



**2019 Weekly Premiums - Bargaining Unit
As of January 1, 2019**

| <i>Medical</i> | | Full-time Bargaining Unit | | |
|--------------------------------|-------------------|----------------------------------|-----------------|----------------------------------|
| Plan | Individual | Adult & Child(ren) | 2 Adults | 2 Adults & Child(ren) |
| CareFirst BlueCross BlueShield | \$29.59 | \$43.03 | \$61.88 | \$77.45 |
| BlueChoice HMO | \$29.59 | \$43.03 | \$61.88 | \$77.45 |
| Kaiser Permanente HMO | \$29.59 | \$43.03 | \$61.88 | \$77.45 |

| <i>Medical</i> | | Part-time Bargaining Unit** | | |
|--------------------------------|-------------------|------------------------------------|-----------------|----------------------------------|
| Plan | Individual | Adult & Child(ren) | 2 Adults | 2 Adults & Child(ren) |
| CareFirst BlueCross BlueShield | \$92.49 | \$134.49 | \$193.35 | \$242.03 |
| BlueChoice HMO | \$79.41 | \$150.88 | \$166.76 | \$238.22 |
| Kaiser Permanente HMO | \$113.13 | \$164.50 | \$236.50 | \$296.04 |

** Premiums are paid post-tax.

| <i>Dental</i> | | Full-time Bargaining Unit | | |
|---|-------------------|----------------------------------|-----------------|----------------------------------|
| Plan | Individual | Adult & Child(ren) | 2 Adults | 2 Adults & Child(ren) |
| Delta Dental Standard | \$.67 | \$1.34 | \$1.44 | \$2.92 |
| Delta Dental Enhanced with Orthodontia | \$.91 | \$1.83 | \$1.96 | \$3.97 |
| United Concordia DHMO (plan ends 12/31/2019) | \$.42 | \$1.00 | \$1.00 | \$1.44 |

| <i>Vision</i> | <i>Weekly Rate</i> |
|----------------|--------------------|
| Employee Only | \$1.14 |
| Employee + One | \$2.04 |
| Family | \$3.21 |

| <i>Life Insurance</i> | <i>Weekly Rate</i> |
|----------------------------------|--------------------|
| Full-time Bargaining Unit | |
| 100% of Base Salary | JHU Paid |
| 200% of Base Salary | \$.03 Per \$1000 |

| <i>Dependent Life</i> | |
|---------------------------|----------|
| Plan 1 - \$4,000/ \$2,000 | JHU Paid |