Maryland
DEPARTMENT OF BUDGET AND MANAGEMENT

Health Benefits

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

RETIREE (w/ Medicare) w/ Domestic Relationship
Effective 1/1/2026 thru 12/31/2026

MEDICAL - RETIREE MONTHLY PREMIUM RATES W/ DOMESTIC RELATIONSHIP

PLAN NAME		Retiree & Domestic Partner Both w/ Medicare	Retiree w/ Medicare & Domestic Partner Child w/o Medicare	Medicare Retiree + DP With Medicare and 1 Child	Medicare Retiree + DP With Medicare and 2 Children	Medicare Retiree + DP Without Medicare	Medicare Retiree + DP Without Medicare and 1 Child	Medicare Retiree + DP Without Medicare and 2 Children	Medicare Retiree and 1 Child + DP With Medicare	Medicare Retiree and 1 Child + DP With Medicare and 1 Child	Medicare Retiree and 1 Child + DP With Medicare and 2 Children	Medicare Retiree and 1 Child + DP Without Medicare	Medicare Retiree and 1 Child + DP Without Medicare and 1 Child	Medicare Retiree and 1 Child + DP Without Medicare and 2 Children	Medicare Retiree and 2 Children + DP With Medicare	Medicare Retiree and 2 Children + DP With Medicare and 1 Child	Medicare Retiree and 2 Children + DP With Medicare and 2 Children	Medicare Retiree and 2 Children + DP Without Medicare	Medicare Retiree and 2 Children + DP Without Medicare and 1 Child	Medicare Retiree and 2 Children + DP Without Medicare and 2 Children
CAREFIRST BLUECROSS BLUESHIELD PPO	POST-TAX DEDUCTION	$408.08	$748.04	$1088.20	$1428.32	$748.04	$1292.10	$1428.32	$544.18	$884.30	$884.30	$748.08	$884.30	$884.30	$449.06	$449.06	$449.06	$449.06	$449.06	$449.06
	STATE SUBSIDY	$272.12	$272.12	$272.12	$272.12	$272.12	$272.12	$272.12	$816.14	$816.14	$816.14	$816.14	$816.14	$816.14	$1251.38	$1251.38	$1251.38	$1251.38	$1251.38	$1251.38
	IMPUTED INCOME	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
CAREFIRST BLUECROSS BLUESHIELD EPO	POST-TAX DEDUCTION	$401.98	$645.12	$702.56	$1320.02	$645.12	$1245.54	$1320.02	$192.26	$809.72	$809.72	$735.24	$809.72	$809.72	$299.36	$299.36	$299.36	$299.36	$299.36	$299.36
	STATE SUBSIDY	$253.64	$253.64	$253.64	$253.64	$253.64	$253.64	$253.64	$763.94	$763.94	$763.94	$763.94	$763.94	$763.94	$1274.30	$1274.30	$1274.30	$1274.30	$1274.30	$1274.30
	IMPUTED INCOME	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
UNITED HEALTHCARE PPO	POST-TAX DEDUCTION	$401.42	$735.92	$1070.48	$1405.14	$735.92	$1271.20	$1405.14	$535.26	$869.92	$869.92	$735.98	$869.92	$869.92	$441.70	$441.70	$441.70	$441.70	$441.70	$441.70
	STATE SUBSIDY	$267.64	$267.64	$267.64	$267.64	$267.64	$267.64	$267.64	$802.86	$802.86	$802.86	$802.86	$802.86	$802.86	$1231.08	$1231.08	$1231.08	$1231.08	$1231.08	$1231.08
	IMPUTED INCOME	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
UNITED HEALTHCARE EPO	POST-TAX DEDUCTION	$462.40	$669.16	$1038.78	$1168.18	$669.16	$1168.18	$1168.18	$521.26	$650.66	$650.66	$650.66	$650.66	$650.66	$226.50	$226.50	$226.50	$226.50	$226.50	$226.50
	STATE SUBSIDY	$341.82	$341.82	$341.82	$341.82	$341.82	$341.82	$341.82	$859.34	$859.34	$859.34	$859.34	$859.34	$859.34	$1283.50	$1283.50	$1283.50	$1283.50	$1283.50	$1283.50
	IMPUTED INCOME	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

PRESCRIPTION DRUG - RETIREE MONTHLY PREMIUM RATES W/ DOMESTIC RELATIONSHIP

PLAN NAME		Domestic Partner	Domestic Partner & 1 Child	Domestic Partner & Children	Retiree Child	Retiree Children
MEDIMPACT	POST-TAX DEDUCTION	$342.24	$454.80	$684.42	$112.56	$342.18
	STATE SUBSIDY	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
	IMPUTED INCOME	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

DENTAL - RETIREE MONTHLY PREMIUM RATES W/ DOMESTIC RELATIONSHIP

PLAN NAME		Retiree & Domestic Partner	Retiree & Domestic Partner Child	Retiree & Child + Domestic Partner	Retiree & Child + Domestic Partner & Child	Retiree + Domestic Partner & Child	Retiree & Children + Domestic Partner	Retiree & Children + Domestic Partner & Child(ren)
DELTA DENTAL	POST-TAX DEDUCTION	$ 22.72	$ 27.44	$ 32.46	$ 41.62	$ 41.62	$ 32.46	$ 51.32
	STATE SUBSIDY	$ 9.12	$ 9.12	$ 18.86	$ 9.70	$ 9.70	$ 18.86	$ 0.00
	IMPUTED INCOME	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
UNITED CONCORDIA	POST-TAX DEDUCTION	$ 47.16	$ 44.34	$ 74.62	$ 88.92	$ 88.92	$ 74.62	$117.80
	STATE SUBSIDY	$ 15.74	$ 15.74	$ 43.18	$ 28.88	$ 28.88	$ 43.18	$ 0.00
	IMPUTED INCOME	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00