

2025 Employee Premiums – Johns Hopkins Police Department

<i>Medical</i>	Full-time Johns Hopkins Police Department – Bi-Weekly				
<i>Plan</i>	<i>Salary Tiers*</i>	<i>Individual</i>	<i>Adult & Child(ren)</i>	<i>2 Adults</i>	<i>2 Adults & Child(ren)</i>
CareFirst Core PPO	\$40,000 or less	\$37.30	\$64.03	\$98.50	\$147.60
	\$40,001-60,000	\$50.64	\$86.89	\$133.69	\$200.33
	\$60,001-80,000	\$63.97	\$109.74	\$168.87	\$253.06
	\$80,001-120,000	\$75.69	\$129.87	\$199.82	\$299.45
	\$120,001-200,000	\$87.42	\$149.99	\$230.76	\$345.83
	Greater than \$200,000	\$99.16	\$170.10	\$261.73	\$392.23
CareFirst Enhanced PPO	\$40,000 or less	\$55.81	\$91.87	\$137.10	\$196.04
	\$40,001-60,000	\$69.15	\$114.73	\$172.29	\$248.76
	\$60,001-80,000	\$82.49	\$137.58	\$207.46	\$301.50
	\$80,001-120,000	\$94.20	\$157.71	\$238.41	\$347.88
	\$120,001-200,000	\$105.94	\$177.84	\$269.36	\$394.27
	Greater than \$200,000	\$117.67	\$197.94	\$300.33	\$440.68
CareFirst HDHP	\$40,000 or less	\$8.65	\$31.37	\$36.97	\$59.66
	\$40,001-60,000	\$11.46	\$33.18	\$51.13	\$91.30
	\$60,001-80,000	\$14.29	\$35.01	\$65.25	\$122.98
	\$80,001-120,000	\$25.98	\$55.12	\$96.17	\$169.32
	\$120,001-200,000	\$37.71	\$75.22	\$127.08	\$215.66
	Greater than \$200,000	\$49.43	\$95.31	\$158.03	\$262.03

**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.*

<i>Dental</i>	Full-time Johns Hopkins Police Department – Bi-Weekly			
Plan	Individual	Adult & Child(ren)	2 Adults	2 Adults & Child(ren)
Delta Dental Core	\$1.10	\$6.36	\$13.58	\$38.74
Delta Dental Enhanced with Orthodontia	\$4.56	\$14.63	\$22.47	\$56.75

<i>Life Insurance</i>	Bi-Weekly Rate
\$10,000 Basic Life	JHU Paid
Supplemental Life - Age Band	Rate Per \$1,000
Less than Age 25	\$0.0092
Age 25 - 29	\$0.0097
Age 30 - 34	\$0.0134
Age 35 - 39	\$0.0171
Age 40 - 44	\$0.0212
Age 45 - 49	\$0.0318
Age 50 - 54	\$0.0535
Age 55 - 59	\$0.0988
Age 60 - 64	\$0.1251
Age 65 - 69	\$0.2363
Age 70+	\$0.3831

<i>Vision</i>	Bi-Weekly Rate
Employee Only	\$2.49
Employee + One	\$4.48
Family	\$7.06

<i>Accidental Death & Dismemberment (AD&D)</i>	
<i>Rate per \$1,000 Coverage</i>	
\$10,000 AD&D	JHU Paid
Employee Only	\$0.0065
Employee & Family	\$0.0115

<i>Dependent Life</i>	
Plan 1 - \$4,000, \$2,000	\$0.49
Plan 2 - \$10,000, \$5,000	\$1.23