

2024 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 Core PPO | \$40,000 or less | \$39.23 | \$67.35 | \$103.61 | \$155.25 |
| | \$40,001-60,000 | \$53.26 | \$91.39 | \$140.61 | \$210.70 |
| | \$60,001-80,000 | \$67.29 | \$115.42 | \$177.61 | \$266.17 |
| | \$80,001-120,000 | \$79.61 | \$136.59 | \$210.16 | \$314.95 |
| | \$120,001-200,000 | \$91.95 | \$157.76 | \$242.71 | \$363.74 |
| | Greater than \$200,000 | \$104.29 | \$178.91 | \$275.29 | \$412.54 |
| CareFirst Enhanced PPO | \$40,000 or less | \$58.70 | \$96.63 | \$144.20 | \$206.20 |
| | \$40,001-60,000 | \$72.73 | \$120.67 | \$181.21 | \$261.65 |
| | \$60,001-80,000 | \$86.76 | \$144.71 | \$218.21 | \$317.11 |
| | \$80,001-120,000 | \$99.08 | \$165.88 | \$250.76 | \$365.90 |
| | \$120,001-200,000 | \$111.42 | \$187.04 | \$283.31 | \$414.69 |
| | Greater than \$200,000 | \$123.77 | \$208.19 | \$315.88 | \$463.49 |
| CareFirst HDHP | \$40,000 or less | \$9.10 | \$32.99 | \$38.89 | \$62.75 |
| | \$40,001-60,000 | \$12.06 | \$34.91 | \$53.77 | \$96.03 |
| | \$60,001-80,000 | \$15.03 | \$36.82 | \$68.63 | \$129.35 |
| | \$80,001-120,000 | \$27.33 | \$57.97 | \$101.14 | \$178.08 |
| | \$120,001-200,000 | \$39.66 | \$79.11 | \$133.66 | \$226.83 |
| | Greater than \$200,000 | \$52.00 | \$100.24 | \$166.22 | \$275.60 |
| Kaiser Permanente HMO | No Tiers | \$94.77 | \$232.84 | \$263.53 | \$401.59 |

* Based on your salary as of October 11, 2023 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 Core PPO | \$380.65 | \$572.38 | \$793.55 | \$995.89 |
| CareFirst Enhanced PPO | \$400.12 | \$601.66 | \$834.15 | \$1,046.84 |
| CareFirst HDHP | \$328.81 | \$494.41 | \$685.45 | \$860.23 |
| Kaiser Permanente HMO | \$350.70 | \$666.29 | \$736.42 | \$1,052.05 |

| <i>Medical</i> Limited-time Faculty & Staff** - Monthly | | | | |
|---|------------|--------------------|----------|-----------------------|
| Plan | Individual | Adult & Child(ren) | 2 Adults | 2 Adults & Child(ren) |
| CareFirst Limited PPO | \$101.94 | \$380.96 | \$702.90 | \$997.40 |

** 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 Core | \$1.17 | \$6.75 | \$14.42 | \$41.14 |
| Delta Dental Enhanced with Orthodontia | \$4.85 | \$15.54 | \$23.87 | \$60.27 |

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

| <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 |