



Health Benefits

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

State of Maryland Department of
Budget & Management

DIRECT PAY ENROLLEES Effective 01/01/2025 thru 12/31/2025 Monthly Rates

IMPORTANT:
COBRA ENROLLEES NEED TO ADD
2% FOR ADMINISTRATIVE FEE.

| 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 |

| EPO HEALTH PLANS | | | IHM HEALTH PLAN |
|--|-----------------|------------------|-------------------|
| Plan Type | CareFirst BC/BS | UnitedHealthcare | Kaiser Permanente |
| 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 | | |
|----------------------------------|-----------------|--------|
| 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