Maryland
DEPARTMENT OF BUDGET AND MANAGEMENT

Health Benefits

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

EMPLOYEE w/ Domestic Relationship
Effective 1/1/2025 thru 12/31/2025

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	$129.56	$129.56	$220.26	$129.56	$129.56	$220.26	$ 0.00
	POST-TAX RATE	$103.62	$103.62	$103.62	$194.32	$194.32	$103.62	$323.88
	STATE SUBSIDY	$518.24	$518.24	$881.04	$518.24	$518.24	$881.04	$ 0.00
	IMPUTED INCOME	$414.54	$414.54	$414.54	$777.34	$777.34	$414.54	$1295.58
CAREFIRST BLUECROSS BLUESHIELD EPO	PRE-TAX RATE	$ 86.46	$ 86.46	$129.80	$ 86.46	$ 86.46	$129.80	$ 0.00
	POST-TAX RATE	$ 95.00	$ 95.00	$ 95.00	$138.34	$138.34	$ 95.00	$224.80
	STATE SUBSIDY	$489.98	$489.98	$735.62	$489.98	$489.98	$735.62	$ 0.00
	IMPUTED INCOME	$538.30	$538.30	$538.30	$783.94	$783.94	$538.30	$1273.92
KAISER	PRE-TAX RATE	$ 86.40	$ 86.40	$129.72	$ 86.40	$ 86.40	$129.72	$ 0.00
	POST-TAX RATE	$ 94.94	$ 94.94	$ 94.94	$138.26	$138.26	$ 94.94	$224.66
	STATE SUBSIDY	$489.66	$489.66	$735.12	$489.66	$489.66	$735.12	$ 0.00
	IMPUTED INCOME	$537.94	$537.94	$537.94	$783.40	$783.40	$537.94	$1273.06
UNITED HEALTHCARE PPO	PRE-TAX RATE	$127.44	$127.44	$216.66	$127.44	$127.44	$216.66	$ 0.00
	POST-TAX RATE	$101.96	$101.96	$101.96	$191.18	$191.18	$101.96	$318.62
	STATE SUBSIDY	$509.76	$509.76	$866.66	$509.76	$509.76	$866.66	$ 0.00
	IMPUTED INCOME	$407.84	$407.84	$407.84	$764.74	$764.74	$407.84	$1274.50
UNITED HEALTHCARE EPO	PRE-TAX RATE	$ 86.98	$ 86.98	$121.78	$ 86.98	$ 86.98	$121.78	$ 0.00
	POST-TAX RATE	$ 93.92	$ 93.92	$ 93.92	$128.72	$128.72	$ 93.92	$215.70
	STATE SUBSIDY	$492.96	$492.96	$690.18	$492.96	$492.96	$690.18	$ 0.00
	IMPUTED INCOME	$532.22	$532.22	$532.22	$729.44	$729.44	$532.22	$1222.40

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	$ 66.00	$ 66.00	$ 88.46	$ 66.76	$ 66.76	$ 88.46	$ 0.00
	POST-TAX RATE	$ 43.52	$ 21.70	$ 43.52	$ 65.22	$ 65.22	$ 43.52	$131.98
	STATE SUBSIDY	$263.96	$263.96	$353.82	$266.98	$266.98	$353.82	$ 0.00
	IMPUTED INCOME	$174.12	$ 86.84	$174.12	$260.96	$260.96	$174.12	$527.94

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	$ 14.98	$ 14.98	$ 41.14	$ 27.50	$ 27.50	$ 41.14	$ 0.00
	POST-TAX RATE	$ 14.96	$ 13.64	$ 14.96	$ 28.60	$ 28.60	$ 14.96	$ 56.10
	STATE SUBSIDY	$ 14.98	$ 14.98	$ 41.12	$ 27.48	$ 27.48	$ 41.12	$ 0.00
	IMPUTED INCOME	$ 14.98	$ 13.64	$ 14.98	$ 28.62	$ 28.62	$ 14.98	$ 56.10

MEDICAL - EMPLOYEE BI-WEEKLY 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	$ 64.78	$ 64.78	$110.13	$ 64.78	$ 64.78	$110.13	$ 0.00
	POST-TAX RATE	$ 51.81	$ 51.81	$ 51.81	$ 97.16	$ 97.16	$ 51.81	$161.94
	STATE SUBSIDY	$259.12	$259.12	$440.52	$259.12	$259.12	$440.52	$ 0.00
	IMPUTED INCOME	$207.27	$207.27	$207.27	$388.67	$388.67	$207.27	$647.79
CAREFIRST BLUECROSS BLUESHIELD EPO	PRE-TAX RATE	$ 43.23	$ 43.23	$ 64.90	$ 43.23	$ 43.23	$ 64.90	$ 0.00
	POST-TAX RATE	$ 47.50	$ 47.50	$ 47.50	$ 69.17	$ 69.17	$ 47.50	$112.40
	STATE SUBSIDY	$244.99	$244.99	$367.81	$244.99	$244.99	$367.81	$ 0.00
	IMPUTED INCOME	$269.15	$269.15	$269.15	$391.97	$391.97	$269.15	$636.96
KAISER	PRE-TAX RATE	$ 43.20	$ 43.20	$ 64.86	$ 43.20	$ 43.20	$ 64.86	$ 0.00
	POST-TAX RATE	$ 47.47	$ 47.47	$ 47.47	$ 69.13	$ 69.13	$ 47.47	$112.33
	STATE SUBSIDY	$244.83	$244.83	$367.56	$244.83	$244.83	$367.56	$ 0.00
	IMPUTED INCOME	$268.97	$268.97	$268.97	$391.70	$391.70	$268.97	$636.53
UNITED HEALTHCARE PPO	PRE-TAX RATE	$ 63.72	$ 63.72	$108.33	$ 63.72	$ 63.72	$108.33	$ 0.00
	POST-TAX RATE	$ 50.98	$ 50.98	$ 50.98	$ 95.59	$ 95.59	$ 50.98	$159.31
	STATE SUBSIDY	$254.88	$254.88	$433.33	$254.88	$254.88	$433.33	$ 0.00
	IMPUTED INCOME	$203.92	$203.92	$203.92	$382.37	$382.37	$203.92	$637.25
UNITED HEALTHCARE EPO	PRE-TAX RATE	$ 43.49	$ 43.49	$ 60.89	$ 43.49	$ 43.49	$ 60.89	$ 0.00
	POST-TAX RATE	$ 46.96	$ 46.96	$ 46.96	$ 64.36	$ 64.36	$ 46.96	$107.85
	STATE SUBSIDY	$246.48	$246.48	$345.09	$246.48	$246.48	$345.09	$ 0.00
	IMPUTED INCOME	$266.11	$266.11	$266.11	$364.72	$364.72	$266.11	$611.20

PRESCRIPTION DRUG - EMPLOYEE BI-WEEKLY 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	$ 33.00	$ 33.00	$ 44.23	$ 33.38	$ 33.38	$ 44.23	$ 0.00
	POST-TAX RATE	$ 21.76	$ 10.85	$ 21.76	$ 32.61	$ 32.61	$ 21.76	$ 65.99
	STATE SUBSIDY	$131.98	$131.98	$176.91	$133.49	$133.49	$176.91	$ 0.00
	IMPUTED INCOME	$ 87.06	$ 43.42	$ 87.06	$130.48	$130.48	$ 87.06	$263.97

DENTAL - EMPLOYEE BI-WEEKLY 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	$ 4.56	$ 4.56	$ 9.43	$ 4.85	$ 4.85	$ 9.43	$ 0.00
	POST-TAX RATE	$ 3.40	$ 4.58	$ 3.40	$ 7.98	$ 7.98	$ 3.40	$ 12.83
	STATE SUBSIDY	$ 4.56	$ 4.56	$ 9.43	$ 4.85	$ 4.85	$ 9.43	$ 0.00
	IMPUTED INCOME	$ 3.40	$ 4.58	$ 3.40	$ 7.98	$ 7.98	$ 3.40	$ 12.83
United Concordia	PRE-TAX RATE	$ 7.49	$ 7.49	$ 20.57	$ 13.75	$ 13.75	$ 20.57	$ 0.00
	POST-TAX RATE	$ 7.48	$ 6.82	$ 7.48	$ 14.30	$ 14.30	$ 7.48	$ 28.05
	STATE SUBSIDY	$ 7.49	$ 7.49	$ 20.56	$ 13.74	$ 13.74	$ 20.56	$ 0.00
	IMPUTED INCOME	$ 7.49	$ 6.82	$ 7.49	$ 14.31	$ 14.31	$ 7.49	$ 28.05