

# EMPLOYEE BENEFITS SNAPSHOT

*Maryland Legal Aid (MLA), offers a comprehensive benefits package that's market-competitive with our peers and designed to meet the diverse needs of our employees. Below is a snapshot of the various benefits available to eligible MLA employees. Please note that eligibility for the benefits described here depends on the position type and hours worked. You can find more comprehensive information by contacting MLA's Human Resources Department at [hr@mlab.org](mailto:hr@mlab.org).*

## Health Insurance Coverage

MLA offers five (5) medical plans to which Maryland Legal Aid contributes 80% towards the premiums. You can visit a doctor of your choice and receive comprehensive medical and prescription drug coverage. All in-network plans include 100% coverage for preventive services, telemedicine, and programs to support your overall health after co-pay.

Vision care is included in your medical plan with coverage for lenses, frames and contacts.

Employees have access to tax-advantaged flexible spending healthcare accounts that use pre-tax dollars to help pay for out-of-pocket healthcare expenses such as office visit and prescription drug copays.

Eligible employees working at least 21 hours per week in a regular position may enroll the first of the month following employment.

## Dental Insurance Coverage

MLA offers two (2) different dental plans providing in-network and out-of-network benefits and 100% coverage for in-network preventive services.

## Employee Assistance Program

The employee assistance program provides confidential support, guidance and resources to employees for a variety of personal situations such as stress management, financial concerns and child care.

## Retirement Saving

Through the 401(k) plan, eligible employees can save for their future and receive a matching contribution from MLA, up to 5% of eligible pay. Employees are eligible for the match after one year of service. Employees receive an employer contribution of 5% on day one. There are a variety of investment options to choose from.

## Welfare and Income Protection

MLA provides both life and AD&D insurance coverage to employees at no cost as part of their core benefits. MLA provides 100% employer - paid basic coverage up to a maximum of \$50,000 coverage. You also have the option to elect additional supplemental life coverage for yourself and eligible family members under our voluntary benefits program.

When injuries and illnesses occur, MLA also provides employer-paid leave of absence programs such as short-term disability and long-term disability.

## Rest and Time Away from Work

MLA recognizes the importance of balancing time away from work. We offer various paid time off benefits and recognize 12-13 holidays throughout the year including 2 floating holidays.

## Wellness Program

MLA provides employees and their spouses/partners free fitness, nutrition, and wellbeing consultations through its medical plan.

## Supporting You and Your Family

MLA offers a variety of programs to support you and your family including paid parental leave, a tax-advantaged flexible spending account to help pay for dependent care expenses, a tax-advantaged flexible spending commuter program to pay for transit and/or parking expenses, discounts on everyday items such as travel and home goods, discounted group auto and home insurance rates, discounted pet insurance rates, discounted fitness memberships, and so much more.



## Core Benefits

- Medical Insurance
- Dental Insurance
- Disability Insurance
- Vision Insurance
- 401(k) Retirement
- Basic Life Insurance
- Section 125 Plans/FSA's

## Supplemental Benefits

- Optional Life Insurance
- Credit Union Membership
- Critical Illness
- Employee Wellness Plans and EAP

**DISCLAIMER:** The information on this document offers only a brief overview of the benefit plans available to eligible MLA employees. A description of the benefit provisions, conditions and limitations is provided to employees in the Benefits Summary documents and is outlined in the official plan documents.

# HEALTH AND WELFARE PREMIUM RATES

## RATES EFFECTIVE JANUARY 1, 2025

The charts below provide information on twice per month and monthly premiums, including the total premiums, the amount Maryland Legal Aid pays, and the portion of the premium the employee is responsible for if elected for the plan year. COBRA participants need to add 2% administrative fee.

PPO HEALTH PLANS									
PLAN TYPE	CAREFIRST BLUE CROSS BLUE SHIELD				UNITED HEALTHCARE				% Share Employer/Employee
	Total Premium	Employer Cost	Employee Monthly Cost	Employee Bi-weekly Cost	Total Premium	Employer Cost	Employee Monthly Cost	Employee Bi-weekly Cost	
Individual	\$647.80	\$518.24	\$129.56	\$64.78	\$637.20	\$509.76	\$127.44	\$63.72	80 / 20
Individual + 1	\$1,165.96	\$932.78	\$233.18	\$116.59	\$1,147.00	\$917.60	\$229.40	\$114.70	80 / 20
Individual + 2 or more	\$1,619.46	\$1,295.58	\$323.88	\$161.94	\$1,593.12	\$1,274.50	\$318.62	\$159.31	80 / 20

EPO HEALTH PLANS									
PLAN TYPE	CAREFIRST BLUE CROSS BLUE SHIELD				UNITED HEALTHCARE				% Share Employer/Employee
	Total Premium	Employer Cost	Employee Monthly Cost	Employee Bi-Weekly Cost	Total Premium	Employer Cost	Employee Monthly Cost	Employee Bi-Weekly Cost	
Individual	\$576.44	\$461.16	\$115.28	\$57.64	\$579.94	\$463.96	\$115.98	\$57.99	80 / 20
Individual + 1	\$1,209.74	\$967.80	\$241.94	\$120.97	\$1,206.08	\$964.86	\$241.22	\$120.61	80 / 20
Individual + 2 or more	\$1,498.72	\$1,198.98	\$299.74	\$149.87	\$1,438.10	\$1,150.48	\$287.62	\$143.81	80 / 20

IHM HEALTH PLAN					
PLAN TYPE	KAISER PERMANENTE				% Share Employer/Employee
	Total Premium	Employer Monthly Cost	Employee Monthly Cost	Employee Bi-Weekly Cost	
Individual	\$576.06	\$460.86	\$115.20	\$57.60	80 / 20
Individual + 1	\$1,208.94	\$967.16	\$241.78	\$120.89	80 / 20
Individual + 2 or more	\$1,497.72	\$1,198.18	\$299.54	\$149.77	80 / 20

DENTAL PLANS									
PLAN TYPE	DELTA DENTAL DHMO				UNITED CONCORDIA DPPO				% Share Employer/Employee
	Total Premium	Employer Cost	Employee Monthly Cost	Employee Bi-weekly Cost	Total Premium	Employer Cost	Employee Monthly Cost	Employee Bi-weekly Cost	
Individual	\$18.24	\$14.60	\$3.64	\$1.82	\$29.96	\$23.98	\$5.98	\$2.99	80 / 20
Individual + Child	\$36.56	\$29.26	\$7.30	\$3.65	\$57.24	\$45.80	\$11.44	\$5.72	80 / 20
Individual + Spouse	\$31.84	\$25.48	\$6.36	\$3.18	\$59.90	\$47.92	\$11.98	\$5.99	80 / 20
Individual + 2 or more	\$51.32	\$41.06	\$10.26	\$5.13	\$112.20	\$89.76	\$22.44	\$11.22	80 / 20

PRESCRIPTION DRUG PLAN					
PLAN TYPE	MEDIMPACT				% Share Employer/Employee
	Total Premium	Employer Monthly Cost	Employee Monthly Cost	Employee Bi-Weekly Cost	
Individual	\$329.96	\$263.98	\$65.98	\$32.99	80 / 20
Individual + Child	\$438.50	\$350.80	\$87.70	\$43.85	80 / 20
Individual + Spouse	\$547.60	\$438.08	\$109.52	\$54.76	80 / 20
Individual + 2 or More	\$659.92	\$527.94	\$131.98	\$65.99	80 / 20



# HEALTH AND WELFARE PREMIUM RATES

ACCIDENTAL DEATH AND DISMEMBERMENT		
COVERAGE AMOUNT	METLIFE	
	Individual Only Coverage Premium Cost	Family Coverage Premium Cost
\$100,000	\$1.20	\$2.30
\$200,000	\$2.40	\$4.60
\$300,000	\$3.60	\$6.90

*MLA will pay the premium cost up to \$100,000 for employees for accidental death and dismemberment coverage. If you choose family coverage, your dependents are covered for a percentage of your benefit amount. Additional coverage amount will be paid by the employee. An employee may choose additional coverage in the amount to \$200,000.00 or \$300,000 which will be paid by the employee.*

GROUP TERM LIFE INSURANCE PREMIUM RATES			
METLIFE			
Age of Employee	Employee Rates (per \$1,000)	Age of Spouse	Spouse Rates (per \$1,000)
Under 30	\$0.03	Under 30	\$0.09
30 to 34	\$0.04	30 to 34	\$0.10
35 to 39	\$0.05	35 to 39	\$0.12
40 to 44	\$0.08	40 to 44	\$0.18
45 to 49	\$0.13	45 to 49	\$0.28
50 to 54	\$0.20	50 to 54	\$0.42
55 to 59	\$0.37	55 to 59	\$0.65
60 to 64	\$0.52	60 to 64	\$1.00
65 to 69	\$0.77	65 to 69	\$1.45
70 to 74	\$1.38	70 to 74	\$2.28
75 to 79	\$2.06	75 to 79	\$2.28
80 and older	\$2.06	80 and older	\$2.28

*MLA will continue to pay the premium cost for up to the \$50,000 guaranteed coverage amount for group-term life insurance coverage. Additional coverage amount will be paid by the employee. An eligible employee may elect life insurance coverage in \$10,000 increments up to a maximum of \$300,000 through the State of Maryland.*

*MLA will pay the premium cost up to \$25,000 guaranteed coverage for eligible dependent. Additional coverage amount will be paid by the employee. An eligible employee may elect life insurance coverage for their dependents in \$5,000 increments up to half of your coverage amount (up to a maximum of \$150,000) through the State of Maryland.*

*The Internal Revenue Service (IRS) classifies all life insurance coverage over \$50,000 as a fringe benefit subject to taxation. The amount of life insurance coverage is not taxable but rather the premium required to pay for the life insurance coverage is taxable. Employees who are determined to have a taxable benefit will see Social Security and Medicare tax deductions related to Group Life Insurance.*

