Maryland
DEPARTMENT OF BUDGET AND MANAGEMENT

Health Benefits

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

SLEOLA EMPLOYEE w/ Domestic Relationship
Effective 1/1/2027 thru 12/31/2027

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	$194.06	$194.06	$326.44	$194.06	$194.06	$326.44	$ 0.00
	POST-TAX RATE	$151.26	$151.26	$151.26	$283.64	$283.64	$151.26	$477.70
	STATE SUBSIDY	$582.20	$582.20	$979.30	$582.20	$582.20	$979.30	$ 0.00
	IMPUTED INCOME	$453.80	$453.80	$453.80	$850.90	$850.90	$453.80	$1433.10
CAREFIRST BLUECROSS BLUESHIELD POS	PRE-TAX RATE	$136.76	$136.76	$229.84	$136.76	$136.76	$229.84	$ 0.00
	POST-TAX RATE	$106.38	$106.38	$106.38	$199.46	$199.46	$106.38	$336.22
	STATE SUBSIDY	$484.86	$484.86	$814.86	$484.86	$484.86	$814.86	$ 0.00
	IMPUTED INCOME	$377.20	$377.20	$377.20	$707.20	$707.20	$377.20	$1192.06
CAREFIRST BLUECROSS BLUESHIELD EPO	PRE-TAX RATE	$132.04	$132.04	$196.06	$132.04	$132.04	$196.06	$ 0.00
	POST-TAX RATE	$140.30	$140.30	$140.30	$204.32	$204.32	$140.30	$336.36
	STATE SUBSIDY	$528.24	$528.24	$784.28	$528.24	$528.24	$784.28	$ 0.00
	IMPUTED INCOME	$561.16	$561.16	$561.16	$817.20	$817.20	$561.16	$1345.44

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	$ 79.46	$ 79.46	$106.52	$ 79.46	$ 79.46	$106.52	$ 0.00
	POST-TAX RATE	$ 52.40	$ 26.12	$ 52.40	$ 79.46	$ 79.46	$ 52.40	$158.92
	STATE SUBSIDY	$317.84	$317.84	$426.02	$317.84	$317.84	$426.02	$ 0.00
	IMPUTED INCOME	$209.62	$104.56	$209.62	$317.80	$317.80	$209.62	$635.64

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	$ 16.52	$ 16.52	$ 45.34	$ 30.32	$ 30.32	$ 45.34	$ 0.00
	POST-TAX RATE	$ 16.50	$ 15.02	$ 16.50	$ 31.52	$ 31.52	$ 16.50	$ 61.84
	STATE SUBSIDY	$ 16.54	$ 16.54	$ 45.36	$ 30.36	$ 30.36	$ 45.36	$ 0.00
	IMPUTED INCOME	$ 16.48	$ 15.00	$ 16.48	$ 31.48	$ 31.48	$ 16.48	$ 61.84

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	$ 89.57	$ 89.57	$150.66	$ 89.57	$ 89.57	$150.66	$ 0.00
	POST-TAX RATE	$ 69.81	$ 69.81	$ 69.81	$130.91	$130.91	$ 69.81	$220.48
	STATE SUBSIDY	$268.71	$268.71	$451.98	$268.71	$268.71	$451.98	$ 0.00
	IMPUTED INCOME	$209.45	$209.45	$209.45	$392.72	$392.72	$209.45	$661.43
CAREFIRST BLUECROSS BLUESHIELD POS	PRE-TAX RATE	$ 63.12	$ 63.12	$106.08	$ 63.12	$ 63.12	$106.08	$ 0.00
	POST-TAX RATE	$ 49.10	$ 49.10	$ 49.10	$ 92.06	$ 92.06	$ 49.10	$155.18
	STATE SUBSIDY	$223.78	$223.78	$376.09	$223.78	$223.78	$376.09	$ 0.00
	IMPUTED INCOME	$174.09	$174.09	$174.09	$326.40	$326.40	$174.09	$550.18
CAREFIRST BLUECROSS BLUESHIELD EPO	PRE-TAX RATE	$ 60.94	$ 60.94	$ 90.49	$ 60.94	$ 60.94	$ 90.49	$ 0.00
	POST-TAX RATE	$ 64.75	$ 64.75	$ 64.75	$ 94.30	$ 94.30	$ 64.75	$155.24
	STATE SUBSIDY	$243.80	$243.80	$361.98	$243.80	$243.80	$361.98	$ 0.00
	IMPUTED INCOME	$259.00	$259.00	$259.00	$377.17	$377.17	$259.00	$620.97

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	$ 36.67	$ 36.67	$ 49.16	$ 36.67	$ 36.67	$ 49.16	$ 0.00
	POST-TAX RATE	$ 24.18	$ 12.06	$ 24.18	$ 36.67	$ 36.67	$ 24.18	$ 73.35
	STATE SUBSIDY	$146.70	$146.70	$196.62	$146.70	$146.70	$196.62	$ 0.00
	IMPUTED INCOME	$ 96.75	$ 48.26	$ 96.75	$146.68	$146.68	$ 96.75	$293.37

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	$ 7.62	$ 7.62	$ 20.93	$ 13.99	$ 13.99	$ 20.93	$ 0.00
	POST-TAX RATE	$ 7.62	$ 6.93	$ 7.62	$ 14.55	$ 14.55	$ 7.62	$ 28.54
	STATE SUBSIDY	$ 7.63	$ 7.63	$ 20.94	$ 14.01	$ 14.01	$ 20.94	$ 0.00
	IMPUTED INCOME	$ 7.61	$ 6.92	$ 7.61	$ 14.53	$ 14.53	$ 7.61	$ 28.54