

## 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)
<b>CareFirst Core PPO</b>	\$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
<b>CareFirst Enhanced PPO</b>	\$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
<b>CareFirst HDHP</b>	\$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
<b>Kaiser Permanente HMO</b>	No Tiers	\$97.61	\$239.83	\$271.44	\$413.64

*\*Based on your salary as of October 16, 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 &amp; Dismemberment (AD&amp;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
<b>Supplemental Life - Age Band</b>	<b>Rate Per \$1000</b>
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