

## 2024 JHU Monthly COBRA Rates

### FACULTY AND STAFF MEDICAL PLANS

<u>CareFirst BCBS Core PPO</u>	<u>* Premium</u>
Individual	\$776.53
Two Adults	\$1,618.84
Adult + Child(ren)	\$1,167.66
Two Adults + Child(ren)	\$2,031.62

<u>CareFirst BCBS Enhanced PPO</u>	
Individual	\$816.24
Two Adults	\$1,701.67
Adult + Child(ren)	\$1,227.39
Two Adults + Child(ren)	\$2,135.55

<u>CareFirst BCBS HDHP</u>	
Individual	\$670.77
Two Adults	\$1,398.32
Adult + Child(ren)	\$1,008.60
Two Adults + Child(ren)	\$1,754.87

<u>Kaiser Permanente HMO</u>	
Individual	\$715.43
Two Adults	\$1,502.30
Adult + Child(ren)	\$1,359.23
Two Adults + Child(ren)	\$2,146.18

<u>CareFirst BCBS Limited PPO **</u>	
Individual	\$565.12
Two Adults	\$1,178.10
Adult + Child(ren)	\$849.72
Two Adults + Child(ren)	\$1,478.49

### FACULTY AND STAFF DENTAL PLANS

<u>Delta Dental Standard</u>	<u>* Premium</u>
Individual	\$26.64
Two Adults	\$57.34
Adult + Child(ren)	\$53.31
Two Adults + Child(ren)	\$115.95

<u>Delta Dental Enhanced</u>	
Individual	\$36.31
Two Adults	\$78.07
Adult + Child(ren)	\$72.62
Two Adults + Child(ren)	\$157.94

### 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 Limited PPO is only available to former Limited Time Employees. Current CareFirst BCBS Limited PPO participants cannot choose a different plan.