



Health Benefits

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

CONTRACTUAL/VARIABLE HOUR EMPLOYEES

Monthly Subsidized Rates

Effective 01/01/2027 thru 12/31/2027

Rates for employees who work 30 hours per week or an average of 130 hours per month.

PPO HEALTH PLANS		
Plan Type	CareFirst BC/BS	UnitedHealthcare
Individual	\$178.54	\$175.62
Individual + one eligible dependent	\$321.36	\$316.14
Individual + two or more eligible dependents	\$446.36	\$439.10

EPO HEALTH PLANS			IHM HEALTH PLAN
Plan Type	CareFirst BC/BS	UnitedHealthcare	Kaiser Permanente
Individual	\$158.88	\$159.84	\$164.44
Individual + one eligible dependent	\$333.44	\$332.42	\$345.12
Individual + two or more eligible dependents	\$413.08	\$396.36	\$427.56

PRESCRIPTION DRUG	
Plan Type	MedImpact
Employee Only	\$90.94
Employee & Child	\$120.86
Employee & Spouse	\$150.92
Employee & Family	\$181.90

DENTAL		
Plan Type	Delta Dental DHMO	United Concordia DPPO
Employee Only	\$18.24	\$33.06
Employee & Child	\$36.56	\$63.08
Employee & Spouse	\$31.84	\$66.04
Employee & Family	\$51.32	\$123.68

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE PREMIUM RATES		
Amount	Individual Only	Family
\$100,000	\$1.20	\$2.30
\$200,000	\$2.40	\$4.60
\$300,000	\$3.60	\$6.90

TERM LIFE INSURANCE PREMIUM RATES			
Age of Employee/ Retiree	Employee Retiree Rates (per \$1,000)	Age of Spouse	Spouse Rates (per \$1,000)
Under 30	\$0.03	Under 30	\$0.09
30 to 34	\$0.04	30 to 34	\$0.10
35 to 39	\$0.05	35 to 39	\$0.12
40 to 44	\$0.08	40 to 44	\$0.18
45 to 49	\$0.13	45 to 49	\$0.28
50 to 54	\$0.20	50 to 54	\$0.42
55 to 59	\$0.37	55 to 59	\$0.65
60 to 64	\$0.52	60 to 64	\$1.00
65 to 69	\$0.77	65 to 69	\$1.45
70 to 74	\$1.38	70 to 74	\$2.28
75 to 79	\$2.06	75 to 79	\$2.28
80 and older	\$2.06	80 and older	\$2.28

Dependent Child Coverage is \$0.14 per \$1,000 per month.

ENROLLMENT FORMS CAN BE FOUND ON OUR WEBSITE AT: www.dbm.maryland.gov/benefits



Health Benefits

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CONTRACTUAL/VARIABLE HOUR EMPLOYEES

Monthly Non-Subsidized Rates

Effective 01/01/2027 thru 12/31/2027

Rates for employees who work under 30 hours per week or less than an average of 130 hours per month.

PPO HEALTH PLANS		
Plan Type	CareFirst BC/BS	UnitedHealthcare
Individual	\$714.18	\$702.50
Individual + one eligible dependent	\$1,285.46	\$1,264.56
Individual + two or more eligible dependents	\$1,785.44	\$1,756.38

EPO HEALTH PLANS			IHM HEALTH PLAN
Plan Type	CareFirst BC/BS	UnitedHealthcare	Kaiser Permanente
Individual	\$635.52	\$639.38	\$657.82
Individual + one eligible dependent	\$1,333.78	\$1,329.70	\$1,380.50
Individual + two or more eligible dependents	\$1,652.36	\$1,585.48	\$1,710.26

PRESCRIPTION DRUG	
Plan Type	MedImpact
Employee Only	\$363.76
Employee & Child	\$483.44
Employee & Spouse	\$603.72
Employee & Family	\$727.58

DENTAL		
Plan Type	Delta Dental	United Concordia
	DHMO	DPPO
Employee Only	\$18.24	\$33.06
Employee & Child	\$36.56	\$63.08
Employee & Spouse	\$31.84	\$66.04
Employee & Family	\$51.32	\$123.68

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE PREMIUM RATES		
Amount	Individual Only	Family
\$100,000	\$1.20	\$2.30
\$200,000	\$2.40	\$4.60
\$300,000	\$3.60	\$6.90

TERM LIFE INSURANCE PREMIUM RATES			
Age of Employee/ Retiree	Employee Retiree Rates (per \$1,000)	Age of Spouse	Spouse Rates (per \$1,000)
Under 30	\$0.03	Under 30	\$0.09
30 to 34	\$0.04	30 to 34	\$0.10
35 to 39	\$0.05	35 to 39	\$0.12
40 to 44	\$0.08	40 to 44	\$0.18
45 to 49	\$0.13	45 to 49	\$0.28
50 to 54	\$0.20	50 to 54	\$0.42
55 to 59	\$0.37	55 to 59	\$0.65
60 to 64	\$0.52	60 to 64	\$1.00
65 to 69	\$0.77	65 to 69	\$1.45
70 to 74	\$1.38	70 to 74	\$2.28
75 to 79	\$2.06	75 to 79	\$2.28
80 and older	\$2.06	80 and older	\$2.28

Dependent Child Coverage is \$0.14 per \$1,000 per month.

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