

**January 1, 2016 – December 31, 2016**  
**State of Maryland Contractual/Variable Premium Rate Table**  
**Additional State Subsidy for Medical and Prescription**  
**& Dental State Subsidy**  
(State Subsidy is in **Bold**)

\*\*Only use this rate sheet if you are adding the additional State subsidy to the “grandfathered” Contingent 2 employee salary. \*\*

**HEALTH INSURANCE**

**Monthly Medical Premiums:**

	<b>1 Person</b>		<b>2 People</b>		<b>3+People</b>	
BC BS PPO	121.42	<b>24.28</b>	218.56	<b>43.71</b>	303.56	<b>60.71</b>
UHC PPO	119.44	<b>23.89</b>	215.00	<b>43.00</b>	298.63	<b>59.73</b>
BCBS EPO	108.06	<b>43.22</b>	226.76	<b>90.71</b>	280.93	<b>112.37</b>
UHC EPO	108.71	<b>43.48</b>	226.08	<b>90.43</b>	269.57	<b>107.83</b>
Kaiser (IHM)	96.02	<b>38.41</b>	201.50	<b>80.60</b>	249.64	<b>99.86</b>

**EXPRESS SCRIPTS PRESCRIPTION PLAN**

<b>Coverage Level</b>	<b>Monthly Rates</b>	
Employee Only	57.43	<b>11.49</b>
Employee & One Child	76.33	<b>15.27</b>
Employee & Spouse	95.32	<b>19.06</b>
Employee & Two or More	114.86	<b>22.97</b>

**DENTAL PLANS**

**UNITED CONCORDIA DPPO**

**Coverage Level                      Monthly Premiums**

Employee Only	11.64	<b>11.63</b>
Employee & Child	22.24	<b>22.24</b>
Employee & Spouse	23.27	<b>23.27</b>
Employee & 2 or More	43.60	<b>43.60</b>

**DELTA DENTAL DHMO**

Employee Only	6.44	<b>6.44</b>
Employee & Child	11.22	<b>11.22</b>
Employee & Spouse	12.89	<b>12.89</b>
Employee & 2 or More	18.11	<b>18.11</b>