

2020 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	\$36.98	\$63.48	\$97.65	\$146.34
	\$40,001-60,000	\$50.20	\$86.13	\$132.54	\$198.60
	\$60,001-80,000	\$63.42	\$108.80	\$167.41	\$250.88
	\$80,001-120,000	\$75.04	\$128.75	\$198.10	\$296.87
	\$120,001-200,000	\$86.67	\$148.70	\$228.78	\$342.86
	Greater than \$200,000	\$98.31	\$168.64	\$259.48	\$388.87
EHP Classic	\$40,000 or less	\$36.60	\$53.46	\$95.77	\$146.34
	\$40,001-60,000	\$49.66	\$73.37	\$129.99	\$198.60
	\$60,001-80,000	\$62.74	\$104.36	\$164.20	\$250.88
	\$80,001-120,000	\$74.23	\$123.51	\$194.30	\$296.87
	\$120,001-200,000	\$85.74	\$142.64	\$224.40	\$342.86
	Greater than \$200,000	\$97.23	\$161.78	\$254.49	\$388.87
BCBS HDHP	\$40,000 or less	\$8.58	\$31.10	\$36.65	\$59.14
	\$40,001-60,000	\$11.37	\$32.90	\$50.68	\$90.52
	\$60,001-80,000	\$14.16	\$34.71	\$64.69	\$121.92
	\$80,001-120,000	\$25.76	\$54.64	\$95.34	\$167.86
	\$120,001-200,000	\$37.38	\$74.57	\$125.99	\$213.81
	Greater than \$200,000	\$49.01	\$94.49	\$156.67	\$259.78
Kaiser Permanente HMO	No Tiers	\$93.83	\$230.53	\$260.92	\$397.61

BlueChoice HMO (closed to new participants)	No Tiers	\$195.81	\$469.97	\$556.65	\$713.08
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* Based on your salary as of October 16, 2019 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	\$350.83	\$527.52	\$731.36	\$917.86
EHP Classic	\$350.83	\$527.52	\$731.36	\$917.86
Kaiser Permanente HMO	\$321.86	\$611.51	\$675.88	\$965.55
BlueChoice HMO (closed to new participants)	\$475.56	\$979.63	\$1138.96	\$1426.67

<i>Medical</i> Limited-time Faculty & Staff** - Monthly				
Plan	Individual	Adult & Child(ren)	2 Adults	2 Adults & Child(ren)
CareFirst Plan III	\$102.62	\$360.28	\$657.60	\$929.58

** 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	\$1.06	\$6.11	\$13.06	\$37.26
Delta Dental Enhanced with Orthodontia	\$4.39	\$14.08	\$21.62	\$54.59

<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