Maryland
DEPARTMENT OF BUDGET AND MANAGEMENT

Health Benefits

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

SLEOLA 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	$184.82	$184.82	$310.88	$184.82	$184.82	$310.88	$ 0.00
	POST-TAX RATE	$144.06	$144.06	$144.06	$270.12	$270.12	$144.06	$454.94
	STATE SUBSIDY	$554.48	$554.48	$932.68	$554.48	$554.48	$932.68	$ 0.00
	IMPUTED INCOME	$432.18	$432.18	$432.18	$810.38	$810.38	$432.18	$1364.86
CAREFIRST BLUECROSS BLUESHIELD POS	PRE-TAX RATE	$130.24	$130.24	$218.88	$130.24	$130.24	$218.88	$ 0.00
	POST-TAX RATE	$101.32	$101.32	$101.32	$189.96	$189.96	$101.32	$320.20
	STATE SUBSIDY	$461.78	$461.78	$776.08	$461.78	$461.78	$776.08	$ 0.00
	IMPUTED INCOME	$359.22	$359.22	$359.22	$673.52	$673.52	$359.22	$1135.30
CAREFIRST BLUECROSS BLUESHIELD EPO	PRE-TAX RATE	$125.76	$125.76	$186.72	$125.76	$125.76	$186.72	$ 0.00
	POST-TAX RATE	$133.62	$133.62	$133.62	$194.58	$194.58	$133.62	$320.34
	STATE SUBSIDY	$503.08	$503.08	$746.92	$503.08	$503.08	$746.92	$ 0.00
	IMPUTED INCOME	$534.44	$534.44	$534.44	$778.28	$778.28	$534.44	$1281.36

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	$ 75.68	$ 75.68	$101.44	$ 75.68	$ 75.68	$101.44	$ 0.00
	POST-TAX RATE	$ 49.90	$ 24.88	$ 49.90	$ 75.66	$ 75.66	$ 49.90	$151.34
	STATE SUBSIDY	$302.70	$302.70	$405.74	$302.70	$302.70	$405.74	$ 0.00
	IMPUTED INCOME	$199.64	$ 99.58	$199.64	$302.68	$302.68	$199.64	$605.38

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	$ 85.30	$ 85.30	$143.48	$ 85.30	$ 85.30	$143.48	$ 0.00
	POST-TAX RATE	$ 66.49	$ 66.49	$ 66.49	$124.67	$124.67	$ 66.49	$209.97
	STATE SUBSIDY	$255.91	$255.91	$430.47	$255.91	$255.91	$430.47	$ 0.00
	IMPUTED INCOME	$199.47	$199.47	$199.47	$374.02	$374.02	$199.47	$629.94
CAREFIRST BLUECROSS BLUESHIELD POS	PRE-TAX RATE	$ 60.11	$ 60.11	$101.02	$ 60.11	$ 60.11	$101.02	$ 0.00
	POST-TAX RATE	$ 46.76	$ 46.76	$ 46.76	$ 87.67	$ 87.67	$ 46.76	$147.78
	STATE SUBSIDY	$213.13	$213.13	$358.19	$213.13	$213.13	$358.19	$ 0.00
	IMPUTED INCOME	$165.79	$165.79	$165.79	$310.86	$310.86	$165.79	$523.98
CAREFIRST BLUECROSS BLUESHIELD EPO	PRE-TAX RATE	$ 58.04	$ 58.04	$ 86.18	$ 58.04	$ 58.04	$ 86.18	$ 0.00
	POST-TAX RATE	$ 61.67	$ 61.67	$ 61.67	$ 89.81	$ 89.81	$ 61.67	$147.85
	STATE SUBSIDY	$232.19	$232.19	$344.73	$232.19	$232.19	$344.73	$ 0.00
	IMPUTED INCOME	$246.66	$246.66	$246.66	$359.21	$359.21	$246.66	$591.40

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	$ 34.93	$ 34.93	$ 46.82	$ 34.93	$ 34.93	$ 46.82	$ 0.00
	POST-TAX RATE	$ 23.03	$ 11.48	$ 23.03	$ 34.92	$ 34.92	$ 23.03	$ 69.85
	STATE SUBSIDY	$139.71	$139.71	$187.26	$139.71	$139.71	$187.26	$ 0.00
	IMPUTED INCOME	$ 92.14	$ 45.96	$ 92.14	$139.70	$139.70	$ 92.14	$279.41

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