

**January 1, 2021 – December 31, 2021**  
**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	106.58	<b>21.32</b>	191.84	<b>38.37</b>	266.46	<b>53.29</b>
UHC PPO	104.84	<b>20.97</b>	188.72	<b>37.75</b>	262.14	<b>52.43</b>
BCBS EPO	71.14	<b>20.16</b>	149.28	<b>42.30</b>	184.94	<b>52.40</b>
UHC EPO	71.56	<b>20.28</b>	148.84	<b>42.17</b>	177.46	<b>50.28</b>
Kaiser (IHM)	71.08	<b>20.14</b>	149.18	<b>42.27</b>	184.82	<b>52.37</b>

**CVS CAREMARK PRESCRIPTION PLAN**

<b>Coverage Level</b>	<b>Monthly Rates</b>	
Employee Only	45.06	<b>9.02</b>
Employee & One Child	59.90	<b>11.98</b>
Employee & Spouse	74.80	<b>14.96</b>
Employee & Two or More	90.14	<b>18.03</b>

**DENTAL PLANS**

**UNITED CONCORDIA DPPO**

**Coverage Level                      Monthly Premiums**

Employee Only	12.32	<b>12.32</b>
Employee & Child	23.54	<b>23.56</b>
Employee & Spouse	24.64	<b>24.64</b>
Employee & 2 or More	46.16	<b>46.18</b>

**DELTA DENTAL DHMO**

Employee Only	8.14	<b>8.17</b>
Employee & Child	16.34	<b>16.34</b>
Employee & Spouse	14.22	<b>14.22</b>
Employee & 2 or More	22.94	<b>22.96</b>