

**FACULTY AND STAFF MEDICAL PLANS**

|                         |                  |
|-------------------------|------------------|
| <u>CareFirst BCBS</u>   | <u>* Premium</u> |
| Individual              | \$737.15         |
| Two Adults              | \$1,536.73       |
| Adult + Child(ren)      | \$1,108.43       |
| Two Adults + Child(ren) | \$1,928.60       |

|                         |            |
|-------------------------|------------|
| <u>EHP Classic</u>      |            |
| Individual              | \$737.15   |
| Two Adults              | \$1,536.73 |
| Adult + Child(ren)      | \$1,108.43 |
| Two Adults + Child(ren) | \$1,928.60 |

|                         |            |
|-------------------------|------------|
| <u>BCBS HDHP</u>        |            |
| Individual              | \$638.05   |
| Two Adults              | \$1,330.12 |
| Adult + Child(ren)      | \$959.39   |
| Two Adults + Child(ren) | \$1,669.29 |

|                          |            |
|--------------------------|------------|
| <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              | \$999.25   |
| Two Adults              | \$2,393.19 |
| Adult + Child(ren)      | \$2,058.40 |
| Two Adults + Child(ren) | \$2,997.72 |

|                              |            |
|------------------------------|------------|
| <u>CareFirst Plan III **</u> |            |
| Individual                   | \$537.56   |
| Two Adults                   | \$1,120.63 |
| Adult + Child(ren)           | \$808.27   |
| Two Adults + Child(ren)      | \$1,406.38 |

**FACULTY AND STAFF DENTAL PLANS**

|                              |                  |
|------------------------------|------------------|
| <u>Delta Dental Standard</u> | <u>* Premium</u> |
| Individual                   | \$24.13          |
| Two Adults                   | \$51.90          |
| Adult + Child(ren)           | \$48.25          |
| Two Adults + Child(ren)      | \$104.96         |

|                              |          |
|------------------------------|----------|
| <u>Delta Dental Enhanced</u> |          |
| Individual                   | \$32.86  |
| Two Adults                   | \$70.67  |
| Adult + Child(ren)           | \$65.73  |
| Two Adults + Child(ren)      | \$142.96 |

**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.