

July 1, 2009 – June 30, 2010
State of Maryland Premium Rate Table w/State Subsidy Amounts
(State Subsidy is in **Bold**)

HEALTH INSURANCE

Plan	Biweekly Medical Premiums				Monthly Medical Premiums							
	1 Person		2 People		1 Person		2 People		3+ People			
BC BS PPO	43.44	173.77	78.19	312.77	108.61	434.42	86.88	347.53	156.38	625.54	217.21	868.85
UHC PPO	40.58	162.31	73.04	292.16	101.45	405.80	81.15	324.62	146.08	584.32	202.90	811.59
AETNA POS	30.84	150.59	55.52	271.04	77.10	376.44	61.68	301.17	111.03	542.08	154.20	752.87
BCBS POS	29.79	145.43	53.62	261.78	74.47	363.57	59.57	290.86	107.23	523.56	148.93	727.15
UHC POS	31.07	151.70	55.93	273.05	77.68	379.27	62.14	303.41	111.85	546.11	155.36	758.53
AETNA EPO	27.48	155.73	54.96	311.46	68.83	390.06	54.96	311.46	109.92	622.91	137.67	780.11
BCBS EPO	26.32	149.13	55.23	312.96	68.42	387.72	52.63	298.26	110.46	625.91	136.84	775.43
UHC EPO	27.13	153.70	56.41	319.65	67.26	381.14	54.25	307.39	112.82	639.29	134.52	762.27

****PLEASE REFER TO RATE SHEETS FOR PRE TAX, POST TAX AND IMPUTED INCOME FOR DOMESTIC PARTNERS****

PCS PRESCRIPTION PLAN

Coverage Level	Biweekly Premiums		Monthly Premiums	
Employee Only	19.76	79.03	39.51	158.06
Employee & One Child	26.26	105.03	52.52	210.06
Employee & Spouse	32.79	131.17	65.58	262.33
Employee & Two or More	39.52	158.06	79.03	316.12

DENTAL PLANS

UNITED CONCORDIA

Coverage Level	Biweekly Premiums				Monthly Premiums			
	DHMO		DPPO		DHMO		DPPO	
Employee Only	3.48	3.48	5.41	5.40	6.96	6.95	10.81	10.81
Employee & Child	6.06	6.06	10.33	10.32	12.12	12.12	20.66	20.65
Employee & Spouse	6.97	6.97	10.81	10.80	13.93	13.93	21.62	21.61
Employee & 2 or More	9.79	9.78	20.26	20.25	19.57	19.57	40.51	40.50

PERSONAL ACCIDENT AND DISMEMBERMENT

Coverage Level	Biweekly Premiums		Monthly Premiums	
	Employee Only	Employee & Family	Employee Only	Employee & Family
100,000	.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