependent Child Coverage is \$0.156 per \$1,000 per month.

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