



2019 Employee Premiums - Faculty and Staff

<i>Medical</i>	Full-time Faculty, Visiting Faculty & Staff – Semi-Monthly				
Plan	Salary Tiers*	Individual	Adult & Child(ren)	2 Adults	2 Adults & Child(ren)
Carefirst BlueCross BlueShield	\$40,000 or less	\$35.87	\$61.57	\$94.71	\$141.94
	\$40,001-60,000	\$48.69	\$83.54	\$128.55	\$192.63
	\$60,001-80,000	\$61.51	\$105.53	\$162.38	\$243.34
	\$80,001-120,000	\$72.78	\$124.88	\$192.14	\$287.94
	\$120,001-200,000	\$84.06	\$144.23	\$221.90	\$332.55
	Greater than \$200,000	\$95.35	\$163.57	\$251.68	\$377.18
EHP Classic	\$40,000 or less	\$35.50	\$51.85	\$92.89	\$141.94
	\$40,001-60,000	\$48.17	\$71.16	\$126.08	\$192.63
	\$60,001-80,000	\$60.85	\$101.22	\$159.26	\$243.34
	\$80,001-120,000	\$72.00	\$119.80	\$188.46	\$287.94
	\$120,001-200,000	\$83.16	\$138.35	\$217.65	\$332.55
	Greater than \$200,000	\$94.31	\$156.92	\$246.84	\$377.18
Kaiser Permanente HMO	No Tiers	\$88.44	\$217.28	\$245.92	\$374.75
BlueChoice HMO <small>(closed to new participants)</small>	No Tiers	\$189.92	\$455.84	\$539.91	\$691.64

* Based on your salary as of January 1 or your benefits eligibility date. If your salary decreases to a lower tier, the premium will automatically reduce per rate chart. If your salary increases to a higher tier, there will be no change in premium.

<i>Medical</i> Part-time Faculty, Visiting Faculty & Staff** - Semi-Monthly				
Plan	Individual	Adult & Child(ren)	2 Adults	2 Adults & Child(ren)
CareFirst BlueCross BlueShield	\$340.28	\$511.66	\$709.37	\$890.26
EHP Classic	\$340.28	\$511.66	\$709.37	\$890.26
Kaiser Permanente HMO	\$303.27	\$576.18	\$636.83	\$909.78
BlueChoice HMO (closed to new participants)	\$461.26	\$950.17	\$1104.71	\$1383.77

<i>Medical</i> Limited-time Faculty & Staff** - Monthly				
Plan	Individual	Adult & Child(ren)	2 Adults	2 Adults & Child(ren)
CareFirst Plan III	\$99.74	\$349.66	\$638.02	\$901.82

** Premiums are paid post-tax.

<i>Dental</i> Full-time Faculty & Staff – Semi-Monthly				
Plan	Individual	Adult & Child(ren)	2 Adults	2 Adults & Child(ren)
Delta Dental Standard	\$1.00	\$5.76	\$12.32	\$35.15
Delta Dental Enhanced with Orthodontia	\$4.14	\$13.28	\$20.40	\$51.50
United Concordia DHMO (plan ends 12/31/2019)	\$3.23	\$13.92	\$13.92	\$20.13

<i>Vision</i>	<i>Semi-Monthly Rate</i>
Employee Only	\$2.45
Employee + One	\$4.41
Family	\$6.94

<i>Accidental Death & Dismemberment (AD&D)</i>	
<i>Rate per \$1,000 Coverage</i>	
\$10,000 AD&D	JHU Paid
Employee Only	\$.007
Employee & Family	\$.0125

<i>Life Insurance</i>	<i>Semi-Monthly Rate</i>
\$10,000 Basic Life	JHU Paid
Supplemental Life - Age Band	Rate Per \$1000
Less than Age 25	\$0.0100
Age 25 - 29	\$0.0105
Age 30 - 34	\$0.0145
Age 35 - 39	\$0.0185
Age 40 - 44	\$0.0230
Age 45 - 49	\$0.0345
Age 50 - 54	\$0.0580
Age 55 - 59	\$0.1070
Age 60 - 64	\$0.1355
Age 65 - 69	\$0.2560
Age 70+	\$0.4150

<i>Dependent Life</i>	
Plan 1 - \$4,000, \$2,000	\$.54
Plan 2 - \$10,000, \$5,000	\$1.34