

2022 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	\$38.46	\$66.02	\$101.56	\$152.19
	\$40,001-60,000	\$52.21	\$89.58	\$137.84	\$206.54
	\$60,001-80,000	\$65.96	\$113.15	\$174.11	\$260.92
	\$80,001-120,000	\$78.04	\$133.90	\$206.02	\$308.74
	\$120,001-200,000	\$90.14	\$154.65	\$237.93	\$356.57
	Greater than \$200,000	\$102.24	\$175.39	\$269.86	\$404.42
EHP Classic	\$40,000 or less	\$38.06	\$55.60	\$99.60	\$152.19
	\$40,001-60,000	\$51.65	\$76.30	\$135.19	\$206.54
	\$60,001-80,000	\$65.25	\$108.53	\$170.77	\$260.92
	\$80,001-120,000	\$77.20	\$128.45	\$202.07	\$308.74
	\$120,001-200,000	\$89.17	\$148.35	\$233.38	\$356.57
	Greater than \$200,000	\$101.12	\$168.25	\$264.67	\$404.42
BCBS HDHP	\$40,000 or less	\$8.92	\$32.34	\$38.12	\$61.51
	\$40,001-60,000	\$11.82	\$34.22	\$52.71	\$94.14
	\$60,001-80,000	\$14.73	\$36.10	\$67.28	\$126.80
	\$80,001-120,000	\$26.79	\$56.83	\$99.15	\$174.57
	\$120,001-200,000	\$38.88	\$77.55	\$131.03	\$222.36
	Greater than \$200,000	\$50.97	\$98.27	\$162.94	\$270.17
Kaiser Permanente HMO	No Tiers	\$93.83	\$230.53	\$260.92	\$397.61

BlueChoice HMO (closed to new participants)	No Tiers	\$203.64	\$488.77	\$578.92	\$741.60
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* Based on your salary as of October 13, 2021 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	\$384.11	\$577.58	\$800.76	\$1004.95
EHP Classic	\$384.11	\$577.58	\$800.76	\$1004.95
Kaiser Permanente HMO	\$319.67	\$607.35	\$671.28	\$958.99
BlueChoice HMO (closed to new participants)	\$520.69	\$1072.59	\$1247.04	\$1562.05

<i>Medical</i> Limited-time Faculty & Staff** - Monthly				
Plan	Individual	Adult & Child(ren)	2 Adults	2 Adults & Child(ren)
CareFirst Plan III	\$103.14	\$385.26	\$710.80	\$1008.58

** 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	\$1.09	\$6.31	\$13.49	\$38.49
Delta Dental Enhanced with Orthodontia	\$4.53	\$14.54	\$22.33	\$56.39

<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