

**FACULTY AND STAFF MEDICAL PLANS**

<u>CareFirst BCBS</u>	<u>* Premium</u>
Individual	\$715.69
Two Adults	\$1,491.97
Adult + Child(ren)	\$1,076.14
Two Adults + Child(ren)	\$1,872.43

<u>EHP Classic</u>	
Individual	\$715.69
Two Adults	\$1,491.97
Adult + Child(ren)	\$1,076.14
Two Adults + Child(ren)	\$1,872.43

<u>BCBS HDHP (&lt;\$40,000)</u>	
Individual	\$661.97
Two Adults	\$1,376.37
Adult + Child(ren)	\$1,016.44
Two Adults + Child(ren)	\$1,705.67

<u>BCBS HDHP (\$40,001-\$60,000)</u>	
Individual	\$640.71
Two Adults	\$1,333.87
Adult + Child(ren)	\$973.95
Two Adults + Child(ren)	\$1,663.18

<u>BCBS HDHP (\$60,001+)</u>	
Individual	\$619.47
Two Adults	\$1,291.37
Adult + Child(ren)	\$931.44
Two Adults + Child(ren)	\$1,620.68

<u>Kaiser Permanente</u>	
Individual	\$656.59
Two Adults	\$1,378.79
Adult + Child(ren)	\$1,247.47
Two Adults + Child(ren)	\$1,969.72

<u>BlueChoice</u>	
Individual	\$970.14
Two Adults	\$2,323.48
Adult + Child(ren)	\$1,998.45
Two Adults + Child(ren)	\$2,910.41

<u>CareFirst Plan III **</u>	
Individual	\$521.91
Two Adults	\$1,087.99
Adult + Child(ren)	\$784.73
Two Adults + Child(ren)	\$1,365.41

**FACULTY AND STAFF DENTAL PLANS**

<u>Delta Dental Standard</u>	<u>* Premium</u>
Individual	\$22.46
Two Adults	\$48.31
Adult + Child(ren)	\$44.92
Two Adults + Child(ren)	\$97.72

<u>Delta Dental Enhanced</u>	
Individual	\$30.60
Two Adults	\$65.79
Adult + Child(ren)	\$61.20
Two Adults + Child(ren)	\$133.09

**FACULTY AND STAFF VISION PLAN**

<u>EyeMed</u>	<u>*Premium</u>
Individual	\$5.00
Two Adults	\$8.99
Adult + Child(ren)	\$14.15
Two Adults + Child(ren)	\$14.15

\* Includes 2% administrative fee

\*\* CareFirst BCBS Plan III is only available to former Limited Time Employees. Current CareFirst BCBS Plan III participants cannot choose a different plan.