



Health Benefits

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

CONTRACTUAL/VARIABLE HOUR EMPLOYEES

Monthly Subsidized Rates

Effective 01/01/2024 thru 12/31/2024

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	\$154.24	\$151.72
Individual + one person	\$277.60	\$273.10
Individual + two or more	\$385.58	\$379.30

EPO HEALTH PLANS			IHM HEALTH PLAN
Plan Type	CareFirst BC/BS	UnitedHealthcare	Kaiser Permanente
Individual	\$137.24	\$138.08	\$137.16
Individual + one person	\$288.04	\$287.16	\$287.84
Individual + two or more	\$356.84	\$342.40	\$356.60

PRESCRIPTION DRUG	
Plan Type	CVS Caremark
Individual	\$74.98
Individual + Child	\$99.66
Individual + Spouse	\$124.46
Individual + two or more	\$149.98

DENTAL		
Plan Type	Delta Dental	United Concordia
	DHMO	DPPO
Individual	\$18.24	\$28.50
Individual + Child	\$36.55	\$54.54
Individual + Spouse	\$31.82	\$57.04
Individual + two or more	\$51.32	\$106.90

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 01/01/2024 thru 12/31/2024

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	\$616.94	\$606.86
Individual + one person	\$1,110.44	\$1,092.38
Individual + two or more	\$1,542.35	\$1,517.27

EPO HEALTH PLANS			IHM HEALTH PLAN
Plan Type	CareFirst BC/BS	UnitedHealthcare Select	Kaiser Permanente
Individual	\$549.00	\$552.32	\$548.65
Individual + one person	\$1,152.12	\$1,148.66	\$1,151.39
Individual + two or more	\$1,427.35	\$1,369.62	\$1,426.43

PRESCRIPTION DRUG	
Plan Type	CVS Caremark
Individual	\$299.97
Individual + Child	\$398.64
Individual + Spouse	\$497.82
Individual + two or more	\$599.92

DENTAL		
Plan Type	Delta Dental	United Concordia
	DHMO	DPPO
Individual	\$18.24	\$28.50
Individual + Child	\$36.55	\$54.54
Individual + Spouse	\$31.82	\$57.04
Individual + two or more	\$51.32	\$106.90

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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