



Health Benefits

Putting the pieces together
to improve your health.



CONTRACTUAL/VARIABLE HOUR EMPLOYEES

Monthly Subsidized Rates

Effective 01/01/2020 thru 12/31/2020

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	\$127.49	\$125.42
Individual + one person	\$229.48	\$225.75
Individual + two or more	\$318.74	\$313.56

EPO HEALTH PLANS

IHM HEALTH PLAN

Plan Type	CareFirst BC/BS	UnitedHealthcare	Kaiser Permanente
Individual	\$113.46	\$101.79	\$112.84
Individual + one person	\$238.10	\$237.38	\$236.81
Individual + two or more	\$294.98	\$283.04	\$293.38

PRESCRIPTION DRUG

Plan Type	CVS Caremark
Individual	\$56.34
Individual + Child	\$74.88
Individual + Spouse	\$93.51
Individual + two or more	\$112.68

DENTAL

Plan Type	Delta Dental	United Concordia
	DHMO	DPPO
Individual	\$15.61	\$23.28
Individual + Child	\$31.27	\$44.48
Individual + Spouse	\$27.22	\$46.54
Individual + two or more	\$43.92	\$87.20

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



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CONTRACTUAL/VARIABLE HOUR EMPLOYEES

Monthly Non-Subsidized Rates

Effective 01/01/2020 thru 12/31/2020

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	\$509.98	\$501.66
Individual + one person	\$917.94	\$903.02
Individual + two or more	\$1,274.94	\$1,254.22

EPO HEALTH PLANS			IHM HEALTH PLAN
Plan Type	CareFirst BC/BS	UnitedHealthcare Select	Kaiser Permanente
Individual	\$453.84	\$456.56	\$451.37
Individual + one person	\$952.40	\$949.52	\$947.25
Individual + two or more	\$1,179.90	\$1,132.18	\$1,173.52

PRESCRIPTION DRUG	
Plan Type	CVS Caremark
Individual	\$225.36
Individual + Child	\$299.52
Individual + Spouse	\$374.03
Individual + two or more	\$450.73

DENTAL		
Plan Type	Delta Dental	United Concordia
	DHMO	DPPO
Individual	\$15.61	\$23.28
Individual + Child	\$31.27	\$44.48
Individual + Spouse	\$27.22	\$46.54
Individual + two or more	\$43.92	\$87.20

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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