

2025 JHU Monthly COBRA Rates

BARGAINING UNIT MEDICAL PLANS		BARGAINING UNIT DENTAL PLANS	
CareFirst BCBS Core PPO	*Premium	Delta Dental Standard	* Premium
Individual	\$960.63	Individual	\$27.17
Two Adults	\$2,008.91	Two Adults	\$58.49
Adult + Child(ren)	\$1,397.27	Adult + Child(ren)	\$54.38
Two Adults + Child(ren)	\$2,514.63	Two Adults + Child(ren)	\$118.27
LiUNA BU CareFirst Network Only		Delta Dental Enhanced	
Individual	\$1,175.38	Individual	\$37.04
Two Adults	\$2,457.20	Two Adults	\$79.63
Adult + Child(ren)	\$1,709.11	Adult + Child(ren)	\$74.07
Two Adults + Child(ren)	\$3,075.76	Two Adults + Child(ren)	\$161.10
Kaiser Permanente HMO			
Individual	\$872.67		
Two Adults	\$1,832.52		
Adult + Child(ren)	\$1,657.99		
Two Adults + Child(ren)	\$2,617.84		

BARGAINING UNIT VISION PLAN			
EyeMed	<u>*Premium</u>		
Individual	\$5.51		
Two Adults	\$9.90		
Adult + Child(ren)	\$15.60		
Two Adults + Child(ren)	\$15.60		

^{*}Includes 2% administrative fee.