

STATE OF MARYLAND
 COBRA **/LAW/CONTRACTUAL/ PART-TIME ENROLLEES
EFFECTIVE 07/01/2008 THRU 06/30/2009
 MONTHLY PREMIUM SCHEDULE – STATE GROUP BENEFITS PROGRAM

PPO HEALTH PLANS

Carefirst BCBS

MLH Eagle

Individual	422.22	405.77
Individual & Child	759.97	730.40
Individual & Spouse	759.97	730.40
Individual & two or more	1055.58	1014.49

POS HEALTH PLANS

Aetna US Healthcare

Carefirst BCBS

MD-IPA

Individual	328.27	328.56	365.55
Individual & Child	590.86	591.41	657.96
Individual & Spouse	590.86	591.41	657.96
Individual & two or more	820.63	821.40	913.89

HMO HEALTH PLANS

Blue Choice

Kaiser

Optimum Choice

Individual	350.89	368.04	351.99
Individual & Child	736.37	736.07	732.04
Individual & Spouse	736.37	736.07	732.04
Individual & two or more	912.27	921.84	872.86

OTHER PLANS

DENTAL

United Concordia

Dental Benefits

	<u>HMO</u>	<u>PPO</u>	<u>Providers HMO</u>
Individual	14.72	23.44	14.52
Individual & Child	25.65	44.79	29.05
Individual & Spouse	29.48	46.87	31.96
Individual & two or more	41.42	87.82	50.83

ACCIDENTAL DEATH & DISMEMBERMENT

PRESCRIPTION DRUG

	<u>Individual Only</u>	<u>Family</u>		
\$100,000	1.50	2.80	Individual	177.23
\$200,000	3.00	5.60	Individual & Child	235.54
\$300,000	4.50	8.40	Individual & Spouse	294.15
			Individual & two or more	354.46

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

**** COBRA ENROLLEES NEED TO ADD 2% FOR PROCESSING FEE.**