

STATE OF MARYLAND

FY 2010 MONTHLY PREMIUM SCHEDULE - FOR July 1, 2009 - June 30, 2010
 MAXIMUM EMPLOYER CONTRIBUTIONS
 STATE GROUP BENEFITS PROGRAM FOR CONTINGENT CATEGORY II
 ENROLLEES and FACULTY CONTRACT ENROLLEES

HEALTH PLANS

	<u>ONE PERSON</u>	<u>TWO PERSONS</u>	<u>3+ PERSONS</u>
BCBS (PPO)	\$347.53	\$625.54	\$868.85
UHC (PPO)	\$324.62	\$584.32	\$811.59
AETNA (POS)	\$301.17	\$542.08	\$752.87
BCBS (POS)	\$290.86	\$523.56	\$727.15
UHC (POS)	\$303.41	\$546.11	\$758.53
AETNA (EPO)	\$311.46	\$622.91	\$780.11
BCBS (EPO)	\$298.26	\$625.91	\$775.43
UHC (EPO)	\$307.39	\$639.29	\$762.27

PCS PRESCRIPTION PLAN

Employee	\$158.06
Employee & One Child	\$210.06
Employee & Spouse	\$262.33
Employee & Two or More	\$316.12

DENTAL PLANS

	UNITED CONCORDIA:	
	<u>DHMO</u>	<u>DPPO</u>
Employee	\$ 6.95	\$10.81
Employee & One Child	\$12.12	\$20.65
Employee & Spouse	\$13.93	\$21.61
Employee & Two or More	\$19.57	\$40.50

****PERSONAL ACCIDENT AND DISMEMBERMENT (EMPLOYEE MAY OBTAIN BUT THERE IS NO EMPLOYER SUBSIDY IN CONTRACT)****

COVERAGE LEVEL	<u>Employee Only</u>	<u>Employee & Family</u>
\$100,000	\$1.50	\$2.80
\$200,000	\$3.00	\$5.60
\$300,000	\$4.50	\$8.40

05/01/09