

2025 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 | \$40.41 | \$69.37 | \$106.71 | \$159.90 |
| | \$40,001-60,000 | \$54.86 | \$94.13 | \$144.83 | \$217.02 |
| | \$60,001-80,000 | \$69.30 | \$118.89 | \$182.94 | \$274.15 |
| | \$80,001-120,000 | \$82.00 | \$140.69 | \$216.47 | \$324.40 |
| | \$120,001-200,000 | \$94.71 | \$162.49 | \$249.99 | \$374.65 |
| | Greater than \$200,000 | \$107.42 | \$184.28 | \$283.54 | \$424.92 |
| CareFirst Enhanced PPO | \$40,000 or less | \$60.46 | \$99.53 | \$148.53 | \$212.38 |
| | \$40,001-60,000 | \$74.91 | \$124.29 | \$186.65 | \$269.49 |
| | \$60,001-80,000 | \$89.36 | \$149.05 | \$224.75 | \$326.63 |
| | \$80,001-120,000 | \$102.05 | \$170.85 | \$258.28 | \$376.87 |
| | \$120,001-200,000 | \$114.77 | \$192.66 | \$291.81 | \$427.13 |
| | Greater than \$200,000 | \$127.48 | \$214.44 | \$325.36 | \$477.40 |
| CareFirst HDHP | \$40,000 or less | \$9.37 | \$33.98 | \$40.05 | \$64.63 |
| | \$40,001-60,000 | \$12.42 | \$35.95 | \$55.39 | \$98.91 |
| | \$60,001-80,000 | \$15.48 | \$37.93 | \$70.69 | \$133.23 |
| | \$80,001-120,000 | \$28.15 | \$59.71 | \$104.18 | \$183.43 |
| | \$120,001-200,000 | \$40.85 | \$81.49 | \$137.67 | \$233.63 |
| | Greater than \$200,000 | \$53.55 | \$103.25 | \$171.20 | \$283.87 |
| Kaiser Permanente HMO | No Tiers | \$97.61 | \$239.83 | \$271.44 | \$413.64 |

**Based on your salary as of October 10, 2024 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 | \$400.83 | \$602.72 | \$835.61 | \$1,048.68 |
| CareFirst Enhanced PPO | \$421.33 | \$633.55 | \$878.36 | \$1,102.32 |
| CareFirst HDHP | \$346.24 | \$520.62 | \$721.78 | \$905.83 |
| Kaiser Permanente HMO | \$377.00 | \$716.26 | \$791.65 | \$1,130.95 |

| <i>Medical</i> Limited-time Faculty & Staff** - Monthly | | | | |
|---|------------|--------------------|----------|-----------------------|
| Plan | Individual | Adult & Child(ren) | 2 Adults | 2 Adults & Child(ren) |
| CareFirst Limited PPO | \$103.00 | \$392.38 | \$723.98 | \$1,027.32 |

** 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 | \$1.20 | \$6.89 | \$14.71 | \$41.97 |
| Delta Dental Enhanced with Orthodontia | \$4.95 | \$15.85 | \$24.35 | \$61.48 |

| <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 |