



DEPARTMENT OF BUDGET & MANAGEMENT

STATE OF MARYLAND COBRA & CONTINUOUS COVERAGE FOR DOMESTIC PARTNERS** LAW/CONTRACTUAL/PART-TIME ENROLLEES

EFFECTIVE JULY 1, 2009 - JUNE 30, 2010

MONTHLY PREMIUM SCHEDULE – STATE GROUP BENEFITS PROGRAM

PPO HEALTH PLANS

	<u>CareFirst BC/BS</u>	<u>UnitedHealthcare Options</u>
Individual	\$434.41	\$405.77
Individual + one person	\$781.92	\$730.40
Individual & two or more	\$1,086.06	\$1,014.49

POS HEALTH PLANS

	<u>Aetna Choice</u>	<u>CareFirst BC/BS Maryland</u>	<u>United Healthcare ChoicePlus</u>
Individual	\$362.85	\$350.43	\$365.55
Individual + one person	\$653.11	\$630.79	\$657.96
Individual & two or more	\$907.07	\$876.08	\$913.89

EPO HEALTH PLANS

	<u>Aetna Select</u>	<u>CareFirst BC/BS</u>	<u>UnitedHealthcare Select</u>
Individual	\$366.42	\$350.89	\$361.64
Individual + one person	\$732.83	\$736.37	\$752.11
Individual & two or more	\$917.78	\$912.27	\$896.79

OTHER PLANS

DENTAL

	<u>United Concordia</u>	
	<u>DHMO</u>	<u>DPPO</u>
Individual	\$13.91	\$21.62
Individual & Child	\$24.24	\$41.31
Individual & Spouse	\$27.86	\$43.23
Individual & two or more	\$39.14	\$81.01

ACCIDENTAL DEATH & DISMEMBERMENT

	Individual Only	Family
\$100,000	1.50	2.80
\$200,000	3.00	5.60
\$300,000	4.50	8.40

PRESCRIPTION DRUG

Individual	\$197.57
Individual & Child	\$262.58
Individual & Spouse	\$327.91
Individual & two or more	\$395.15

LIFE INSURANCE RATES CAN BE FOUND ON OUR WEBSITE AT WWW.DBM.MARYLAND.GOV (click on "State Employees" and then "Health Benefits"). ENROLLMENT FORMS MAY ALSO BE DOWNLOADED FROM OUR WEBSITE.

** COBRA AND CONTINUOUS COVERAGE FOR DOMESTIC PARTNERS ENROLLEES NEED TO ADD 2% FOR PROCESSING FEE.

Important Open Enrollment Information for Direct Pay Enrollees

**UPDATED: Open Enrollment Period: April 20, 2009 – May 26, 2009
For Plan Year: July 1, 2009-June 30, 2010**

For changes, new enrollments or cancellations, Direct Pay Enrollees must submit an Enrollment Form

Please review your enclosed pre-printed Summary of Benefits Statement and the July 1, 2009-June 30, 2010 Benefits Guide for information on benefits, eligible dependents, required documentation and further instructions.

If you do not wish to make changes to your current benefits, you do not need to do anything. All current benefits will automatically roll over to the new plan year, with the exception of your Health Care and Dependent Care Spending Account(s) (if eligible).

If you wish to make a change to your current benefits, enroll in a plan for the first time, or cancel coverage during Open Enrollment, you will need to complete the enclosed open enrollment form and follow the instructions below.

For Contractual, Part-Time, Leave of Absence – Personal (LAW-P) and Leave of Absence for On-the-Job Injury (LAW-OJI) employees, you will need to submit your signed and dated enrollment form to your Agency Benefit Coordinator (ABC) for their signature prior to the close of business on May 26, 2009. Please retain a copy for your records. Forms not signed by both the enrollee and the ABC will not be processed and will be returned to the enrollee.

If you are enrolled as an Optional Retiree Program (ORP), on approved Military leave, or under the Consolidated Omnibus Budget Reconciliation Act (COBRA), you must mail your worksheet **postmarked** no later than **May 26, 2009** to:

Employee Benefits Division
Attention: Direct Pay Unit
301 West Preston Street, Room 510
Baltimore, Maryland 21201

Premium payment coupons will be mailed on or about June 8, 2009 for the Plan Year July 1, 2009-June 30, 2010 for all Direct Pay enrollees. However, if you have outstanding premiums for the plan year July 1, 2008 – June 30, 2009 and a payment is received, your payment will be applied to unpaid premiums first, before being applied to the new plan year beginning July 1, 2009.

Premium payments are due by the first of each month. There is, however, a thirty (30) day grace period. If payment is not received by the first of the month, your benefits will be placed on a “withhold care” status with the benefit carriers, until payment has been received. If payment is not received by the end of the grace period, your benefits will be terminated. If enrollment is cancelled because the required payment is not received, the employee or qualified beneficiary will not have the opportunity to enroll again until the next open enrollment, if eligible. **These payment procedures will be strictly enforced!**

If you have any questions, please contact the Employee Benefits Division at 410- 767-4775 (or toll-free at 1-800-307-8283) and press “2” for a Direct Pay Unit Representative.