Maryland
DEPARTMENT OF BUDGET AND MANAGEMENT

Health Benefits

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

EMPLOYEE 10-MONTH RATE SHEETS - 21 Pay Periods RG
EFFECTIVE 01/01/2026 THRU 12/31/2026

MEDICAL - EMPLOYEE MONTHLY PREMIUM RATES 21 PAY PERIODS RG

Plan Name	Employee Only	Employee & Child or Employee & Spouse	Employee & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	$163.25	$293.81	$408.10
CAREFIRST BLUECROSS BLUESHIELD EPO	$108.94	$228.65	$283.25
KAISER PERMANENTE	$108.86	$228.48	$283.06
UNITEDHEALTHCARE PPO	$160.56	$289.03	$401.47
UNITEDHEALTHCARE EPO	$109.61	$227.93	$271.80

MEDICAL - EMPLOYEE PER PAY PERIOD PREMIUM RATES 21 PAY PERIODS RG

Plan Name	Employee Only	Employee & Child or Employee & Spouse	Employee & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	$ 77.74	$139.91	$194.33
CAREFIRST BLUECROSS BLUESHIELD EPO	$ 51.87	$108.88	$134.88
KAISER PERMANENTE	$ 51.84	$108.80	$134.79
UNITEDHEALTHCARE PPO	$ 76.46	$137.63	$191.18
UNITEDHEALTHCARE EPO	$ 52.19	$108.54	$129.43

PRESCRIPTION DRUG - EMPLOYEE MONTHLY PREMIUM RATES 21 PAY PERIODS RG

	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
MedImpact	$ 83.14	$110.50	$138.00	$166.30

PRESCRIPTION DRUG - EMPLOYEE BI-WEEKLY PREMIUM RATES 21 PAY PERIODS RG

	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
MedImpact	$ 39.59	$ 52.62	$ 65.71	$ 79.19

DENTAL - EMPLOYEE MONTHLY PREMIUM RATES 21 PAY PERIODS RG

Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	$ 10.94	$ 21.94	$ 19.10	$ 30.79
UNITED CONCORDIA DPPO	$ 18.89	$ 36.05	$ 37.73	$ 70.68

DENTAL - EMPLOYEE BI-WEEKLY PREMIUM RATES 21 PAY PERIODS RG

Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	$ 5.21	$ 10.45	$ 9.10	$ 14.66
UNITED CONCORDIA DPPO	$ 8.99	$ 17.17	$ 17.97	$ 33.66

Rates may vary from what appears on your paystub due to rounding.

TERM LIFE INSURANCE PREMIUM RATES			
Age of Employee/ Retiree	**Monthly Employee/Retiree Rates (per $1,000)**	**Age of Spouse**	**Monthly Spouse Rates (per $1,000)**
Under 30	$0.036	Under 30	$0.108
30 to 34	$0.048	30 to 34	$0.120
35 to 39	$0.060	35 to 39	$0.144
40 to 44	$0.096	40 to 44	$0.216
45 to 49	$0.156	45 to 49	$0.336
50 to 54	$0.240	50 to 54	$0.504
55 to 59	$0.444	55 to 59	$0.780
60 to 64	$0.624	60 to 64	$1.200
65 to 69	$0.924	65 to 69	$1.740
70 to 74	$1.656	70 to 74	$2.736
75 to 79	$2.472	75 to 79	$2.736
80 and older	$2.472	80 and older	$2.736
Dependent Child Coverage is $0.156 per $1,000 per month.			

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE PREMIUM RATES		
Plan Coverage Level	**Employee Only Monthly Rates**	**Employee + Family Monthly Rates**
$100,000	$1.44	$2.76
$200,000	$2.88	$4.60
$300,000	$4.32	$8.28

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