

STATE OF MARYLAND

FY 2009 MONTHLY PREMIUM SCHEDULE - FOR July 1, 2008 - June 30, 2009
 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 CAREFIRST (PPO)	\$337.78	\$607.98	\$844.46
MLH PPO	\$324.62	\$584.32	\$811.59
BCBS CAREFIRST (POS)	\$272.70	\$490.87	\$681.76
M.D.IPA (POS)	\$303.41	\$546.11	\$758.53
AETNA	\$272.46	\$490.41	\$681.12
BLUE CHOICE (HMO)	\$298.26	\$625.91	\$775.43
KAISER (HMO)	\$312.83	\$625.66	\$783.56
OPTIUMUM CHOICE	\$299.19	\$622.23	\$741.93

PCS PRESCRIPTION PLAN

Employee	\$141.78
Employee & One Child	\$188.43
Employee & Spouse	\$235.32
Employee & Two or More	\$283.57

DENTAL PLANS

	<u>UNITED CONCORDIA:</u>		<u>DENTAL BENEFITS</u>
	<u>DHMO</u>	<u>DPPO</u>	<u>HMO(DBP)</u>
Employee	\$ 7.36	\$11.72	\$ 7.26
Employee & One Child	\$12.82	\$22.40	\$14.52
Employee & Spouse	\$14.74	\$23.44	\$15.98
Employee & Two or More	\$20.71	\$43.91	\$25.41

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

<u>COVERAGE LEVEL</u>	<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

04/03/08