



Health Benefits

Together, we are working toward a *healthier community*



CONTRACTUAL/VARIABLE HOUR EMPLOYEES

Monthly Subsidized Rates

Effective 01/01/2023 thru 12/31/2023

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 Options
Individual	\$146.88	\$144.48
Individual + one person	\$264.38	\$260.08
Individual + two or more	\$367.22	\$361.24

EPO HEALTH PLANS			IHM HEALTH PLAN
Plan Type	CareFirst BC/BS	UnitedHealthcare	Kaiser Permanente
Individual	\$130.72	\$131.50	\$130.62
Individual + one person	\$274.32	\$273.48	\$274.14
Individual + two or more	\$339.84	\$326.08	\$339.62

PRESCRIPTION DRUG	
Plan Type	CVS Caremark
Individual	\$68.16
Individual + Child	\$90.60
Individual + Spouse	\$113.14
Individual + two or more	\$136.34

DENTAL		
Plan Type	Delta Dental	United Concordia
	DHMO	DPPO
Individual	\$17.40	\$27.14
Individual + Child	\$34.88	\$51.94
Individual + Spouse	\$30.36	\$54.32
Individual + two or more	\$48.98	\$101.80

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 01/01/2023 thru 12/31/2023

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 Options
Individual	\$587.56	\$577.96
Individual + one person	\$1,057.56	\$1,040.36
Individual + two or more	\$1,468.90	\$1,444.98

EPO HEALTH PLANS			IHM HEALTH PLAN
Plan Type	CareFirst BC/BS	UnitedHealthcare Select	Kaiser Permanente
Individual	\$522.86	\$526.02	\$522.52
Individual + one person	\$1,097.30	\$1,093.94	\$1,096.56
Individual + two or more	\$1,359.38	\$1,304.38	\$1,358.50

PRESCRIPTION DRUG	
Plan Type	CVS Caremark
Individual	\$272.68
Individual + Child	\$362.40
Individual + Spouse	\$452.56
Individual + two or more	\$545.38

DENTAL		
Plan Type	Delta Dental	United Concordia
	DHMO	DPPO
Individual	\$17.40	\$27.14
Individual + Child	\$34.88	\$51.94
Individual + Spouse	\$30.36	\$54.32
Individual + two or more	\$48.98	\$101.80

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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