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 1/1/2027 thru 12/31/2027
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	$178.54	$178.54	$303.54	$178.54	$178.54	$303.54	$ 0.00
	POST-TAX RATE	$142.82	$142.82	$142.82	$267.82	$267.82	$142.82	$446.36
	STATE SUBSIDY	$535.64	$535.64	$910.62	$535.64	$535.64	$910.62	$ 0.00
	IMPUTED INCOME	$428.46	$428.46	$428.46	$803.44	$803.44	$428.46	$1339.08
CAREFIRST BLUECROSS BLUESHIELD EPO	PRE-TAX RATE	$158.88	$158.88	$238.52	$158.88	$158.88	$238.52	$ 0.00
	POST-TAX RATE	$174.56	$174.56	$174.56	$254.20	$254.20	$174.56	$413.08
	STATE SUBSIDY	$476.64	$476.64	$715.58	$476.64	$476.64	$715.58	$ 0.00
	IMPUTED INCOME	$523.70	$523.70	$523.70	$762.64	$762.64	$523.70	$1239.28
KAISER	PRE-TAX RATE	$164.44	$164.44	$246.88	$164.44	$164.44	$246.88	$ 0.00
	POST-TAX RATE	$180.68	$180.68	$180.68	$263.12	$263.12	$180.68	$427.56
	STATE SUBSIDY	$493.38	$493.38	$740.70	$493.38	$493.38	$740.70	$ 0.00
	IMPUTED INCOME	$542.00	$542.00	$542.00	$789.32	$789.32	$542.00	$1282.70
UNITED HEALTHCARE PPO	PRE-TAX RATE	$175.62	$175.62	$298.58	$175.62	$175.62	$298.58	$ 0.00
	POST-TAX RATE	$140.52	$140.52	$140.52	$263.48	$263.48	$140.52	$439.10
	STATE SUBSIDY	$526.88	$526.88	$895.74	$526.88	$526.88	$895.74	$ 0.00
	IMPUTED INCOME	$421.54	$421.54	$421.54	$790.40	$790.40	$421.54	$1317.28
UNITED HEALTHCARE EPO	PRE-TAX RATE	$159.84	$159.84	$223.78	$159.84	$159.84	$223.78	$ 0.00
	POST-TAX RATE	$172.58	$172.58	$172.58	$236.52	$236.52	$172.58	$396.36
	STATE SUBSIDY	$479.54	$479.54	$671.38	$479.54	$479.54	$671.38	$ 0.00
	IMPUTED INCOME	$517.74	$517.74	$517.74	$709.58	$709.58	$517.74	$1189.12

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	$ 90.94	$ 90.94	$121.92	$ 90.94	$ 90.94	$121.92	$ 0.00
	POST-TAX RATE	$ 59.98	$ 29.92	$ 59.98	$ 90.96	$ 90.96	$ 59.98	$181.90
	STATE SUBSIDY	$272.82	$272.82	$365.70	$272.82	$272.82	$365.70	$ 0.00
	IMPUTED INCOME	$179.98	$ 89.76	$179.98	$272.86	$272.86	$179.98	$545.68

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	$ 33.06	$ 33.06	$ 90.70	$ 60.68	$ 60.68	$ 90.70	$ 0.00
	POST-TAX RATE	$ 32.98	$ 30.02	$ 32.98	$ 63.00	$ 63.00	$ 32.98	$123.68
	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