

**January 1, 2017 – December 31, 2017**  
**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	127.49	<b>25.49</b>	229.48	<b>45.90</b>	318.74	<b>63.75</b>
UHC PPO	125.42	<b>25.08</b>	225.75	<b>45.15</b>	313.56	<b>62.71</b>
BCBS EPO	113.46	<b>45.38</b>	238.10	<b>95.24</b>	294.98	<b>117.99</b>
UHC EPO	114.14	<b>45.65</b>	237.38	<b>94.95</b>	283.04	<b>113.21</b>
Kaiser (IHM)	95.63	<b>35.14</b>	211.58	<b>84.63</b>	262.12	<b>104.85</b>

**EXPRESS SCRIPTS PRESCRIPTION PLAN**

<b>Coverage Level</b>	<b>Monthly Rates</b>	
Employee Only	62.60	<b>12.52</b>
Employee & One Child	83.20	<b>16.64</b>
Employee & Spouse	103.90	<b>20.78</b>
Employee & Two or More	125.20	<b>25.04</b>

**DENTAL PLANS**

**UNITED CONCORDIA DPPO**

<b>Coverage Level</b>	<b>Monthly Premiums</b>	
Employee Only	11.64	<b>11.64</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>6.82</b>
Employee & Child	11.22	<b>11.89</b>
Employee & Spouse	12.89	<b>13.66</b>
Employee & 2 or More	18.11	<b>19.19</b>