Maryland
DEPARTMENT OF BUDGET AND MANAGEMENT

Health Benefits

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

EMPLOYEE w/ Domestic Relationship
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	$136.04	$136.04	$231.28	$136.04	$136.04	$231.28	$ 0.00
	POST-TAX RATE	$108.80	$108.80	$108.80	$204.04	$204.04	$108.80	$340.08
	STATE SUBSIDY	$544.16	$544.16	$925.10	$544.16	$544.16	$925.10	$ 0.00
	IMPUTED INCOME	$435.26	$435.26	$435.26	$816.20	$816.20	$435.26	$1360.36
CAREFIRST BLUECROSS BLUESHIELD EPO	PRE-TAX RATE	$ 90.78	$ 90.78	$136.28	$ 90.78	$ 90.78	$136.28	$ 0.00
	POST-TAX RATE	$ 99.76	$ 99.76	$ 99.76	$145.26	$145.26	$ 99.76	$236.04
	STATE SUBSIDY	$514.48	$514.48	$772.40	$514.48	$514.48	$772.40	$ 0.00
	IMPUTED INCOME	$565.22	$565.22	$565.22	$823.14	$823.14	$565.22	$1337.62
KAISER	PRE-TAX RATE	$ 90.72	$ 90.72	$136.20	$ 90.72	$ 90.72	$136.20	$ 0.00
	POST-TAX RATE	$ 99.68	$ 99.68	$ 99.68	$145.16	$145.16	$ 99.68	$235.88
	STATE SUBSIDY	$514.12	$514.12	$771.84	$514.12	$514.12	$771.84	$ 0.00
	IMPUTED INCOME	$564.86	$564.86	$564.86	$822.58	$822.58	$564.86	$1336.70
UNITED HEALTHCARE PPO	PRE-TAX RATE	$133.80	$133.80	$227.50	$133.80	$133.80	$227.50	$ 0.00
	POST-TAX RATE	$107.06	$107.06	$107.06	$200.76	$200.76	$107.06	$334.56
	STATE SUBSIDY	$535.26	$535.26	$910.00	$535.26	$535.26	$910.00	$ 0.00
	IMPUTED INCOME	$428.22	$428.22	$428.22	$802.96	$802.96	$428.22	$1338.22
UNITED HEALTHCARE EPO	PRE-TAX RATE	$ 91.34	$ 91.34	$127.90	$ 91.34	$ 91.34	$127.90	$ 0.00
	POST-TAX RATE	$ 98.60	$ 98.60	$ 98.60	$135.16	$135.16	$ 98.60	$226.50
	STATE SUBSIDY	$517.60	$517.60	$724.66	$517.60	$517.60	$724.66	$ 0.00
	IMPUTED INCOME	$558.84	$558.84	$558.84	$765.90	$765.90	$558.84	$1283.50

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	$ 69.28	$ 69.28	$ 92.86	$ 69.28	$ 69.28	$ 92.86	$ 0.00
	POST-TAX RATE	$ 45.72	$ 22.80	$ 45.72	$ 69.30	$ 69.30	$ 45.72	$138.58
	STATE SUBSIDY	$277.18	$277.18	$371.54	$277.18	$277.18	$371.54	$ 0.00
	IMPUTED INCOME	$182.80	$ 91.16	$182.80	$277.16	$277.16	$182.80	$554.34

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	$ 9.12	$ 9.12	$ 18.86	$ 9.70	$ 9.70	$ 18.86	$ 0.00
	POST-TAX RATE	$ 6.80	$ 9.16	$ 6.80	$ 15.96	$ 15.96	$ 6.80	$ 25.66
	STATE SUBSIDY	$ 9.12	$ 9.12	$ 18.86	$ 9.70	$ 9.70	$ 18.86	$ 0.00
	IMPUTED INCOME	$ 6.80	$ 9.16	$ 6.80	$ 15.96	$ 15.96	$ 6.80	$ 25.66
United Concordia	PRE-TAX RATE	$ 15.74	$ 15.74	$ 43.20	$ 28.90	$ 28.90	$ 43.20	$ 0.00
	POST-TAX RATE	$ 15.70	$ 14.30	$ 15.70	$ 30.00	$ 30.00	$ 15.70	$ 58.90
	STATE SUBSIDY	$ 15.74	$ 15.74	$ 43.18	$ 28.88	$ 28.88	$ 43.18	$ 0.00
	IMPUTED INCOME	$ 15.72	$ 14.30	$ 15.72	$ 30.02	$ 30.02	$ 15.72	$ 58.90

MEDICAL - EMPLOYEE PER PAY PERIOD PREMIUM RATES W/ DOMESTIC RELATIONSHIP (26)

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	$ 62.79	$ 62.79	$106.74	$ 62.79	$ 62.79	$106.74	$ 0.00
	POST-TAX RATE	$ 50.22	$ 50.22	$ 50.22	$ 94.17	$ 94.17	$ 50.22	$156.96
	STATE SUBSIDY	$251.15	$251.15	$426.97	$251.15	$251.15	$426.97	$ 0.00
	IMPUTED INCOME	$200.89	$200.89	$200.89	$376.71	$376.71	$200.89	$627.86
CAREFIRST BLUECROSS BLUESHIELD EPO	PRE-TAX RATE	$ 41.90	$ 41.90	$ 62.90	$ 41.90	$ 41.90	$ 62.90	$ 0.00
	POST-TAX RATE	$ 46.04	$ 46.04	$ 46.04	$ 67.04	$ 67.04	$ 46.04	$108.94
	STATE SUBSIDY	$237.45	$237.45	$356.49	$237.45	$237.45	$356.49	$ 0.00
	IMPUTED INCOME	$260.87	$260.87	$260.87	$379.91	$379.91	$260.87	$617.36
KAISER	PRE-TAX RATE	$ 41.87	$ 41.87	$ 62.86	$ 41.87	$ 41.87	$ 62.86	$ 0.00
	POST-TAX RATE	$ 46.01	$ 46.01	$ 46.01	$ 67.00	$ 67.00	$ 46.01	$108.87
	STATE SUBSIDY	$237.29	$237.29	$356.23	$237.29	$237.29	$356.23	$ 0.00
	IMPUTED INCOME	$260.70	$260.70	$260.70	$379.65	$379.65	$260.70	$616.94
UNITED HEALTHCARE PPO	PRE-TAX RATE	$ 61.75	$ 61.75	$105.00	$ 61.75	$ 61.75	$105.00	$ 0.00
	POST-TAX RATE	$ 49.41	$ 49.41	$ 49.41	$ 92.66	$ 92.66	$ 49.41	$154.41
	STATE SUBSIDY	$247.04	$247.04	$420.00	$247.04	$247.04	$420.00	$ 0.00
	IMPUTED INCOME	$197.64	$197.64	$197.64	$370.60	$370.60	$197.64	$617.64
UNITED HEALTHCARE EPO	PRE-TAX RATE	$ 42.16	$ 42.16	$ 59.03	$ 42.16	$ 42.16	$ 59.03	$ 0.00
	POST-TAX RATE	$ 45.51	$ 45.51	$ 45.51	$ 62.38	$ 62.38	$ 45.51	$104.54
	STATE SUBSIDY	$238.89	$238.89	$334.46	$238.89	$238.89	$334.46	$ 0.00
	IMPUTED INCOME	$257.93	$257.93	$257.93	$353.49	$353.49	$257.93	$592.38

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	$ 31.98	$ 31.98	$ 42.86	$ 31.98	$ 31.98	$ 42.86	$ 0.00
	POST-TAX RATE	$ 21.10	$ 10.52	$ 21.10	$ 31.98	$ 31.98	$ 21.10	$ 63.96
	STATE SUBSIDY	$127.93	$127.93	$171.48	$127.93	$127.93	$171.48	$ 0.00
	IMPUTED INCOME	$ 84.37	$ 42.07	$ 84.37	$127.92	$127.92	$ 84.37	$255.85

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	$ 4.21	$ 4.21	$ 8.70	$ 4.48	$ 4.48	$ 8.70	$ 0.00
	POST-TAX RATE	$ 3.14	$ 4.23	$ 3.14	$ 7.37	$ 7.37	$ 3.14	$ 11.84
	STATE SUBSIDY	$ 4.21	$ 4.21	$ 8.70	$ 4.48	$ 4.48	$ 8.70	$ 0.00
	IMPUTED INCOME	$ 3.14	$ 4.23	$ 3.14	$ 7.37	$ 7.37	$ 3.14	$ 11.84
United Concordia	PRE-TAX RATE	$ 7.26	$ 7.26	$ 19.94	$ 13.34	$ 13.34	$ 19.94	$ 0.00
	POST-TAX RATE	$ 7.25	$ 6.60	$ 7.25	$ 13.85	$ 13.85	$ 7.25	$ 27.18
	STATE SUBSIDY	$ 7.26	$ 7.26	$ 19.93	$ 13.33	$ 13.33	$ 19.93	$ 0.00
	IMPUTED INCOME	$ 7.26	$ 6.60	$ 7.26	$ 13.86	$ 13.86	$ 7.26	$ 27.18