



**2024 Weekly Premiums – LiUNA Bargaining Unit  
As of January 1, 2024**

<i>Medical</i>		<b>Full-time Bargaining Unit</b>		
<b>Plan</b>	<b>Individual</b>	<b>Adult &amp; Child(ren)</b>	<b>2 Adults</b>	<b>2 Adults &amp; Child(ren)</b>
CareFirst Core PPO	\$35.10	\$51.04	\$73.38	\$91.85
LiUNA BU CareFirst Network Only	\$35.10	\$51.04	\$73.38	\$91.85
Kaiser Permanente HMO	\$35.10	\$51.04	\$73.38	\$91.85

<i>Medical</i>		<b>Part-time Bargaining Unit**</b>		
<b>Plan</b>	<b>Individual</b>	<b>Adult &amp; Child(ren)</b>	<b>2 Adults</b>	<b>2 Adults &amp; Child(ren)</b>
CareFirst Core PPO	\$103.23	\$150.11	\$215.81	\$270.14
LiUNA BU CareFirst Network Only	\$126.27	\$183.61	\$263.97	\$330.42
Kaiser Permanente HMO	\$91.83	\$174.47	\$192.84	\$275.48

\*\* Premiums are paid post-tax.

<i>Dental</i>		<b>Full-time Bargaining Unit</b>		
<b>Plan</b>	<b>Individual</b>	<b>Adult &amp; Child(ren)</b>	<b>2 Adults</b>	<b>2 Adults &amp; Child(ren)</b>
Delta Dental Core	\$.84	\$1.69	\$1.82	\$3.67
Delta Dental Enhanced with Orthodontia	\$1.15	\$2.30	\$2.47	\$5.00

<i>Vision</i>	<i>Weekly Rate</i>
Employee Only	\$1.25
Employee + One	\$2.24
Family	\$3.53

<i>Life Insurance</i>	<i>Weekly Rate</i>
<b>Full-time Bargaining Unit</b>	
100% of Base Salary	JHU Paid
200% of Base Salary	\$.03 Per \$1000

<i>Dependent Life</i>	
Plan 1 - \$4,000/ \$2,000	JHU Paid