Maryland
DEPARTMENT OF BUDGET AND MANAGEMENT

Health Benefits

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

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	$170.04	$170.04	$289.08	$170.04	$170.04	$289.08	$ 0.00
	POST-TAX RATE	$136.02	$136.02	$136.02	$255.06	$255.06	$136.02	$425.10
	STATE SUBSIDY	$510.14	$510.14	$867.26	$510.14	$510.14	$867.26	$ 0.00
	IMPUTED INCOME	$408.06	$408.06	$408.06	$765.18	$765.18	$408.06	$1275.32
CAREFIRST BLUECROSS BLUESHIELD EPO	PRE-TAX RATE	$151.30	$151.30	$227.16	$151.30	$151.30	$227.16	$ 0.00
	POST-TAX RATE	$166.26	$166.26	$166.26	$242.12	$242.12	$166.26	$393.42
	STATE SUBSIDY	$453.96	$453.96	$681.52	$453.96	$453.96	$681.52	$ 0.00
	IMPUTED INCOME	$498.74	$498.74	$498.74	$726.30	$726.30	$498.74	$1180.26
KAISER	PRE-TAX RATE	$151.20	$151.20	$227.00	$151.20	$151.20	$227.00	$ 0.00
	POST-TAX RATE	$166.14	$166.14	$166.14	$241.94	$241.94	$166.14	$393.14
	STATE SUBSIDY	$453.64	$453.64	$681.04	$453.64	$453.64	$681.04	$ 0.00
	IMPUTED INCOME	$498.40	$498.40	$498.40	$725.80	$725.80	$498.40	$1179.44
UNITED HEALTHCARE PPO	PRE-TAX RATE	$167.26	$167.26	$284.36	$167.26	$167.26	$284.36	$ 0.00
	POST-TAX RATE	$133.82	$133.82	$133.82	$250.92	$250.92	$133.82	$418.18
	STATE SUBSIDY	$501.80	$501.80	$853.10	$501.80	$501.80	$853.10	$ 0.00
	IMPUTED INCOME	$401.46	$401.46	$401.46	$752.76	$752.76	$401.46	$1254.56
UNITED HEALTHCARE EPO	PRE-TAX RATE	$152.24	$152.24	$213.14	$152.24	$152.24	$213.14	$ 0.00
	POST-TAX RATE	$164.34	$164.34	$164.34	$225.24	$225.24	$164.34	$377.48
	STATE SUBSIDY	$456.70	$456.70	$639.40	$456.70	$456.70	$639.40	$ 0.00
	IMPUTED INCOME	$493.10	$493.10	$493.10	$675.80	$675.80	$493.10	$1132.50

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	$ 86.60	$ 86.60	$116.08	$ 86.60	$ 86.60	$116.08	$ 0.00
	POST-TAX RATE	$ 57.14	$ 28.50	$ 57.14	$ 86.62	$ 86.62	$ 57.14	$173.22
	STATE SUBSIDY	$259.84	$259.84	$348.30	$259.84	$259.84	$348.30	$ 0.00
	IMPUTED INCOME	$171.40	$ 85.48	$171.40	$259.86	$259.86	$171.40	$519.70

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