



State of Maryland Department of Budget and Management

DIRECT PAY ENROLLEES
Effective 01/01/2024 thru 12/31/2024
Monthly Rates

IMPORTANT:
COBRA ENROLLEES NEED TO ADD
2% FOR ADMINISTRATIVE FEE.

PPO HEALTH PLANS		
Plan Type	CareFirst BC/BS	UnitedHealthcare Options
Individual	\$616.94	\$606.86
Individual + dependent	\$1,110.44	\$1,092.38
Individual + member	\$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 + dependent	\$1,152.12	\$1,148.66	\$1,151.39
Individual + member	\$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 + member	\$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 + member	\$51.32	\$106.90

ACCIDENTAL DEATH & DISMEMBERMENT		
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
30-34	\$0.04	30-34	\$0.10
35-39	\$0.05	35-39	\$0.12
40-44	\$0.08	40-44	\$0.18
45-49	\$0.13	45-49	\$0.28
50-54	\$0.20	50-54	\$0.42
55-59	\$0.37	55-59	\$0.65
60-64	\$0.52	60-64	\$1.00
65-69	\$0.77	65-69	\$1.45
70-74	\$1.38	70-74	\$2.28
75-79	\$2.06	75-79	\$2.28
80 and older	\$2.06	80 and older	\$2.28

Dependent Child Coverage age 18-24 \$0.14 per \$1,000 of member's income.

FORMS CAN BE FOUND ON OUR WEBSITE AT: www.dbm.maryland.gov/benefits