

### 2023 Employee Premiums - Faculty and Staff

<i>Medical</i>	<b>Full-time Faculty, Visiting Faculty** &amp; Staff – Semi-Monthly</b>				
<b>Plan</b>	<b>Salary Tiers*</b>	<b>Individual</b>	<b>Adult &amp; Child(ren)</b>	<b>2 Adults</b>	<b>2 Adults &amp; Child(ren)</b>
<b>CareFirst BlueCross BlueShield</b>	\$40,000 or less	\$38.84	\$66.68	\$102.58	\$153.71
	\$40,001-60,000	\$52.73	\$90.48	\$139.22	\$208.61
	\$60,001-80,000	\$66.62	\$114.28	\$175.85	\$263.53
	\$80,001-120,000	\$78.82	\$135.24	\$208.08	\$311.83
	\$120,001-200,000	\$91.04	\$156.20	\$240.31	\$360.14
	Greater than \$200,000	\$103.26	\$177.14	\$272.56	\$408.46
<b>EHP Classic</b>	\$40,000 or less	\$38.44	\$56.16	\$100.60	\$153.71
	\$40,001-60,000	\$52.17	\$77.06	\$136.54	\$208.61
	\$60,001-80,000	\$65.90	\$109.62	\$172.48	\$263.53
	\$80,001-120,000	\$77.97	\$129.73	\$204.09	\$311.83
	\$120,001-200,000	\$90.06	\$149.83	\$235.71	\$360.14
	Greater than \$200,000	\$102.13	\$169.93	\$267.32	\$408.46
<b>BCBS HDHP</b>	\$40,000 or less	\$9.01	\$32.66	\$38.50	\$62.13
	\$40,001-60,000	\$11.94	\$34.56	\$53.24	\$95.08
	\$60,001-80,000	\$14.88	\$36.46	\$67.95	\$128.07
	\$80,001-120,000	\$27.06	\$57.40	\$100.14	\$176.32
	\$120,001-200,000	\$39.27	\$78.33	\$132.34	\$224.58
	Greater than \$200,000	\$51.48	\$99.25	\$164.57	\$272.87
<b>Kaiser Permanente HMO</b>	<b>No Tiers</b>	\$93.83	\$230.53	\$260.92	\$397.61

\* Based on your salary as of October 12, 2022 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. \*\* Full-time Visiting Faculty premiums are paid post-tax.

<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	\$376.05	\$565.46	\$783.96	\$983.87
EHP Classic	\$376.05	\$565.46	\$783.96	\$983.87
Kaiser Permanente HMO	\$304.96	\$579.38	\$640.37	\$914.83

<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	\$1.11	\$6.42	\$13.72	\$39.14
Delta Dental Enhanced with Orthodontia	\$4.61	\$14.79	\$22.71	\$57.35

<i>Vision</i>	<i>Semi-Monthly Rate</i>
Employee Only	\$2.70
Employee + One	\$4.86
Family	\$7.65

<i>Accidental Death &amp; Dismemberment (AD&amp;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
<b>Supplemental Life - Age Band</b>	<b>Rate Per \$1000</b>
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