No Pay Report

Date: 10/29/2008

DEPARTMENT OF BUDGET AND MANAGEMENT
HEALTH BENEFITS NO PAY REGISTER
PAY PERIOD END DATE OF 10/21/2008
PAYMENT DUE DATE OF 12/03/2008

SSN	NAME OF EMPLOYEE	AGENCY	DOE	PLAN	PREMIUM	STATUS
		210101	AN	Dependent Care Spending Account	$192.00	
				Total	$192.00	
		220100	42	Blue Cross Blue Shield PPO	$379.99	
			AH	Drug	$117.77	
			AP	United Concordia	$11.72	
			AV	PAD	$0.75	
				Total	$510.23	
		220100	53	MD IPA Preferred POS	$182.77	
			AH	Drug	$88.62	
			AP	United Concordia	$11.72	
			AV	PAD	$0.75	
				Total	$283.86	
		220124	42	Blue Cross Blue Shield PPO	$211.11	
			AH	Drug	$88.62	
			AP	United Concordia	$7.36	
			AV	PAD	$0.75	
			AX	Pre Tax Term Life	$10.45	
				Total	$318.29	
		220200	47	BlueChoice HMO	$175.45	
			AH	Drug	$88.62	
			AR	Dental Benefit Providers	$7.26	
				Total	$271.33	
		230106	47	BlueChoice HMO	$175.45	
			AR	Dental Benefit Providers	$7.26	
				Total	$182.71	
		230107	58	Blue Cross Blue Shield MD POS	$164.28	
				Total	$164.28	
		230801	42	Blue Cross Blue Shield PPO	$527.79	
			AH	Drug	$177.23	
			AP	United Concordia	$43.91	
				Total	$748.93	
		230801	42	Blue Cross Blue Shield PPO	$211.11	
			AP	United Concordia	$11.72	
			AV	PAD	$0.75	
				Total	$223.58	
		230801	42	Blue Cross Blue Shield PPO	$527.79	
			AH	Drug	$177.23	
			AP	United Concordia	$43.91	
			AX	Pre Tax Term Life	$0.90	
			AY	Post Tax Term Life	$3.20	
				Total	$753.03	DP
		290201	42	Blue Cross Blue Shield PPO	$211.11	
			AH	Drug	$88.62	
			AP	United Concordia	$11.72	
				Total	$311.45	
		290201	42	Blue Cross Blue Shield PPO	$527.79	
			AH	Drug	$177.23	
			AP	United Concordia	$43.91	
			AV	PAD	$4.20	
			AX	Pre Tax Term Life	$1.45	
			AY	Post Tax Term Life	$3.70	
				Total	$758.28	