JOHNS HOPKINS UNIVERSITY

2026 JHU Monthly COBRA Rates

FACULTY AND STAFF MEDICAL PLANS

CareFirst BCBS Core PPO	*Premium
Individual	$930.91
Two Adults	$1,940.67
Adult + Child(ren)	$1,399.81
Two Adults + Child(ren)	$2,435.54

CareFirst BCBS Enhanced PPO	
Individual	$978.53
Two Adults	$2,039.96
Adult + Child(ren)	$1,471.41
Two Adults + Child(ren)	$2,560.12

CareFirst BCBS HDHP	
Individual	$804.13
Two Adults	$1,676.31
Adult + Child(ren)	$1,209.13
Two Adults + Child(ren)	$2,103.77

Kaiser Permanente HMO	
Individual	$894.42
Two Adults	$1,878.19
Adult + Child(ren)	$1,699.30
Two Adults + Child(ren)	$2,683.16

CareFirst BCBS Limited PPO **	
Individual	$677.46
Two Adults	$1,412.31
Adult + Child(ren)	$1,018.65
Two Adults + Child(ren)	$1,772.43

FACULTY AND STAFF 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

FACULTY AND STAFF VISION PLAN

EyeMed	*Premium
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.

Updated 10/2025