SATELLITE AGENCY INVOICE

SSPS

Maryland Department of Budget & Management
Remittance Slip for Satellite Payment
For the Period of Coverage Month Ending
December-08

Agency Code	900001	ATTORNEY GRIEVANCE COMMISSION	
Due Date	01/15/09	Amount	$26,814.58
Total for	December-08		
Contact Name		Phone number	

Premium Amount	26,288.80
Prior Period Adjustment	-
Administrative Fee	525.78
Surcharge	-
Late Fee	-
Total Amount Enclosed	$26,814.58

		# Bi-weekly Dedcution - Active	# Monthly Deduction - Retiree	Premium	41710 APS	DBM USE Only
PPO BCBS	41420	17	-	13,046.54		
PPO MLH	41490	-	-	-		
POS BCBS	41580	2	-	1,149.96		
POS MDIPA	41530	2	-	1,023.51		
POS Aetna	41650	2	-	1,148.90		
HMO Blue Choice	41470	-	-	-		
HMO Kaiser	41560	1	-	921.84		
HMO Optimum	41640	1	-	732.04		
Drug	45410	24	-	6,781.95		
PPO Concordia	48411	14	-	708.74		
HMO Concordia	48411	6	-	144.54		
HMO DBP	48412	4	-	145.23		
AD&D	52411	13	-	49.40		
Life	54411	13	-	216.15		
Flex Health	46H2S	2	-	120.00		
Flex Dep Care	46D2S	1	-	100.00		