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 01/01/2027 THRU 12/31/2027

MEDICAL - EMPLOYEE MONTHLY PREMIUM RATES 21 PAY PERIODS RG

Plan Name	Employee Only	Employee & Child or Employee & Spouse	Employee & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	$171.41	$308.50	$428.50
CAREFIRST BLUECROSS BLUESHIELD EPO	$114.38	$240.07	$297.41
KAISER PERMANENTE	$118.39	$248.47	$307.85
UNITEDHEALTHCARE PPO	$168.60	$303.48	$421.54
UNITEDHEALTHCARE EPO	$115.08	$239.35	$285.38

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	$ 81.62	$146.90	$204.05
CAREFIRST BLUECROSS BLUESHIELD EPO	$ 54.47	$114.32	$141.62
KAISER PERMANENTE	$ 56.38	$118.32	$146.59
UNITEDHEALTHCARE PPO	$ 80.29	$144.51	$200.73
UNITEDHEALTHCARE EPO	$ 54.80	$113.98	$135.90

PRESCRIPTION DRUG - EMPLOYEE MONTHLY PREMIUM RATES 21 PAY PERIODS RG

	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
MedImpact	$ 87.29	$116.02	$144.89	$174.62

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

	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
MedImpact	$ 41.57	$ 55.25	$ 68.99	$ 83.15

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	$ 19.82	$ 37.85	$ 39.62	$ 74.21

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	$ 9.44	$ 18.02	$ 18.87	$ 35.34

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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