Maryland
DEPARTMENT OF BUDGET AND MANAGEMENT

Health Benefits

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

CONTRACTUAL/VARIABLE HOUR EMPLOYEES w/ DOMESTIC RELATIONSHIP
Monthly NonSubsidized Rates
Effective 1/1/2026 thru 12/31/2026
Employees who work less than 30 hours per week or an average of less than 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	$680.18	$680.18	$1156.34	$680.18	$680.18	$1156.34	$ 0.00
	POST-TAX RATE	$544.08	$544.08	$544.08	$1020.24	$1020.24	$544.08	$1700.42
	STATE SUBSIDY	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
	IMPUTED INCOME	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
CAREFIRST BLUECROSS BLUESHIELD EPO	PRE-TAX RATE	$605.26	$605.26	$908.68	$605.26	$605.26	$908.68	$ 0.00
	POST-TAX RATE	$665.00	$665.00	$665.00	$968.42	$968.42	$665.00	$1573.68
	STATE SUBSIDY	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
	IMPUTED INCOME	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
KAISER	PRE-TAX RATE	$604.84	$604.84	$908.04	$604.84	$604.84	$908.04	$ 0.00
	POST-TAX RATE	$664.54	$664.54	$664.54	$967.74	$967.74	$664.54	$1572.58
	STATE SUBSIDY	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
	IMPUTED INCOME	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
UNITED HEALTHCARE PPO	PRE-TAX RATE	$669.06	$669.06	$1137.46	$669.06	$669.06	$1137.46	$ 0.00
	POST-TAX RATE	$535.28	$535.28	$535.28	$1003.68	$1003.68	$535.28	$1672.74
	STATE SUBSIDY	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
	IMPUTED INCOME	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
UNITED HEALTHCARE EPO	PRE-TAX RATE	$608.94	$608.94	$852.54	$608.94	$608.94	$852.54	$ 0.00
	POST-TAX RATE	$657.44	$657.44	$657.44	$901.04	$901.04	$657.44	$1509.98
	STATE SUBSIDY	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
	IMPUTED INCOME	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

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	$346.44	$346.44	$464.38	$346.44	$346.44	$464.38	$ 0.00
	POST-TAX RATE	$228.54	$113.98	$228.54	$346.48	$346.48	$228.54	$692.92
	STATE SUBSIDY	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
	IMPUTED INCOME	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

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	$ 18.24	$ 18.24	$ 37.72	$ 19.40	$ 19.40	$ 37.72	$ 0.00
	POST-TAX RATE	$ 13.60	$ 18.32	$ 13.60	$ 31.92	$ 31.92	$ 13.60	$ 51.32
	STATE SUBSIDY	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
	IMPUTED INCOME	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
United Concordia	PRE-TAX RATE	$ 31.48	$ 31.48	$ 86.38	$ 57.78	$ 57.78	$ 86.38	$ 0.00
	POST-TAX RATE	$ 31.42	$ 28.60	$ 31.42	$ 60.02	$ 60.02	$ 31.42	$117.80
	STATE SUBSIDY	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
	IMPUTED INCOME	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00