JOHNS HOPKINS UNIVERSITY

# 2026 JHU Monthly COBRA Rates

## BARGAINING UNIT MEDICAL PLANS

| CareFirst BCBS Core PPO | *Premium |
|---|---|
| Individual | $1,093.99 |
| Two Adults | $2,287.08 |
| Adult + Child(ren) | $1,590.75 |
| Two Adults + Child(ren) | $2,862.83 |

| LiUNA BU CareFirst Network Only | |
|---|---|
| Individual | $1,338.14 |
| Two Adults | $2,797.45 |
| Adult + Child(ren) | $1,945.77 |
| Two Adults + Child(ren) | $3,501.66 |

| Kaiser Permanente HMO | |
|---|---|
| Individual | $1,014.91 |
| Two Adults | $2,131.21 |
| Adult + Child(ren) | $1,928.23 |
| Two Adults + Child(ren) | $3,044.53 |

## BARGAINING UNIT VISION PLAN

| EyeMed | *Premium |
|---|---|
| Individual | $5.51 |
| Two Adults | $9.90 |
| Adult + Child(ren) | $15.60 |
| Two Adults + Child(ren) | $15.60 |

## BARGAINING UNIT DENTAL PLANS

| Delta Dental Standard | *Premium |
|---|---|
| Individual | $27.94 |
| Two Adults | $60.14 |
| Adult + Child(ren) | $55.93 |
| Two Adults + Child(ren) | $121.61 |

| Delta Dental Enhanced | |
|---|---|
| Individual | $38.10 |
| Two Adults | $81.89 |
| Adult + Child(ren) | $76.16 |
| Two Adults + Child(ren) | $165.65 |

*Includes 2% administrative fee.

Updated 10/2025