Maryland
DEPARTMENT OF BUDGET AND MANAGEMENT

Health Benefits

Together, we are working toward a **healthier community**.

CONTRACTUAL/VARIABLE HOUR EMPLOYEES
Monthly Subsidized Rates
Effective 01/01/2026 thru 12/31/2026
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**
Individual	$170.04	$167.26
Individual + one eligible dependent	$306.06	$301.08
Individual + two or more eligible dependents	$425.10	$418.18

	EPO HEALTH PLANS		IHM HEALTH PLAN
Plan Type	**CareFirst BC/BS**	**UnitedHealthcare**	**Kaiser Permanente**
Individual	$151.30	$152.24	$151.20
Individual + one eligible dependent	$317.56	$316.58	$317.34
Individual + two or more eligible dependents	$393.42	$377.48	$393.14

PRESCRIPTION DRUG	
Plan Type	**MedImpact**
Employee Only	$86.60
Employee & Child	$115.10
Employee & Spouse	$143.74
Employee & Family	$173.22

DENTAL		
Plan Type	**Delta Dental DHMO**	**United Concordia DPPO**
Employee Only	$18.24	$31.48
Employee & Child	$36.56	$60.08
Employee & Spouse	$31.84	$62.90
Employee & Family	$51.32	$117.80

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

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Health Benefits

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CONTRACTUAL/VARIABLE HOUR EMPLOYEES
Monthly Non-Subsidized Rates

Effective 01/01/2026 thru 12/31/2026

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**
Individual	$680.18	$669.06
Individual + one eligible dependent	$1,224.26	$1,204.34
Individual + two or more eligible dependents	$1,700.42	$1,672.74

	EPO HEALTH PLANS		IHM HEALTH PLAN
Plan Type	**CareFirst BC/BS**	**UnitedHealthcare**	**Kaiser Permanente**
Individual	$605.26	$608.94	$604.84
Individual + one eligible dependent	$1,270.26	$1,266.38	$1,269.38
Individual + two or more eligible dependents	$1,573.68	$1,509.98	$1,572.58

PRESCRIPTION DRUG	
Plan Type	**MedImpact**
Employee Only	$346.44
Employee & Child	$460.42
Employee & Spouse	$574.98
Employee & Family	$692.92

DENTAL		
Plan Type	**Delta Dental**	**United Concordia**
	DHMO	**DPPO**
Employee Only	$18.24	$31.48
Employee & Child	$36.56	$60.08
Employee & Spouse	$31.84	$62.90
Employee & Family	$51.32	$117.80

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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