

FACULTY AND STAFF MEDICAL PLANS

<u>CareFirst BCBS Core PPO</u>	<u>* Premium</u>
Individual	\$817.69
Two Adults	\$1,704.64
Adult + Child(ren)	\$1,229.55
Two Adults + Child(ren)	\$2,139.31

<u>CareFirst BCBS Enhanced PPO</u>	
Individual	\$859.51
Two Adults	\$1,791.85
Adult + Child(ren)	\$1,292.44
Two Adults + Child(ren)	\$2,248.73

<u>CareFirst BCBS HDHP</u>	
Individual	\$706.33
Two Adults	\$1,472.43
Adult + Child(ren)	\$1,062.06
Two Adults + Child(ren)	\$1,847.89

<u>Kaiser Permanente HMO</u>	
Individual	\$769.07
Two Adults	\$1,614.97
Adult + Child(ren)	\$1,461.16
Two Adults + Child(ren)	\$2,307.13

<u>CareFirst BCBS Limited PPO **</u>	
Individual	\$595.07
Two Adults	\$1,240.54
Adult + Child(ren)	\$894.76
Two Adults + Child(ren)	\$1,556.85

FACULTY AND STAFF DENTAL PLANS

<u>Delta Dental Standard</u>	<u>* Premium</u>
Individual	\$27.17
Two Adults	\$58.49
Adult + Child(ren)	\$54.39
Two Adults + Child(ren)	\$118.28

<u>Delta Dental Enhanced</u>	
Individual	\$37.05
Two Adults	\$79.64
Adult + Child(ren)	\$74.07
Two Adults + Child(ren)	\$161.10

FACULTY AND STAFF VISION PLAN

<u>EyeMed</u>	<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

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