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State of Maryland Premium Rates

July 2009 – June 2010

GUIDE TO YOUR HEALTH BENEFITS

NOTE: These charts have changed. They now include the pre-tax and post-tax deductions, as well as imputed income attributable to covering domestic partners and/or the domestic partner's child(ren).

Pre-tax: Payroll deductions attributable to the State of Maryland employee's coverage are taken on a pre-tax basis.

Post-tax: Payroll deductions attributable to a State of Maryland employee's domestic partner, and the domestic partner's dependent child(ren), are taken on a post-tax basis.

Imputed income: The value of the coverage attributable to the domestic partner and/or the domestic partner's child(ren) is treated as taxable income to the employee/retiree.

July 2009 - June 2010 Term Life Insurance Premium Rates

Age of Employee/ Retiree	Bi-Weekly Employee/ Retiree Rate (per \$10,000)	Monthly Employee/ Retiree Rate (per \$10,000)	Age of Spouse/ Domestic Partner	Bi-Weekly Spouse/ Domestic Partner Rate (per \$5,000)	Monthly Spouse/ Domestic Partner Rate (per \$5,000)
Under 20	\$0.18	\$0.36	Under 20	\$0.25	\$0.51
20 to 29	\$0.18	\$0.36	20 to 29	\$0.25	\$0.51
30 to 34	\$0.22	\$0.44	30 to 34	\$0.28	\$0.55
35 to 39	\$0.29	\$0.58	35 to 39	\$0.35	\$0.69
40 to 44	\$0.45	\$0.90	40 to 44	\$0.51	\$1.01
45 to 49	\$0.73	\$1.46	45 to 49	\$0.78	\$1.56
50 to 54	\$1.15	\$2.30	50 to 54	\$1.16	\$2.32
55 to 59	\$2.09	\$4.17	55 to 59	\$1.81	\$3.61
60 to 64	\$2.95	\$5.89	60 to 64	\$2.76	\$5.53
65 to 69	\$4.40	\$8.80	65 to 69	\$4.02	\$8.04
70 to 74	\$7.88	\$15.76	70 to 74	\$6.32	\$12.64
75 to 79	\$15.42	\$30.84	75 to 79	\$6.32	\$12.64
80 and older	\$15.42	\$30.84	80 and older	\$6.32	\$12.64

Dependent Child Coverage is \$0.78 per \$5,000 per month; \$0.39 per \$5,000 per bi-weekly pay period.

July 2009 - June 2010 AD&D Insurance Premium Rates

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

July 2009 - June 2010 Prescription Drug Coverage (Monthly/Bi-Weekly Premium Rates)

Employee MONTHLY	Employee Only	Employee & Child	Employee & Spouse	Employee & Family	Employee + Domestic Partner	Employee & Child + Domestic Partner	Employee + Domestic Partner & Domestic Partner's Child	Employee & Family + Domestic Partner & Domestic Partner's Family
Pre-Tax Rate	\$39.51	\$52.52	\$65.58	\$79.03	\$26.07	\$39.52	\$26.51	\$0.00
Post-Tax Rate	\$0.00	\$0.00	\$0.00	\$0.00	\$39.51	\$39.51	\$52.52	\$79.03
Imputed Income	\$0.00	\$0.00	\$0.00	\$0.00	\$158.06	\$158.06	\$210.06	\$316.12

Employee BI-WEEKLY	Employee Only	Employee & Child	Employee & Spouse	Employee & Family	Employee + Domestic Partner	Employee & Child + Domestic Partner	Employee + Domestic Partner & Domestic Partner's Child	Employee & Family + Domestic Partner & Domestic Partner's Family
Pre-Tax Rate	\$19.76	\$26.26	\$32.79	\$39.52	\$13.04	\$19.76	\$13.26	\$0.00
Post-Tax Rate	\$0.00	\$0.00	\$0.00	\$0.00	\$19.76	\$19.76	\$26.26	\$39.52
Imputed Income	\$0.00	\$0.00	\$0.00	\$0.00	\$79.03	\$79.03	\$105.03	\$158.06

Retiree MONTHLY	Retiree Only	Retiree & Child	Retiree & Spouse	Retiree & Family	Retiree + Domestic Partner	Retiree & Child + Domestic Partner	Retiree + Domestic Partner & Domestic Partner's Child	Retiree & Family + Domestic Partner & Domestic Partner's Family
Post-Tax Rate	\$39.51	\$52.52	\$65.58	\$79.03	\$65.58	\$79.03	\$79.03	\$79.03
Imputed Income	\$0.00	\$0.00	\$0.00	\$0.00	\$158.06	\$158.06	\$210.06	\$316.12

July 2009 - June 2010 Dental Coverage (Monthly/Bi-Weekly Premium Rates)

Employee MONTHLY	Employee Only	Employee & Child	Employee & Spouse	Employee & Family	Employee + Domestic Partner	Employee & Child + Domestic Partner	Employee + Domestic Partner & Domestic Partner's Child	Employee & Family + Domestic Partner & Domestic Partner's Family
UNITED CONCORDIA DHMO	Pre-Tax Rate	\$6.96	\$12.12	\$13.93	\$19.57	\$6.97	\$12.61	\$7.45
	Post-Tax Rate	\$0.00	\$0.00	\$0.00	\$0.00	\$6.96	\$6.96	\$12.12
	Imputed Income	\$0.00	\$0.00	\$0.00	\$0.00	\$6.95	\$6.95	\$12.12
UNITED CONCORDIA DPPO	Pre-Tax Rate	\$10.81	\$20.66	\$21.62	\$40.51	\$10.81	\$29.70	\$19.85
	Post-Tax Rate	\$0.00	\$0.00	\$0.00	\$0.00	\$10.81	\$10.81	\$20.66
	Imputed Income	\$0.00	\$0.00	\$0.00	\$0.00	\$10.81	\$10.81	\$20.65

Employee BI-WEEKLY	Employee Only	Employee & Child	Employee & Spouse	Employee & Family	Employee + Domestic Partner	Employee & Child + Domestic Partner	Employee + Domestic Partner & Domestic Partner's Child	Employee & Family + Domestic Partner & Domestic Partner's Family
UNITED CONCORDIA DHMO	Pre-Tax Rate	\$3.48	\$6.06	\$6.97	\$9.79	\$3.49	\$6.31	\$3.73
	Post-Tax Rate	\$0.00	\$0.00	\$0.00	\$0.00	\$3.48	\$3.48	\$6.06
	Imputed Income	\$0.00	\$0.00	\$0.00	\$0.00	\$3.48	\$3.48	\$6.06
UNITED CONCORDIA DPPO	Pre-Tax Rate	\$5.41	\$10.33	\$10.81	\$20.26	\$5.41	\$14.85	\$9.93
	Post-Tax Rate	\$0.00	\$0.00	\$0.00	\$0.00	\$5.41	\$5.41	\$10.33
	Imputed Income	\$0.00	\$0.00	\$0.00	\$0.00	\$5.41	\$5.41	\$10.33

Retiree MONTHLY	Retiree Only	Retiree & Child	Retiree & Spouse	Retiree & Family	Retiree + Domestic Partner	Retiree & Child + Domestic Partner	Retiree + Domestic Partner & Domestic Partner's Child	Retiree & Family + Domestic Partner & Domestic Partner's Family
UNITED CONCORDIA DHMO	Post-Tax Rate	\$6.96	\$12.12	\$13.93	\$19.57	\$13.93	\$19.57	\$19.57
	Imputed Income	\$0.00	\$0.00	\$0.00	\$0.00	\$6.95	\$6.95	\$12.12
UNITED CONCORDIA DPPO	Post-Tax Rate	\$10.81	\$20.66	\$21.62	\$40.51	\$21.62	\$40.51	\$40.51
	Imputed Income	\$0.00	\$0.00	\$0.00	\$0.00	\$10.81	\$10.81	\$20.65

July 2009 - June 2010 Employee Medical Coverage (Monthly/Bi-Weekly Premium Rates)

Employee MONTHLY		Employee Only	Employee & Child or Employee & Spouse	Employee & Family	Employee + Domestic Partner	Employee & Child + Domestic Partner	Employee + Domestic Partner & Domestic Partner's Child	Employee & Family + Domestic Partner & Domestic Partner's Family
CAREFIRST BLUECROSS BLUESHIELD PPO	Pre-Tax Rate	\$86.88	\$156.38	\$217.21	\$69.50	\$130.33	\$60.83	\$0.00
	Post-Tax Rate	\$0.00	\$0.00	\$0.00	\$86.88	\$86.88	\$156.38	\$217.21
	Imputed Income	\$0.00	\$0.00	\$0.00	\$347.53	\$347.53	\$625.54	\$868.85
UNITED-HEALTHCARE PPO	Pre-Tax Rate	\$81.15	\$146.08	\$202.90	\$64.93	\$121.75	\$56.82	\$0.00
	Post-Tax Rate	\$0.00	\$0.00	\$0.00	\$81.15	\$81.15	\$146.08	\$202.90
	Imputed Income	\$0.00	\$0.00	\$0.00	\$324.62	\$324.62	\$584.32	\$811.59
AETNA POS	Pre-Tax Rate	\$61.68	\$111.03	\$154.20	\$49.35	\$92.52	\$43.17	\$0.00
	Post-Tax Rate	\$0.00	\$0.00	\$0.00	\$61.68	\$61.68	\$111.03	\$154.20
	Imputed Income	\$0.00	\$0.00	\$0.00	\$301.17	\$301.17	\$542.08	\$752.87
CAREFIRST BLUECROSS BLUESHIELD POS	Pre-Tax Rate	\$59.57	\$107.23	\$148.93	\$47.66	\$89.36	\$41.70	\$0.00
	Post-Tax Rate	\$0.00	\$0.00	\$0.00	\$59.57	\$59.57	\$107.23	\$148.93
	Imputed Income	\$0.00	\$0.00	\$0.00	\$290.86	\$290.86	\$523.56	\$727.15
UNITED-HEALTHCARE POS	Pre-Tax Rate	\$62.14	\$111.85	\$155.36	\$49.71	\$93.22	\$43.51	\$0.00
	Post-Tax Rate	\$0.00	\$0.00	\$0.00	\$62.14	\$62.14	\$111.85	\$155.36
	Imputed Income	\$0.00	\$0.00	\$0.00	\$303.41	\$303.41	\$546.11	\$758.53
AETNA EPO	Pre-Tax Rate	\$54.96	\$109.92	\$137.67	\$54.96	\$82.71	\$27.75	\$0.00
	Post-Tax Rate	\$0.00	\$0.00	\$0.00	\$54.96	\$54.96	\$109.92	\$137.67
	Imputed Income	\$0.00	\$0.00	\$0.00	\$311.46	\$311.46	\$622.91	\$780.11
CAREFIRST BLUECROSS BLUESHIELD EPO	Pre-Tax Rate	\$52.63	\$110.46	\$136.84	\$57.83	\$84.21	\$26.38	\$0.00
	Post-Tax Rate	\$0.00	\$0.00	\$0.00	\$52.63	\$52.63	\$110.46	\$136.84
	Imputed Income	\$0.00	\$0.00	\$0.00	\$298.26	\$298.26	\$625.91	\$775.43
UNITED-HEALTHCARE EPO	Pre-Tax Rate	\$54.25	\$112.82	\$134.52	\$58.57	\$80.27	\$21.70	\$0.00
	Post-Tax Rate	\$0.00	\$0.00	\$0.00	\$54.25	\$54.25	\$112.82	\$134.52
	Imputed Income	\$0.00	\$0.00	\$0.00	\$307.39	\$307.39	\$639.29	\$762.27

Employee BI-WEEKLY		Employee Only	Employee & Child or Employee & Spouse	Employee & Family	Employee + Domestic Partner	Employee & Child + Domestic Partner	Employee + Domestic Partner & Domestic Partner's Child	Employee & Family + Domestic Partner & Domestic Partner's Family
CAREFIRST BLUECROSS BLUESHIELD PPO	Pre-Tax Rate	\$43.44	\$78.19	\$108.61	\$34.75	\$65.17	\$30.42	\$0.00
	Post-Tax Rate	\$0.00	\$0.00	\$0.00	\$43.44	\$43.44	\$78.19	\$108.61
	Imputed Income	\$0.00	\$0.00	\$0.00	\$173.77	\$173.77	\$312.77	\$434.43
UNITED-HEALTHCARE PPO	Pre-Tax Rate	\$40.58	\$73.04	\$101.45	\$32.47	\$60.88	\$28.41	\$0.00
	Post-Tax Rate	\$0.00	\$0.00	\$0.00	\$40.58	\$40.58	\$73.04	\$101.45
	Imputed Income	\$0.00	\$0.00	\$0.00	\$162.31	\$162.31	\$292.16	\$405.80
AETNA POS	Pre-Tax Rate	\$30.84	\$55.52	\$77.10	\$24.68	\$46.26	\$21.59	\$0.00
	Post-Tax Rate	\$0.00	\$0.00	\$0.00	\$30.84	\$30.84	\$55.52	\$77.10
	Imputed Income	\$0.00	\$0.00	\$0.00	\$150.59	\$150.59	\$271.04	\$376.44
CAREFIRST BLUECROSS BLUESHIELD POS	Pre-Tax Rate	\$29.79	\$53.62	\$74.47	\$23.83	\$44.68	\$20.85	\$0.00
	Post-Tax Rate	\$0.00	\$0.00	\$0.00	\$29.79	\$29.79	\$53.62	\$74.47
	Imputed Income	\$0.00	\$0.00	\$0.00	\$145.43	\$145.43	\$261.78	\$363.58
UNITED-HEALTHCARE POS	Pre-Tax Rate	\$31.07	\$55.93	\$77.68	\$24.86	\$46.61	\$21.76	\$0.00
	Post-Tax Rate	\$0.00	\$0.00	\$0.00	\$31.07	\$31.07	\$55.93	\$77.68
	Imputed Income	\$0.00	\$0.00	\$0.00	\$151.71	\$151.71	\$273.06	\$379.27
AETNA EPO	Pre-Tax Rate	\$27.48	\$54.96	\$68.84	\$27.48	\$41.36	\$13.88	\$0.00
	Post-Tax Rate	\$0.00	\$0.00	\$0.00	\$27.48	\$27.48	\$54.96	\$68.84
	Imputed Income	\$0.00	\$0.00	\$0.00	\$155.73	\$155.73	\$311.46	\$390.06
CAREFIRST BLUECROSS BLUESHIELD EPO	Pre-Tax Rate	\$26.32	\$55.23	\$68.42	\$28.92	\$42.11	\$13.19	\$0.00
	Post-Tax Rate	\$0.00	\$0.00	\$0.00	\$26.32	\$26.32	\$55.23	\$68.42
	Imputed Income	\$0.00	\$0.00	\$0.00	\$149.13	\$149.13	\$312.96	\$387.72
UNITED-HEALTHCARE EPO	Pre-Tax Rate	\$27.13	\$56.41	\$67.26	\$29.29	\$40.14	\$10.85	\$0.00
	Post-Tax Rate	\$0.00	\$0.00	\$0.00	\$27.13	\$27.13	\$56.41	\$67.26
	Imputed Income	\$0.00	\$0.00	\$0.00	\$153.70	\$153.70	\$319.65	\$381.14

July 2009 - June 2010 Retiree Medical Coverage (Without/With Medicare Premium Rates)

Retiree MONTHLY WITHOUT Medicare

	Retiree Only	Retiree & Child or Retiree & Spouse	Retiree & Family	Retiree + Domestic Partner	Retiree & Child + Domestic Partner	Retiree + Domestic Partner & Domestic Partner's Child	Retiree & Family + Domestic Partner & Domestic Partner's Family
CAREFIRST BLUECROSS BLUESHIELD PPO							
Post-Tax Rate	\$86.88	\$156.38	\$217.21	\$156.38	\$217.21	\$217.21	\$217.21
Imputed Income	\$0.00	\$0.00	\$0.00	\$347.53	\$347.53	\$625.54	\$868.85
UNITEDHEALTHCARE PPO							
Post-Tax Rate	\$81.15	\$146.08	\$202.90	\$146.08	\$202.90	\$202.90	\$202.90
Imputed Income	\$0.00	\$0.00	\$0.00	\$324.62	\$324.62	\$584.32	\$811.59
AETNA POS							
Post-Tax Rate	\$61.68	\$111.03	\$154.20	\$111.03	\$154.20	\$154.20	\$154.20
Imputed Income	\$0.00	\$0.00	\$0.00	\$301.17	\$301.17	\$542.08	\$752.87
CAREFIRST BLUECROSS BLUESHIELD POS							
Post-Tax Rate	\$59.57	\$107.23	\$148.93	\$107.23	\$148.93	\$148.93	\$148.93
Imputed Income	\$0.00	\$0.00	\$0.00	\$290.86	\$290.86	\$523.56	\$727.15
UNITEDHEALTHCARE POS							
Post-Tax Rate	\$62.14	\$111.85	\$155.36	\$111.85	\$155.36	\$155.36	\$155.36
Imputed Income	\$0.00	\$0.00	\$0.00	\$303.41	\$303.41	\$546.11	\$758.53
AETNA EPO							
Post-Tax Rate	\$54.96	\$109.92	\$137.67	\$109.92	\$137.67	\$137.67	\$137.67
Imputed Income	\$0.00	\$0.00	\$0.00	\$311.46	\$311.46	\$622.91	\$780.11
CAREFIRST BLUECROSS BLUESHIELD EPO							
Post-Tax Rate	\$52.63	\$110.46	\$136.84	\$110.46	\$136.84	\$136.84	\$136.84
Imputed Income	\$0.00	\$0.00	\$0.00	\$298.26	\$298.26	\$625.91	\$775.43
UNITEDHEALTHCARE EPO							
Post-Tax Rate	\$54.25	\$112.82	\$134.52	\$112.82	\$134.52	\$134.52	\$134.52
Imputed Income	\$0.00	\$0.00	\$0.00	\$307.39	\$307.39	\$639.29	\$762.27

NOTE: All retiree healthcare deductions have always been post-tax. This is not a change. These rates are based on 16 years of Credible State service. The amount the State subsidizes varies by years of creditable service. Therefore, the amount of money deducted from your retirement check may be more than what is shown on this page. The premiums for Retirees of the Optional Retirement Program (ORP) may also vary from these rates.

Retiree MONTHLY WITH Medicare

	Retiree Only with Medicare	Retiree + 1, 1 With Medicare	Retiree + 1, Both With Medicare	Retiree With Domestic Partner With Medicare	Retiree Without Domestic Partner With Medicare	Retiree With Domestic Partner Without Medicare	Retiree + 1 With Medicare	Retiree + 2, 2 With Medicare	Retiree + 2 or More, All With Medicare	Retiree + 3 or More, at Least 1 Without Medicare
CAREFIRST BLUECROSS BLUESHIELD PPO										
Post-Tax Rate	\$43.45	\$130.31	\$86.88	\$86.88	\$130.31	\$130.31	\$199.82	\$173.76	\$130.31	\$217.21
Imputed Income	\$0.00	\$0.00	\$0.00	\$173.79	\$173.79	\$347.53	\$0.00	\$0.00	\$0.00	\$0.00
UNITEDHEALTHCARE PPO										
Post-Tax Rate	\$40.58	\$121.72	\$81.15	\$81.15	\$121.72	\$121.72	\$186.65	\$162.31	\$121.72	\$202.90
Imputed Income	\$0.00	\$0.00	\$0.00	\$162.33	\$162.33	\$324.62	\$0.00	\$0.00	\$0.00	\$0.00
AETNA POS										
Post-Tax Rate	\$30.83	\$92.51	\$61.68	\$61.68	\$92.51	\$92.51	\$141.87	\$123.36	\$92.51	\$154.20
Imputed Income	\$0.00	\$0.00	\$0.00	\$150.54	\$150.54	\$301.17	\$0.00	\$0.00	\$0.00	\$0.00
CAREFIRST BLUECROSS BLUESHIELD POS										
Post-Tax Rate	\$29.78	\$89.36	\$59.57	\$59.57	\$89.36	\$89.36	\$137.02	\$119.14	\$89.36	\$148.93
Imputed Income	\$0.00	\$0.00	\$0.00	\$145.41	\$145.41	\$290.86	\$0.00	\$0.00	\$0.00	\$0.00
UNITEDHEALTHCARE POS										
Post-Tax Rate	\$31.07	\$93.21	\$62.14	\$62.14	\$93.21	\$93.21	\$142.92	\$124.28	\$93.21	\$155.36
Imputed Income	\$0.00	\$0.00	\$0.00	\$151.69	\$151.69	\$303.41	\$0.00	\$0.00	\$0.00	\$0.00
AETNA EPO										
Post-Tax Rate	\$32.99	\$87.95	\$65.97	\$65.97	\$87.95	\$87.95	\$142.91	\$120.94	\$98.96	\$153.93
Imputed Income	\$0.00	\$0.00	\$0.00	\$186.93	\$186.93	\$311.46	\$0.00	\$0.00	\$0.00	\$0.00
CAREFIRST BLUECROSS BLUESHIELD EPO										
Post-Tax Rate	\$25.95	\$78.15	\$57.01	\$57.01	\$78.15	\$78.15	\$130.37	\$83.15	\$71.31	\$129.74
Imputed Income	\$0.00	\$0.00	\$0.00	\$147.02	\$147.02	\$298.26	\$0.00	\$0.00	\$0.00	\$0.00
UNITEDHEALTHCARE EPO										
Post-Tax Rate	\$35.82	\$90.06	\$71.64	\$71.64	\$90.06	\$90.06	\$134.52	\$122.99	\$107.46	\$134.52
Imputed Income	\$0.00	\$0.00	\$0.00	\$203.01	\$203.01	\$307.39	\$0.00	\$0.00	\$0.00	\$0.00