DIRECT PAY COUPONS AND COVER MEMO

MARTIN O'MALLEY
Governor

ANTHONY BROWN
Lieutenant Governor

DEPARTMENT OF BUDGET & MANAGEMENT

T. ELOISE FOSTER
Secretary

DAVID C. ROMANS
Deputy Secretary

RE: Soc. Sec. ID xxx-xx-
Payable Monthly-***CONTRACTUAL***

December 10, 2008

The attached premium coupons reflect your recent benefit selection for year ***2009***. Please read the attached information carefully. If there are any errors, please contact us immediately at (410) 767-4775 (option 2).

All premium payments are due the first of every month. The State of Maryland does allow a 30-day grace period but services cannot be rendered by any of the plans you selected until payment is received and posted to your account. All coverage will be cancelled if payment is not received by the last day of each month. Once your benefits are cancelled, if you are a ***LAW-Military, LAW-OJI, LAW-Personal, Contractual, Special Circumstance or ORP*** member, you will lose coverage for the remainder of the enrollment year and will not be able to re-enroll until the next open enrollment period. If you are enrolled in COBRA benefits and your coverage is cancelled you will lose your right to continue coverage through the State of Maryland's Group Benefits Program.

Please make your check or money order payable to the STATE OF MARYLAND – DBM and mail WITH your payment coupon(s) to the address below: This is our bank lockbox where your check is processed for deposit by the bank. Sending your payment to the State office building or sending your payment without a payment coupon will delay the processing of your payment.

DEPARTMENT OF BUDGET AND MANAGEMENT
P. O. BOX 1516
BALTIMORE, MARYLAND 21203-1516
EFFECTIVE ***09/16/2008***

Your benefits or benefit changes are effective as of the date shown directly above pending receipt of the applicable payment. Payments may be made in advance to cover any or all coupon(s) enclosed. A partial payment will be posted to your account but if full payment is not received by the end of the month your benefits may be cancelled.

Sincerely,

Direct Pay Unit

Payment # 00253419 CONTR
Payment Due Date: 12/1/2008
Amount Due: $510.84
Premium for: Dec, 2008

		Plan Name	Premium	Total Premium
Medical Plan	Ind.	HMO - Kaiser Permanente	$340.44	$340.44
Prescription Drug	Ind.		$159.51	$159.51
Dental	Ind.	HMO - Dental Benefit Providers	$10.89	$10.89
Personal Accident & Dismemberment				
Term Life –	Employee Spouse Children			
Spending Account – Health Care				
Spending Account – Dependent Care				

Payment # 00253420 CONTR
Payment Due Date: 1/1/2009
Amount Due: $559.79
Premium for: Jan, 2009

		Plan Name	Premium	Total Premium
Medical Plan	Ind.	HMO - Kaiser Permanente	$368.04	$368.04
Prescription Drug	Ind.		$177.23	$177.23
Dental	Ind.	HMO - Dental Benefit Providers	$14.52	$14.52
Personal Accident & Dismemberment				
Term Life –	Employee Spouse Children			
Spending Account – Health Care				
Spending Account – Dependent Care				

Payment # 00253421 CONTR
Payment DueDate: 2/1/2009
Amount Due: $559.79
Premium for: Feb, 2009

		Plan Name	Premium	Total Premium
Medical Plan	Ind.	HMO - Kaiser Permanente	$368.04	$368.04
Prescription Drug	Ind.		$177.23	$177.23
Dental	Ind.	HMO - Dental Benefit Providers	$14.52	$14.52
Personal Accident & Dismemberment				
Term Life –	Employee Spouse Children			
Spending Account – Health Care				
Spending Account – Dependent Care				