

# MEDICAL PLANS 2026

Carefirst Blue Cross/Blue Shield					
Carefirst EPO	80% of EPO rate Indv. + 25% EPO rate for dependents			monthly	per pay
Individual	\$605.26	\$484.21		\$121.05	\$60.53
Individual + 1	\$1,270.24	\$484.21	\$317.56	\$468.47	\$234.24
Individual + 2 or more	\$1,573.66	\$484.21	\$393.42	\$696.04	\$348.02
Carefirst PPO	80% of EPO rate Indv. + 25% rate for dependents			monthly	per pay
Individual	\$680.20	\$484.21		\$195.99	\$98.00
Individual + 1	\$1,224.26	\$484.21	\$317.56	\$422.49	\$211.25
Individual + 2 or more	\$1,700.44	\$484.21	\$393.42	\$822.82	\$411.41
United Healthcare					
United Healthcare EPO	80% of EPO rate Indv. + 25% EPO rate for dependents			monthly	per pay
Individual	\$608.94	\$487.15		\$121.79	\$60.89
Individual + 1	\$1,266.38	\$487.15	\$316.60	\$462.63	\$231.32
Individual + 2 or more	\$1,510.00	\$487.15	\$377.50	\$645.35	\$322.67
United Healthcare PPO	80% of EPO rate Indv. + 25% EPO rate for dependents			monthly	per pay
Individual	\$669.06	\$487.15		\$181.91	\$90.95
Individual + 1	\$1,204.34	\$487.15	\$316.60	\$400.59	\$200.30
Individual + 2 or more	\$1,672.78	\$487.15	\$377.50	\$808.13	\$404.06
MedImpact					
CVS/Caremark	80% of Indiv + 25% for dependents			monthly	per pay
Individual	\$346.46	\$277.17		\$69.29	\$34.65
Individual + Child	\$460.42	\$277.17	\$115.11	\$68.15	\$34.07
Individual + Spouse	\$574.98	\$277.17	\$143.75	\$154.07	\$77.03
Family	\$692.92	\$277.17	\$173.23	\$242.52	\$121.26
United Concordia PPO					
United Concordia PPO	80% of Indiv + 25% for dependents			monthly	per pay
Individual	\$31.48	\$25.18		\$6.30	\$3.15
Individual + Child	\$60.08	\$25.18	\$15.02	\$19.88	\$9.94
Individual + Spouse	\$62.90	\$25.18	\$15.73	\$21.99	\$11.00
Family	\$117.80	\$25.18	\$29.45	\$63.17	\$31.58
Delta Dental HMO					
Delta Dental HMO	80% of Indiv + 25% for dependents			monthly	per pay
Individual	\$18.24	\$14.59		\$3.65	\$1.82
Individual + Child	\$36.56	\$14.59	\$9.14	\$12.83	\$6.41
Individual + Spouse	\$31.84	\$14.59	\$7.96	\$9.29	\$4.64
Family	\$51.32	\$14.59	\$12.83	\$23.90	\$11.95

## Voluntary Term Life Insurance from State of Maryland Benefits

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.			

## Voluntary AD&D Insurance from State of Maryland Benefits

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE PREMIUM RATES		
Plan Coverage Level	Employee Only Monthly Rates	Employee + Family Monthly Rates
\$100,000	\$1.20	\$2.30
\$200,000	\$2.40	\$4.60
\$300,000	\$3.60	\$6.90

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