



Health Benefits

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

CONTRACTUAL/VARIABLE HOUR EMPLOYEES

Monthly Subsidized Rates

Effective 01/01/2025 thru 12/31/2025

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	\$161.94	\$159.30
Individual + one eligible dependent	\$291.48	\$286.74
Individual + two or more eligible dependents	\$404.86	\$398.26

Plan Type	CareFirst BC/BS	Delta Dental DHMO	United Concordia DPPO
Individual	\$144.10	\$144.98	\$144.02
Individual + one eligible dependent	\$302.44	\$301.52	\$302.24
Individual + two or more eligible dependents	\$374.68	\$359.52	\$374.42

PRESCRIPTION DRUG

Plan Type	MedImpact
Employee Only	\$82.48
Employee & Child	\$109.62
Employee & Spouse	\$136.90
Employee & Family	\$164.98

DENTAL

Plan Type	Delta Dental DHMO	United Concordia DPPO
Employee Only	\$18.24	\$29.96
Employee & Child	\$36.56	\$57.24
Employee & Spouse	\$31.84	\$59.90
Employee & Family	\$51.32	\$112.20

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 01/01/2025 thru 12/31/2025

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	\$647.80	\$637.20
Individual + one eligible dependent	\$1,165.96	\$1,147.00
Individual + two or more eligible dependents	\$1,619.46	\$1,593.12

Individual	\$576.44	\$579.94	\$576.06
Individual + one eligible dependent	\$1,209.74	\$1,206.08	\$1,208.94
Individual + two or more eligible dependents	\$1,498.72	\$1,438.10	\$1,497.72

PRESCRIPTION DRUG	
Plan Type	MedImpact
Employee Only	\$329.96
Employee & Child	\$438.50
Employee & Spouse	\$547.60
Employee & Family	\$659.92

DENTAL		
Plan Type	Delta Dental	United Concordia
	DHMO	DPPO
Employee Only	\$18.24	\$29.96
Employee & Child	\$36.56	\$57.24
Employee & Spouse	\$31.84	\$59.90
Employee & Family	\$51.32	\$112.20

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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