



Health Benefits

Together, we are working toward a *healthier community*



CONTRACTUAL/VARIABLE HOUR EMPLOYEES

Monthly Subsidized Rates

Effective 01/01/2022 thru 12/31/2022

Rates for employees who work 30 hours per week or an average of 130 hours per month.

PPO HEALTH PLANS		
Plan Type	CareFirst BC/BS	UnitedHealthcare Options
Individual	\$139.90	\$137.60
Individual + one person	\$251.80	\$247.70
Individual + two or more	\$349.74	\$344.04

EPO HEALTH PLANS			IHM HEALTH PLAN
Plan Type	CareFirst BC/BS	UnitedHealthcare	Kaiser Permanente
Individual	\$124.48	\$125.24	\$124.40
Individual + one person	\$261.26	\$260.46	\$261.08
Individual + two or more	\$323.66	\$310.56	\$323.46

PRESCRIPTION DRUG	
Plan Type	CVS Caremark
Individual	\$61.98
Individual + Child	\$82.36
Individual + Spouse	\$102.84
Individual + two or more	\$123.94

DENTAL		
Plan Type	Delta Dental	United Concordia
	DHMO	DPPO
Individual	\$16.66	\$25.86
Individual + Child	\$33.38	\$49.46
Individual + Spouse	\$29.06	\$51.74
Individual + two or more	\$46.88	\$96.96

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE PREMIUM RATES		
Amount	Individual Only	Family
\$100,000	\$1.20	\$2.30
\$200,000	\$2.40	\$4.60
\$300,000	\$3.60	\$6.90

TERM LIFE INSURANCE PREMIUM RATES			
Age of Employee/ Retiree	Employee Retiree 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

Dependent Child Coverage is \$0.14 per \$1,000 per month.

ENROLLMENT FORMS CAN BE FOUND ON OUR WEBSITE AT: www.dbm.maryland.gov/benefits



Health Benefits

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CONTRACTUAL/VARIABLE HOUR EMPLOYEES

Monthly Non-Subsidized Rates

Effective 01/01/2022 thru 12/31/2022

Rates for employees who work under 30 hours per week or less than an average of 130 hours per month.

PPO HEALTH PLANS		
Plan Type	CareFirst BC/BS	UnitedHealthcare Options
Individual	\$559.58	\$550.44
Individual + one person	\$1,007.20	\$990.82
Individual + two or more	\$1,398.94	\$1,376.18

EPO HEALTH PLANS			IHM HEALTH PLAN
Plan Type	CareFirst BC/BS	UnitedHealthcare Select	Kaiser Permanente
Individual	\$497.96	\$500.98	\$497.64
Individual + one person	\$1,045.04	\$1,041.86	\$1,044.34
Individual + two or more	\$1,294.66	\$1,242.28	\$1,293.82

PRESCRIPTION DRUG	
Plan Type	CVS Caremark
Individual	\$247.90
Individual + Child	\$329.46
Individual + Spouse	\$411.42
Individual + two or more	\$495.80

DENTAL		
Plan Type	Delta Dental	United Concordia
	DHMO	DPPO
Individual	\$16.66	\$25.86
Individual + Child	\$33.38	\$49.46
Individual + Spouse	\$29.06	\$51.74
Individual + two or more	\$46.88	\$96.96

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE PREMIUM RATES		
Amount	Individual Only	Family
\$100,000	\$1.20	\$2.30
\$200,000	\$2.40	\$4.60
\$300,000	\$3.60	\$6.90

TERM LIFE INSURANCE PREMIUM RATES			
Age of Employee/ Retiree	Employee Retiree 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

Dependent Child Coverage is \$0.14 per \$1,000 per month.

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