Maryland
DEPARTMENT OF BUDGET AND MANAGEMENT

Health Benefits

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

RETIREE RATE SHEETS
2026 AND 2027

MEDICAL - RETIREE MONTHLY (WITHOUT MEDICARE) PREMIUM RATES

PLAN NAME & YEAR		Retiree Only	Retiree & Child or Retiree & Spouse	Retiree & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	2026	$136.04	$244.84	$340.08
	2027	**$142.84**	**$257.08**	**$357.08**
CAREFIRST BLUECROSS BLUESHIELD EPO	2026	$ 90.78	$190.54	$236.04
	2027	**$ 95.32**	**$200.06**	**$247.84**
KAISER PERMANENTE	2026	$ 90.72	$190.40	$235.88
	2027	**$ 98.66**	**$207.06**	**$256.54**
UNITEDHEALTHCARE PPO	2026	$133.80	$240.86	$334.56
	2027	**$140.50**	**$252.90**	**$351.28**
UNITEDHEALTHCARE EPO	2026	$ 91.34	$189.94	$226.50
	2027	**$ 95.90**	**$199.46**	**$237.82**

MEDICAL - RETIREE MONTHLY (WITH MEDICARE) PREMIUM RATES

PLAN NAME & YEAR		Retiree Only With Medicare	Retiree + 1, 1 With Medicare	Retiree + 1, Both With Medicare	Retiree + 2, 1 With Medicare	Retiree + 2, 2 With Medicare	Retiree + 2 or More, All With Medicare	Retiree + 3 or More, at Least 1 Without Medicare
CAREFIRST BLUECROSS BLUESHIELD PPO	2026	$ 68.02	$204.02	$136.04	$312.84	$272.06	$204.02	$340.08
	2027	**$ 71.42**	**$214.24**	**$142.84**	**$328.48**	**$285.66**	**$214.24**	**$357.08**
CAREFIRST BLUECROSS BLUESHIELD EPO	2026	$ 44.76	$134.82	$ 98.34	$224.88	$143.42	$123.00	$236.04
	2027	**$ 47.00**	**$141.56**	**$103.26**	**$236.12**	**$150.60**	**$129.16**	**$247.84**
UNITEDHEALTHCARE PPO	2026	$ 66.90	$200.70	$133.80	$307.76	$267.62	$200.70	$334.56
	2027	**$ 70.26**	**$210.74**	**$140.50**	**$323.14**	**$281.00**	**$210.74**	**$351.28**
UNITEDHEALTHCARE EPO	2026	$ 60.32	$151.64	$120.64	$226.50	$207.08	$180.94	$226.50
	2027	**$ 63.34**	**$159.22**	**$126.66**	**$237.82**	**$217.44**	**$189.98**	**$237.82**

PRESCRIPTION DRUG - RETIREE MONTHLY (WITHOUT MEDICARE) PREMIUM RATES

PLAN NAME & YEAR		Retiree Only	Retiree & Child	Retiree & Spouse	Retiree & Family
MedImpact	2026	$ 85.56	$113.70	$142.00	$171.10
	2027	**$ 89.84**	**$119.38**	**$149.10**	**$179.66**

PRESCRIPTION DRUG - MEDICARE RETIREE COVERING NONMEDICARE DEPENDENTS ONLY PREMIUM RATES

PLAN NAME & YEAR		Spouse Only	Spouse & 1 Child	Spouse & 2 or More Children	1 Child Only	2 or More Children
MedImpact	2026	$ 85.56	$113.70	$171.10	$ 28.14	$ 85.54
	2027	**$ 89.84**	**$119.38**	**$179.66**	**$ 29.54**	**$ 89.82**

DENTAL - RETIREE MONTHLY PREMIUM RATES

PLAN NAME & YEAR		Retiree Only	Retiree & Child	Retiree & Spouse	Retiree & Family
DELTA DENTAL DHMO	2026	$ 9.12	$ 18.28	$ 15.92	$ 25.66
	2027	**$ 9.12**	**$ 18.28**	**$ 15.92**	**$ 25.66**
UNITED CONCORDIA DPPO	2026	$ 15.74	$ 30.04	$ 31.44	$ 58.90
	2027	**$ 16.52**	**$ 31.54**	**$ 33.02**	**$ 61.84**

Rates may vary from what appears on your paystub due to rounding.

TERM LIFE INSURANCE PREMIUM RATES

Age of Retiree	Monthly Retiree Rates (per $1,000)		Age of Spouse	Monthly Spouse Rates (per $1,000)	
	2026	2027		2026	2027
Under 30	$0.03	**$0.03**	Under 30	$0.09	**$0.09**
30 to 34	$0.04	**$0.04**	30 to 34	$0.10	**$0.10**
35 to 39	$0.05	**$0.05**	35 to 39	$0.12	**$0.12**
40 to 44	$0.08	**$0.08**	40 to 44	$0.18	**$0.18**
45 to 49	$0.13	**$0.13**	45 to 49	$0.28	**$0.28**
50 to 54	$0.20	**$0.20**	50 to 54	$0.42	**$0.42**
55 to 59	$0.37	**$0.37**	55 to 59	$0.65	**$0.65**
60 to 64	$0.52	**$0.52**	60 to 64	$1.00	**$1.00**
65 to 69	$0.77	**$0.77**	65 to 69	$1.45	**$1.45**
70 to 74	$1.38	**$1.38**	70 to 74	$2.28	**$2.28**
75 to 79	$2.06	**$2.06**	75 to 79	$2.28	**$2.28**
80 and older	$2.06	**$2.06**	80 and older	$2.28	**$2.28**
Dependent Child Coverage	2026	$0.14 per $1,000 per month			
	2027	$0.14 per $1,000 per month			