Maryland
DEPARTMENT OF BUDGET AND MANAGEMENT

Health Benefits

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

RETIREE (No Medicare) w/ Domestic Relationship
Effective 1/1/2027 thru 12/31/2027

MEDICAL - RETIREE MONTHLY PREMIUM RATES W/ DOMESTIC RELATIONSHIP

PLAN NAME		Non-Medicare Retiree + DP With Medicare	Non-Medicare Retiree + DP Child	Non-Medicare Retiree + DP With Medicare and 1 Child	Non-Medicare Retiree + DP With Medicare and 2 Children	Non-Medicare Retiree and 1 Child + DP With Medicare	Non-Medicare Retiree and 1 Child + DP With Medicare and 1 Child	Non-Medicare Retiree and 1 Child + DP With Medicare and 2 Children	Non Medicare Retiree and 2 Children + DP With Medicare	Non Medicare Retiree and 2 Children + DP With Medicare and 1 Child	Non Medicare Retiree and 2 Children + DP With Medicare and 2 Children
CAREFIRST BLUECROSS BLUESHIELD PPO	POST-TAX DEDUCTION	$499.80	$499.80	$1071.04	$1214.08	$614.04	$757.08	$757.08	$357.08	$357.08	$357.08
	STATE SUBSIDY	$571.38	$571.38	$571.38	$571.38	$1028.38	$1028.38	$1028.38	$1428.38	$1428.38	$1428.38
	IMPUTED INCOME	$ 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	$403.50	$403.50	$1033.94	$1112.14	$440.44	$518.64	$518.64	$247.84	$247.84	$247.84
	STATE SUBSIDY	$540.20	$540.20	$540.20	$540.20	$1133.70	$1133.70	$1133.70	$1404.50	$1404.50	$1404.50
	IMPUTED INCOME	$ 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	$491.72	$491.72	$1053.76	$1194.40	$604.12	$744.76	$744.76	$351.28	$351.28	$351.28
	STATE SUBSIDY	$562.02	$562.02	$562.02	$562.02	$1011.66	$1011.66	$1011.66	$1405.14	$1405.14	$1405.14
	IMPUTED INCOME	$ 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	$518.04	$518.04	$1042.02	$1042.02	$455.26	$455.26	$455.26	$237.82	$237.82	$237.82
	STATE SUBSIDY	$543.48	$543.48	$543.48	$543.48	$1130.24	$1130.24	$1130.24	$1347.68	$1347.68	$1347.68
	IMPUTED INCOME	$ 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		Non-Medicare Retiree & DP	Non-Medicare Retiree +DP Child	Non-Medicare Retiree & 1 Child + DP	Non-Medicare Retiree & Child + DP with one Child	Non-Medicare Retiree + Domestic Partner & DP one Child	Non-Medicare Retiree & Children + DP	Non-Medicare Retiree & Children + DP & DP Children
MEDIMPACT	POST-TAX DEDUCTION	$326.86	$208.02	$357.42	$449.12	$449.12	$357.42	$718.64
	STATE SUBSIDY	$269.52	$269.52	$361.22	$269.52	$269.52	$361.22	$ 0.00
	IMPUTED INCOME	$ 0.00	$ 0.00	$ 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 & Child(ren)
DELTA DENTAL	POST-TAX DEDUCTION	$ 22.72	$ 27.44	$ 32.46	$ 41.62	$ 41.62	$ 32.46
	STATE SUBSIDY	$ 9.12	$ 9.12	$ 18.86	$ 9.70	$ 9.70	$ 18.86
	IMPUTED INCOME	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
UNITED CONCORDIA	POST-TAX DEDUCTION	$ 49.50	$ 46.54	$ 78.32	$ 93.32	$ 93.32	$ 78.32
	STATE SUBSIDY	$ 16.54	$ 16.54	$ 45.36	$ 30.36	$ 30.36	$ 45.36
	IMPUTED INCOME	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00