Maryland
DEPARTMENT OF BUDGET AND MANAGEMENT

Health Benefits

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

10-MONTH CONTRACTUAL/VARIABLE HOUR EMPLOYEES w/ DOMESTIC RELATIONSHIP
Monthly Subsidized Rates
Effective 1/1/2026 thru 12/31/2026
Employees who work 30 hours per week or an average of 130 hours per month

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	$204.05	$204.05	$346.90	$204.05	$204.05	$346.90	$ 0.00
	POST-TAX RATE	$163.22	$163.22	$163.22	$306.07	$306.07	$163.22	$510.12
	STATE SUBSIDY	$612.17	$612.17	$1040.71	$612.17	$612.17	$1040.71	$ 0.00
	IMPUTED INCOME	$489.67	$489.67	$489.67	$918.22	$918.22	$489.67	$1530.38
CAREFIRST BLUECROSS BLUESHIELD EPO	PRE-TAX RATE	$181.56	$181.56	$272.59	$181.56	$181.56	$272.59	$ 0.00
	POST-TAX RATE	$199.51	$199.51	$199.51	$290.54	$290.54	$199.51	$472.10
	STATE SUBSIDY	$544.75	$544.75	$817.82	$544.75	$544.75	$817.82	$ 0.00
	IMPUTED INCOME	$598.49	$598.49	$598.49	$871.56	$871.56	$598.49	$1416.31
KAISER	PRE-TAX RATE	$181.44	$181.44	$272.40	$181.44	$181.44	$272.40	$ 0.00
	POST-TAX RATE	$199.37	$199.37	$199.37	$290.33	$290.33	$199.37	$471.77
	STATE SUBSIDY	$544.37	$544.37	$817.25	$544.37	$544.37	$817.25	$ 0.00
	IMPUTED INCOME	$598.08	$598.08	$598.08	$870.96	$870.96	$598.08	$1415.33
UNITED HEALTHCARE PPO	PRE-TAX RATE	$200.71	$200.71	$341.23	$200.71	$200.71	$341.23	$ 0.00
	POST-TAX RATE	$160.58	$160.58	$160.58	$301.10	$301.10	$160.58	$501.82
	STATE SUBSIDY	$602.16	$602.16	$1023.72	$602.16	$602.16	$1023.72	$ 0.00
	IMPUTED INCOME	$481.75	$481.75	$481.75	$903.31	$903.31	$481.75	$1505.47
UNITED HEALTHCARE EPO	PRE-TAX RATE	$182.69	$182.69	$255.77	$182.69	$182.69	$255.77	$ 0.00
	POST-TAX RATE	$197.21	$197.21	$197.21	$270.29	$270.29	$197.21	$452.98
	STATE SUBSIDY	$548.04	$548.04	$767.28	$548.04	$548.04	$767.28	$ 0.00
	IMPUTED INCOME	$591.72	$591.72	$591.72	$810.96	$810.96	$591.72	$1359.00

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	$103.92	$103.92	$139.30	$103.92	$103.92	$139.30	$ 0.00
	POST-TAX RATE	$ 68.57	$ 34.20	$ 68.57	$103.94	$103.94	$ 68.57	$207.86
	STATE SUBSIDY	$311.81	$311.81	$417.96	$311.81	$311.81	$417.96	$ 0.00
	IMPUTED INCOME	$205.68	$102.58	$205.68	$311.83	$311.83	$205.68	$623.64