



**2021 Weekly Premiums - Bargaining Unit
As of January 1, 2021**

<i>Medical</i>		Full-time Bargaining Unit		
Plan	Individual	Adult & Child(ren)	2 Adults	2 Adults & Child(ren)
CareFirst BlueCross BlueShield	\$32.42	\$47.14	\$67.78	\$84.84
BlueChoice HMO	\$32.42	\$47.14	\$67.78	\$88.84
Kaiser Permanente HMO	\$32.42	\$47.14	\$67.78	\$84.84

<i>Medical</i>		Part-time Bargaining Unit**		
Plan	Individual	Adult & Child(ren)	2 Adults	2 Adults & Child(ren)
CareFirst BlueCross BlueShield	\$98.22	\$142.81	\$205.33	\$257.01
BlueChoice HMO	\$120.13	\$174.68	\$251.14	\$314.37
Kaiser Permanente HMO	\$84.28	\$160.13	\$176.98	\$252.83

** 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	\$.71	\$1.42	\$1.53	\$3.09
Delta Dental Enhanced with Orthodontia	\$.97	\$1.94	\$2.08	\$4.22

<i>Vision</i>	<i>Weekly Rate</i>
Employee Only	\$1.13
Employee + One	\$2.04
Family	\$3.20

<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