

FACULTY AND STAFF MEDICAL PLANS

<u>CareFirst BCBS</u>	<u>* Premium</u>
Individual	\$783.58
Two Adults	\$1,633.55
Adult + Child(ren)	\$1,178.26
Two Adults + Child(ren)	\$2,050.10

<u>EHP Classic</u>	
Individual	\$783.58
Two Adults	\$1,633.55
Adult + Child(ren)	\$1,178.26
Two Adults + Child(ren)	\$2,050.10

<u>BCBS HDHP</u>	
Individual	\$678.24
Two Adults	\$1,413.92
Adult + Child(ren)	\$1,019.84
Two Adults + Child(ren)	\$1,774.45

<u>Kaiser Permanente</u>	
Individual	\$652.13
Two Adults	\$1,369.41
Adult + Child(ren)	\$1,238.98
Two Adults + Child(ren)	\$1,956.33

<u>BlueChoice</u>	
Individual	\$1,062.21
Two Adults	\$2,543.96
Adult + Child(ren)	\$2,188.08
Two Adults + Child(ren)	\$3,186.58

<u>CareFirst Plan III **</u>	
Individual	\$571.42
Two Adults	\$1,191.24
Adult + Child(ren)	\$859.19
Two Adults + Child(ren)	\$1,494.97

* 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.

FACULTY AND STAFF DENTAL PLANS

<u>Delta Dental Standard</u>	<u>* Premium</u>
Individual	\$24.93
Two Adults	\$53.63
Adult + Child(ren)	\$49.86
Two Adults + Child(ren)	\$108.47

<u>Delta Dental Enhanced</u>	
Individual	\$33.97
Two Adults	\$73.03
Adult + Child(ren)	\$67.93
Two Adults + Child(ren)	\$147.74

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