

State of Maryland
January 1, 2017 to December 31, 2017
Health Insurance Premiums
Employee / Retiree

CareFirst BCBS - PPO			Bi-Weekly			Monthly		
			EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	1	M010	51.00	203.99	254.99	101.99	407.97	509.97
Employee/Retiree & 1 CHILD, NO MEDICARE	2	M011	91.79	367.17	458.96	183.59	734.35	917.93
Employee/Retiree & SPOUSE, NO MEDICARE	3	M012	91.79	367.17	458.96	183.59	734.35	917.93
Employee/Retiree +2 OR MORE, NO MEDICARE	4	M013	127.50	509.98	637.48	254.99	1,019.96	1,274.95
RETIREE ONLY, WITH MEDICARE	5	M014	25.50	102.01	127.51	51.00	204.01	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	101.99	407.97	509.97
RETIREE + 2, ONE WITH MEDICARE	8	M017	117.29	469.14	586.43	234.57	938.28	1,172.85
RETIREE + 2, TWO WITH MEDICARE	9	M018	101.99	407.97	509.96	203.98	815.93	1,019.91
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	127.50	509.98	637.48	254.99	1,019.96	1,274.95

UnitedHealthCare - PPO			Bi-Weekly			Monthly		
			EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	1	H210	50.17	200.67	250.84	100.33	401.33	501.67
Employee/Retiree & 1 CHILD, NO MEDICARE	2	H211	90.30	361.21	451.51	180.60	722.41	903.01
Employee/Retiree & SPOUSE, NO MEDICARE	3	H212	90.30	361.21	451.51	180.60	722.41	903.01
Employee/Retiree +2 OR MORE, NO MEDICARE	4	H213	125.42	501.69	627.11	250.85	1,003.38	1,254.23
RETIREE ONLY, WITH MEDICARE	5	H214	25.09	100.34	125.43	50.17	200.69	250.86
RETIREE + 1, ONE WITH MEDICARE	6	H215	75.25	300.99	376.24	150.49	601.97	752.46
RETIREE + 1, BOTH WITH MEDICARE	7	H216	50.17	200.67	250.84	100.33	401.33	501.67
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	75.25	300.99	376.24	150.49	601.97	752.46
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	H220	125.42	501.69	627.11	250.85	1,003.38	1,254.23

State of Maryland
January 1, 2017 to December 31, 2017
Health Insurance Premiums
Employee / Retiree

CareFirst BCBS - EPO			Bi-Weekly			Monthly		
			EE	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	809.55	952.41
Employee/Retiree & SPOUSE, NO MEDICARE	3	H752	71.43	404.77	476.20	142.86	809.55	952.41
Employee/Retiree +2 OR MORE, NO MEDICARE	4	H753	88.49	501.46	589.95	176.99	1,002.92	1,179.91
RETIREE ONLY, WITH MEDICARE	5	H754	16.78	95.08	111.86	33.56	190.15	223.71
RETIREE + 1, ONE WITH MEDICARE	6	H755	50.54	286.40	336.94	101.08	572.79	673.87
RETIREE + 1, BOTH WITH MEDICARE	7	H756	36.87	208.92	245.79	73.74	417.83	491.57
RETIREE + 2, ONE WITH MEDICARE	8	H757	84.31	477.73	562.04	168.61	955.46	1,124.07
RETIREE + 2, TWO WITH MEDICARE	9	H758	53.77	304.69	358.46	107.54	609.39	716.93
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	H759	46.12	261.34	307.46	92.24	522.68	614.91
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	H760	88.49	501.46	589.95	176.99	1,002.92	1,179.91

UnitedHealthCare - EPO			Bi-Weekly			Monthly		
			EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	1	H710	34.24	194.04	228.28	68.49	388.08	456.57
Employee/Retiree & 1 CHILD, NO MEDICARE	2	H711	71.21	403.55	474.76	142.43	807.10	949.53
Employee/Retiree & SPOUSE, NO MEDICARE	3	H712	71.21	403.55	474.76	142.43	807.10	949.53
Employee/Retiree +2 OR MORE, NO MEDICARE	4	H713	84.91	481.17	566.08	169.83	962.35	1,132.18
RETIREE ONLY, WITH MEDICARE	5	H714	22.61	128.15	150.76	45.23	256.29	301.52
RETIREE + 1, ONE WITH MEDICARE	6	H715	56.85	322.16	379.01	113.70	644.33	758.03
RETIREE + 1, BOTH WITH MEDICARE	7	H716	45.22	256.26	301.48	90.45	512.53	602.97
RETIREE + 2, ONE WITH MEDICARE	8	H717	84.91	481.17	566.08	169.83	962.35	1,132.18
RETIREE + 2, TWO WITH MEDICARE	9	H718	77.64	439.94	517.58	155.27	879.88	1,035.15
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	H719	67.83	384.40	452.23	135.67	768.79	904.46
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	H720	84.91	481.17	566.08	169.83	962.35	1,132.18

State of Maryland
January 1, 2017 to December 31, 2017
Health Insurance Premiums
Employee / Retiree

Kaiser - IHM			Bi-Weekly			Monthly		
			EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	1	H110	30.25	171.39	201.64	60.49	342.78	403.27
Employee/Retiree & 1 CHILD, NO MEDICARE	2	H111	63.47	359.68	423.16	126.95	719.36	846.31
Employee/Retiree & SPOUSE, NO MEDICARE	3	H112	63.47	359.68	423.16	126.95	719.36	846.31
Employee/Retiree +2 OR MORE, NO MEDICARE	4	H113	78.64	445.60	524.24	157.27	891.21	1,048.48

Maryland State Employee Benefits Program

Prescription Drugs

January 1, 2017 to December 31, 2017

Employee Rates

Level of Coverage	Bi- Weekly Employee	Bi- Weekly State Subsidy	Bi- Weekly Total
Employee / Retiree Only	\$25.04	\$100.16	\$125.20
Employee / Retiree + 1 Child	\$33.28	\$133.12	\$166.40
Employee / Retiree + Spouse	\$41.56	\$166.24	\$207.80
Employee / Retiree + 2 or More	\$50.08	\$200.32	\$250.40

Level of Coverage	Monthly Employee	Monthly State Subsidy	Monthly Total
Employee / Retiree Only	\$50.08	\$200.32	\$250.40
Employee / Retiree + 1 Child	\$66.56	\$266.24	\$332.80
Employee / Retiree + Spouse	\$83.12	\$332.47	\$415.59
Employee / Retiree + 2 or More	\$100.16	\$400.65	\$500.81

Retiree (without Medicare) Rates

Level of Coverage	Bi Weekly Retiree	Bi Weekly Retiree Subsidy	Bi Weekly Retiree Total
Employee / Retiree Only	\$30.92	\$92.75	\$123.67
Employee / Retiree + 1 Child	\$41.09	\$123.27	\$164.36
Employee / Retiree + Spouse	\$51.31	\$153.94	\$205.25
Employee / Retiree + 2 or More	\$61.84	\$185.51	\$247.35

Level of Coverage		Monthly Retiree	Monthly Retiree Subsidy	Monthly Retiree Total
Employee / Retiree Only	P101	\$61.83	\$185.50	\$247.33
Employee / Retiree + 1 Child	P102	\$82.18	\$246.53	\$328.71
Employee / Retiree + Spouse	P103	\$102.62	\$307.87	\$410.50
Employee / Retiree + 2 or More	P104	\$123.67	\$371.01	\$494.68

Retiree (with Medicare) Rates

Level of Coverage	Bi Weekly Retiree		Bi Weekly Retiree Subsidy		Bi Weekly Retiree Total	
RETIREE ONLY, WITH MEDICARE		22.24		66.73		\$88.97
RETIREE + 1, RETIREE WITH MEDICARE		39.10		117.29		\$156.39
RETIREE + 1, DEPENDENT WITH MEDICARE		40.70		122.10		\$162.80
RETIREE + 1, BOTH WITH MEDICARE		36.88		110.63		\$147.51
RETIREE + 2, RETIREE WITH MEDICARE		53.16		159.48		\$212.64
RETIREE + 2, DEPENDENT WITH MEDICARE		53.16		159.48		\$212.64
RETIREE + 2, RETIREE & 1 WITH MEDICARE		45.36		136.07		\$181.43
RETIREE + 2, TWO WITH MEDICARE		45.36		136.07		\$181.43
RETIREE + 2 OR MORE, ALL WITH MEDICARE		44.49		133.47		\$177.96
RETIREE + 3 OR MORE; RETIREE WITH MEDICARE (Family coverage Retiree w/Medicare and/or other dependents w/Medicare)		53.16		159.48		\$212.64
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE (Family coverage Retiree no Medicare and 1 or more dependents w/Medicare)		53.16		159.48		\$212.64

Level of Coverage	Monthly Retiree		Monthly Retiree Subsidy		Monthly Retiree Total	
RETIREE ONLY, WITH MEDICARE		44.49		133.47		177.96
RETIREE + 1, RETIREE WITH MEDICARE		78.20		234.59		312.78
RETIREE + 1, DEPENDENT WITH MEDICARE		81.40		244.21		325.61
RETIREE + 1, BOTH WITH MEDICARE		73.75		221.25		295.00
RETIREE + 2, RETIREE WITH MEDICARE		106.32		318.96		425.29
RETIREE + 2, DEPENDENT WITH MEDICARE		106.32		318.96		425.29
RETIREE + 2, RETIREE & 1 WITH MEDICARE		90.71		272.14		362.85
RETIREE + 2, TWO WITH MEDICARE		90.71		272.14		362.85
RETIREE + 2 OR MORE, ALL WITH MEDICARE		88.98		266.93		355.91
RETIREE + 3 OR MORE; RETIREE WITH MEDICARE (Family coverage Retiree w/Medicare and/or other dependents w/Medicare)		106.32		318.96		425.29
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE (Family coverage Retiree no Medicare and 1 or more dependents w/Medicare)		106.32		318.96		425.29

**Maryland State Employee Benefits Program
Dental Plans
January 1, 2017 to December 31, 2017**

Delta Dental (DHMO)

Bi-Weekly Level of Coverage		Employee/Retiree Deduction	State Subsidy	Total
Employee / Retiree Only		\$3.22	\$3.41	\$6.63
Employee / Retiree + 1 Child		\$5.61	\$5.95	\$11.56
Employee / Retiree + Spouse		\$6.45	\$6.83	\$13.28
Employee / Retiree + 2 or More		\$9.05	\$9.60	\$18.65

Monthly Level of Coverage		Employee/Retiree Deduction	State Subsidy	Total
Employee / Retiree Only	D401	\$6.44	\$6.82	\$13.26
Employee / Retiree + 1 Child	D402	\$11.22	\$11.89	\$23.11
Employee / Retiree + Spouse	D403	\$12.89	\$13.66	\$26.55
Employee / Retiree + 2 or More	D404	\$18.11	\$19.19	\$37.30

United Concordia (DPPO)

Bi-Weekly Level of Coverage		Employee/Retiree Deduction	State Subsidy	Total
Employee / Retiree Only		\$5.82	\$5.82	\$11.64
Employee / Retiree + 1 Child		\$11.12	\$11.12	\$22.24
Employee / Retiree + Spouse		\$11.64	\$11.64	\$23.28
Employee / Retiree + 2 or More		\$21.80	\$21.80	\$43.60

Monthly Level of Coverage		Employee/Retiree Deduction	State Subsidy	Total
Employee / Retiree Only	D301	\$11.64	\$11.64	\$23.27
Employee / Retiree + 1 Child	D302	\$22.24	\$22.24	\$44.48
Employee / Retiree + Spouse	D303	\$23.27	\$23.27	\$46.54
Employee / Retiree + 2 or More	D304	\$43.60	\$43.60	\$87.20

Life Insurance
January 1, 2017 to December 31, 2017

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	\$0.017	\$0.034	Under 30	\$0.051	\$0.102
30-34	\$0.021	\$0.041	30-34	\$0.055	\$0.110
35-39	\$0.027	\$0.054	35-39	\$0.069	\$0.138
40-44	\$0.043	\$0.085	40-44	\$0.101	\$0.202
45-49	\$0.069	\$0.137	45-49	\$0.156	\$0.312
50-54	\$0.108	\$0.216	50-54	\$0.232	\$0.464
55-59	\$0.196	\$0.392	55-59	\$0.361	\$0.722
60-64	\$0.277	\$0.553	60-64	\$0.553	\$1.106
65-69	\$0.413	\$0.826	65-69	\$0.804	\$1.608
70-74	\$0.740	\$1.480	70-74	\$1.264	\$2.528
75-79	\$1.030	\$2.060	75-79	\$1.264	\$2.528
80 and over	\$1.030	\$2.060	80 and over	\$1.264	\$2.528

Dependent Child Coverage is \$0.156 per \$1,000 per month; \$0.078 per \$1,000 per biweekly pay period.

AD&D Insurance
January 1, 2017 to December 31, 2017

Plan Coverage Level	Employee Only Bi-Weekly	Employee + Family Bi-Weekly	Employee Only Monthly	Employee + Family Monthly
\$100,000	0.75	1.40	1.50	2.80
\$200,000	1.50	2.80	3.00	5.60
\$300,000	2.25	4.20	4.50	8.40