Maryland
DEPARTMENT OF BUDGET AND MANAGEMENT

Health Benefits

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

10-MONTH EMPLOYEE w/ Domestic Relationship (22)
Effective 1/1/2026 thru 12/31/2026

MEDICAL - EMPLOYEE MONTHLY PREMIUM RATES W/ DOMESTIC RELATIONSHIP

PLAN NAME		Employee & Domestic Partner	Employee & Domestic Partner Child	Employee & Child + Domestic Partner	Employee & Child + Domestic Partner & Child	Employee + Domestic Partner & Child	Employee & Children + Domestic Partner	Employee & Children + Domestic Partner & Child(ren)
CAREFIRST BLUECROSS BLUESHIELD PPO	PRE-TAX RATE	$163.25	$163.25	$277.54	$163.25	$163.25	$277.54	$ 0.00
	POST-TAX RATE	$130.56	$130.56	$130.56	$244.85	$244.85	$130.56	$408.10
	STATE SUBSIDY	$652.99	$652.99	$1110.12	$652.99	$652.99	$1110.12	$ 0.00
	IMPUTED INCOME	$522.31	$522.31	$522.31	$979.44	$979.44	$522.31	$1632.43
CAREFIRST BLUECROSS BLUESHIELD EPO	PRE-TAX RATE	$108.94	$108.94	$163.54	$108.94	$108.94	$163.54	$ 0.00
	POST-TAX RATE	$119.71	$119.71	$119.71	$174.31	$174.31	$119.71	$283.25
	STATE SUBSIDY	$617.38	$617.38	$926.88	$617.38	$617.38	$926.88	$ 0.00
	IMPUTED INCOME	$678.26	$678.26	$678.26	$987.77	$987.77	$678.26	$1605.14
KAISER	PRE-TAX RATE	$108.86	$108.86	$163.44	$108.86	$108.86	$163.44	$ 0.00
	POST-TAX RATE	$119.62	$119.62	$119.62	$174.19	$174.19	$119.62	$283.06
	STATE SUBSIDY	$616.94	$616.94	$926.21	$616.94	$616.94	$926.21	$ 0.00
	IMPUTED INCOME	$677.83	$677.83	$677.83	$987.10	$987.10	$677.83	$1604.04
UNITED HEALTHCARE PPO	PRE-TAX RATE	$160.56	$160.56	$273.00	$160.56	$160.56	$273.00	$ 0.00
	POST-TAX RATE	$128.47	$128.47	$128.47	$240.91	$240.91	$128.47	$401.47
	STATE SUBSIDY	$642.31	$642.31	$1092.00	$642.31	$642.31	$1092.00	$ 0.00
	IMPUTED INCOME	$513.86	$513.86	$513.86	$963.55	$963.55	$513.86	$1605.86
UNITED HEALTHCARE EPO	PRE-TAX RATE	$109.61	$109.61	$153.48	$109.61	$109.61	$153.48	$ 0.00
	POST-TAX RATE	$118.32	$118.32	$118.32	$162.19	$162.19	$118.32	$271.80
	STATE SUBSIDY	$621.12	$621.12	$869.59	$621.12	$621.12	$869.59	$ 0.00
	IMPUTED INCOME	$670.61	$670.61	$670.61	$919.08	$919.08	$670.61	$1540.20

PRESCRIPTION DRUG - EMPLOYEE MONTHLY PREMIUM RATES W/ DOMESTIC RELATIONSHIP

PLAN NAME		Employee & Domestic Partner	Employee & Domestic Partner Child	Employee & Child + Domestic Partner	Employee & Child + Domestic Partner & Child	Employee + Domestic Partner & Child	Employee & Children + Domestic Partner	Employee & Children + Domestic Partner & Child(ren)
MedImpact	PRE-TAX RATE	$ 83.14	$ 83.14	$111.43	$ 83.14	$ 83.14	$111.43	$ 0.00
	POST-TAX RATE	$ 54.86	$ 27.36	$ 54.86	$ 83.16	$ 83.16	$ 54.86	$166.30
	STATE SUBSIDY	$332.62	$332.62	$445.85	$332.62	$332.62	$445.85	$ 0.00
	IMPUTED INCOME	$219.36	$109.39	$219.36	$332.59	$332.59	$219.36	$665.21

DENTAL - EMPLOYEE MONTHLY PREMIUM RATES W/ DOMESTIC RELATIONSHIP

PLAN NAME		Employee & Domestic Partner	Employee & Domestic Partner Child	Employee & Child + Domestic Partner	Employee & Child + Domestic Partner & Child	Employee + Domestic Partner & Child	Employee & Children + Domestic Partner	Employee & Children + Domestic Partner & Child(ren)
Delta Dental	PRE-TAX RATE	$ 10.94	$ 10.94	$ 22.63	$ 11.64	$ 11.64	$ 22.63	$ 0.00
	POST-TAX RATE	$ 8.16	$ 10.99	$ 8.16	$ 19.15	$ 19.15	$ 8.16	$ 30.79
	STATE SUBSIDY	$ 10.94	$ 10.94	$ 22.63	$ 11.64	$ 11.64	$ 22.63	$ 0.00
	IMPUTED INCOME	$ 8.16	$ 10.99	$ 8.16	$ 19.15	$ 19.15	$ 8.16	$ 30.79
United Concordia	PRE-TAX RATE	$ 18.89	$ 18.89	$ 51.84	$ 34.68	$ 34.68	$ 51.84	$ 0.00
	POST-TAX RATE	$ 18.84	$ 17.16	$ 18.84	$ 36.00	$ 36.00	$ 18.84	$ 70.68
	STATE SUBSIDY	$ 18.89	$ 18.89	$ 51.82	$ 34.66	$ 34.66	$ 51.82	$ 0.00
	IMPUTED INCOME	$ 18.86	$ 17.16	$ 18.86	$ 36.02	$ 36.02	$ 18.86	$ 70.68

MEDICAL - EMPLOYEE PER PAY PERIOD PREMIUM RATES W/ DOMESTIC RELATIONSHIP

PLAN NAME		Employee & Domestic Partner	Employee & Domestic Partner Child	Employee & Child + Domestic Partner	Employee & Child + Domestic Partner & Child	Employee + Domestic Partner & Child	Employee & Children + Domestic Partner	Employee & Children + Domestic Partner & Child(ren)
CAREFIRST BLUECROSS BLUESHIELD PPO	PRE-TAX RATE	$ 74.20	$ 74.20	$126.15	$ 74.20	$ 74.20	$126.15	$ 0.00
	POST-TAX RATE	$ 59.35	$ 59.35	$ 59.35	$111.29	$111.29	$ 59.35	$185.50
	STATE SUBSIDY	$296.81	$296.81	$504.60	$296.81	$296.81	$504.60	$ 0.00
	IMPUTED INCOME	$237.41	$237.41	$237.41	$445.20	$445.20	$237.41	$742.01
CAREFIRST BLUECROSS BLUESHIELD EPO	PRE-TAX RATE	$ 49.52	$ 49.52	$ 74.33	$ 49.52	$ 49.52	$ 74.33	$ 0.00
	POST-TAX RATE	$ 54.41	$ 54.41	$ 54.41	$ 79.23	$ 79.23	$ 54.41	$128.75
	STATE SUBSIDY	$280.63	$280.63	$421.31	$280.63	$280.63	$421.31	$ 0.00
	IMPUTED INCOME	$308.30	$308.30	$308.30	$448.99	$448.99	$308.30	$729.61
KAISER	PRE-TAX RATE	$ 49.48	$ 49.48	$ 74.29	$ 49.48	$ 49.48	$ 74.29	$ 0.00
	POST-TAX RATE	$ 54.37	$ 54.37	$ 54.37	$ 79.18	$ 79.18	$ 54.37	$128.66
	STATE SUBSIDY	$280.43	$280.43	$421.00	$280.43	$280.43	$421.00	$ 0.00
	IMPUTED INCOME	$308.11	$308.11	$308.11	$448.68	$448.68	$308.11	$729.11
UNITED HEALTHCARE PPO	PRE-TAX RATE	$ 72.98	$ 72.98	$124.09	$ 72.98	$ 72.98	$124.09	$ 0.00
	POST-TAX RATE	$ 58.40	$ 58.40	$ 58.40	$109.51	$109.51	$ 58.40	$182.49
	STATE SUBSIDY	$291.96	$291.96	$496.36	$291.96	$291.96	$496.36	$ 0.00
	IMPUTED INCOME	$233.57	$233.57	$233.57	$437.98	$437.98	$233.57	$729.94
UNITED HEALTHCARE EPO	PRE-TAX RATE	$ 49.82	$ 49.82	$ 69.76	$ 49.82	$ 49.82	$ 69.76	$ 0.00
	POST-TAX RATE	$ 53.78	$ 53.78	$ 53.78	$ 73.72	$ 73.72	$ 53.78	$123.55
	STATE SUBSIDY	$282.33	$282.33	$395.27	$282.33	$282.33	$395.27	$ 0.00
	IMPUTED INCOME	$304.82	$304.82	$304.82	$417.76	$417.76	$304.82	$700.09

PRESCRIPTION DRUG - EMPLOYEE PER PAY PERIOD PREMIUM RATES W/ DOMESTIC RELATIONSHIP

PLAN NAME		Employee & Domestic Partner	Employee & Domestic Partner Child	Employee & Child + Domestic Partner	Employee & Child + Domestic Partner & Child	Employee + Domestic Partner & Child	Employee & Children + Domestic Partner	Employee & Children + Domestic Partner & Child(ren)
MedImpact	PRE-TAX RATE	$ 37.79	$ 37.79	$ 50.65	$ 37.79	$ 37.79	$ 50.65	$ 0.00
	POST-TAX RATE	$ 24.94	$ 12.44	$ 24.94	$ 37.80	$ 37.80	$ 24.94	$ 75.59
	STATE SUBSIDY	$151.19	$151.19	$202.66	$151.19	$151.19	$202.66	$ 0.00
	IMPUTED INCOME	$ 99.71	$ 49.72	$ 99.71	$151.18	$151.18	$ 99.71	$302.37

DENTAL - EMPLOYEE PER PAY PERIOD PREMIUM RATES W/ DOMESTIC RELATIONSHIP

PLAN NAME		Employee & Domestic Partner	Employee & Domestic Partner Child	Employee & Child + Domestic Partner	Employee & Child + Domestic Partner & Child	Employee + Domestic Partner & Child	Employee & Children + Domestic Partner	Employee & Children + Domestic Partner & Child(ren)
Delta Dental	PRE-TAX RATE	$ 4.97	$ 4.97	$ 10.29	$ 5.29	$ 5.29	$ 10.29	$ 0.00
	POST-TAX RATE	$ 3.71	$ 5.00	$ 3.71	$ 8.71	$ 8.71	$ 3.71	$ 14.00
	STATE SUBSIDY	$ 4.97	$ 4.97	$ 10.29	$ 5.29	$ 5.29	$ 10.29	$ 0.00
	IMPUTED INCOME	$ 3.71	$ 5.00	$ 3.71	$ 8.71	$ 8.71	$ 3.71	$ 14.00
United Concordia	PRE-TAX RATE	$ 8.59	$ 8.59	$ 23.56	$ 15.76	$ 15.76	$ 23.56	$ 0.00
	POST-TAX RATE	$ 8.56	$ 7.80	$ 8.56	$ 16.36	$ 16.36	$ 8.56	$ 32.13
	STATE SUBSIDY	$ 8.59	$ 8.59	$ 23.55	$ 15.75	$ 15.75	$ 23.55	$ 0.00
	IMPUTED INCOME	$ 8.57	$ 7.80	$ 8.57	$ 16.37	$ 16.37	$ 8.57	$ 32.13