



**2020 Weekly Premiums - Bargaining Unit  
As of January 1, 2020**

<i>Medical</i>		<b>Full-time Bargaining Unit</b>		
<b>Plan</b>	<b>Individual</b>	<b>Adult &amp; Child(ren)</b>	<b>2 Adults</b>	<b>2 Adults &amp; Child(ren)</b>
CareFirst BlueCross BlueShield	\$31.81	\$46.25	\$66.50	\$83.24
BlueChoice HMO	\$31.81	\$46.25	\$66.50	\$83.24
Kaiser Permanente HMO	\$31.81	\$46.25	\$66.50	\$83.24

<i>Medical</i>		<b>Part-time Bargaining Unit**</b>		
<b>Plan</b>	<b>Individual</b>	<b>Adult &amp; Child(ren)</b>	<b>2 Adults</b>	<b>2 Adults &amp; Child(ren)</b>
CareFirst BlueCross BlueShield	\$93.56	\$136.04	\$195.58	\$244.82
BlueChoice HMO	\$114.43	\$166.39	\$239.23	\$299.45
Kaiser Permanente HMO	\$82.69	\$157.10	\$173.64	\$248.05

\*\* Premiums are paid post-tax.

<i>Dental</i>		<b>Full-time Bargaining Unit</b>		
<b>Plan</b>	<b>Individual</b>	<b>Adult &amp; Child(ren)</b>	<b>2 Adults</b>	<b>2 Adults &amp; Child(ren)</b>
Delta Dental Standard	\$.70	\$1.40	\$1.50	\$3.04
Delta Dental Enhanced with Orthodontia	\$.95	\$1.90	\$2.04	\$4.14

<i>Vision</i>	<i>Weekly Rate</i>
Employee Only	\$1.11
Employee + One	\$2.00
Family	\$3.14

<i>Life Insurance</i>	<i>Weekly Rate</i>
<b>Full-time Bargaining Unit</b>	
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