

FACULTY AND STAFF MEDICAL PLANS

<u>CareFirst BCBS</u>	<u>* Premium</u>
Individual	\$767.14
Two Adults	\$1,599.28
Adult + Child(ren)	\$1,153.54
Two Adults + Child(ren)	\$2,007.09

<u>EHP Classic</u>	
Individual	\$767.14
Two Adults	\$1,599.28
Adult + Child(ren)	\$1,153.54
Two Adults + Child(ren)	\$2,007.09

<u>BCBS HDHP</u>	
Individual	\$664.02
Two Adults	\$1,384.26
Adult + Child(ren)	\$998.46
Two Adults + Child(ren)	\$1,737.22

<u>Kaiser Permanente</u>	
Individual	\$622.11
Two Adults	\$1,306.35
Adult + Child(ren)	\$1,181.94
Two Adults + Child(ren)	\$1,866.25

<u>CareFirst Plan III **</u>	
Individual	\$559.43
Two Adults	\$1,166.25
Adult + Child(ren)	\$841.17
Two Adults + Child(ren)	\$1,463.62

FACULTY AND STAFF DENTAL PLANS

<u>Delta Dental Standard</u>	<u>* Premium</u>
Individual	\$25.36
Two Adults	\$54.57
Adult + Child(ren)	\$50.73
Two Adults + Child(ren)	\$110.36

<u>Delta Dental Enhanced</u>	
Individual	\$34.56
Two Adults	\$74.30
Adult + Child(ren)	\$69.12
Two Adults + Child(ren)	\$150.31`

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.