

2024/25 JHU Retiree Premiums For LIUNA Bargaining Unit

Monthly Premiums as of April 1, 2024 – March 31, 2025

Note: Start with current age to determine the column at the top, and then add age and service together to determine the plan premiums by level.

Medical -	Medical - Retiree Core PPO Plan																
Retirees (under age 65)									Retirees (age 65 or over)								
Coverage	Individual		Adult+ Child(ren)		2 Adults		2 Adults+ Child(ren)					dult+ 2 A		dults	2 Adults+ Child(ren)		
Age + Service*=	JHU Pays	You Pay	JHU Pays	You Pay	JHU Pays	You Pay	JHU Pays	You Pay		JHU Pays	You Pay	JHU Pays	You Pay	JHU Pays	You Pay	JHU Pays	You Pay
80	\$208	\$1,053	\$312	\$1,576	\$416	\$2,103	\$520	\$2,753		\$151	\$646	\$227	\$966	\$302	\$1,289	\$378	\$1,690
79	\$177	\$1,084	\$265	\$1,623	\$354	\$2,165	\$442	\$2,831		\$129	\$668	\$193	\$1,000	\$257	\$1,334	\$322	\$1,746
78	\$146	\$1,115	\$218	\$1,670	\$291	\$2,228	\$364	\$2,909		\$106	\$691	\$159	\$1,034	\$211	\$1,380	\$265	\$1,803
77	\$114	\$1,147	\$172	\$1,716	\$229	\$2,290	\$286	\$2,987		\$83	\$714	\$125	\$1,068	\$166	\$1,425	\$208	\$1,860
76	\$83	\$1,178	\$125	\$1,763	\$167	\$2,352	\$208	\$3,065		\$61	\$736	\$91	\$1,102	\$121	\$1,470	\$152	\$1,916
75	\$52	\$1,209	\$78	\$1,810	\$104	\$2,415	\$130	\$3,143		\$38	\$759	\$56	\$1,137	\$75	\$1,516	\$95	\$1,973
<75	\$0	\$1,261	\$0	\$1,888	\$0	\$2,519	\$0	\$3,273		\$0	\$797	\$0	\$1,193	\$0	\$1,591	\$0	\$2,068

Medical -	Medical - Retiree LiUNA Network Only Plan																	
	Retirees (under age 65)									Retirees (age 65 or over)								
Coverage	Individual		Adult+ Child(ren)		2 Adults			2 Adults+ Child(ren)		Indiv			lult+ d(ren)	2 A	2 Adults		2 Adults+ Child(ren)	
Age + Service*=	JHU Pays	You Pay	JHU Pays	You Pay	JHU Pays	You Pay	JHU Pays	You Pay		JHU Pays	You Pay	JHU Pays	You Pay	JHU Pays	You Pay	JHU Pays	You Pay	
80	\$208	\$1,053	\$312	\$1,576	\$416	\$2,103	\$520	\$2,753		\$151	\$646	N/A	N/A	\$302	\$1,289	N/A	N/A	
79	\$177	\$1,084	\$265	\$1,623	\$354	\$2,165	\$442	\$2,831		\$129	\$668	N/A	N/A	\$257	\$1,334	N/A	N/A	
78	\$146	\$1,115	\$218	\$1,670	\$291	\$2,228	\$364	\$2,909		\$106	\$691	N/A	N/A	\$211	\$1,380	N/A	N/A	
77	\$114	\$1,147	\$172	\$1,716	\$229	\$2,290	\$286	\$2,987		\$83	\$714	N/A	N/A	\$166	\$1,425	N/A	N/A	
76	\$83	\$1,178	\$125	\$1,763	\$167	\$2,352	\$208	\$3,065		\$61	\$736	N/A	N/A	\$121	\$1,470	N/A	N/A	
75	\$52	\$1,209	\$78	\$1,810	\$104	\$2,415	\$130	\$3,143		\$38	\$759	N/A	N/A	\$75	\$1,516	N/A	N/A	
<75	\$0	\$1,261	\$0	\$1,888	\$0	\$2,519	\$0	\$3,273		\$0	\$797	N/A	N/A	\$0	\$1,591	N/A	N/A	

^{* &}quot;Service" 10 or more years of continuous, full-time employment with JHU immediately prior to retirement including any prior employment, which must be in blocks of 10 or more years of continuous full-time service.





Dental – Delta Dental DPPO										
	Individual	Adult+ Child(ren)	2 Adults	2 Adults+ Child(ren)						
Enhanced Plan	\$36	\$71	\$77	\$155						
Standard Plan	\$26	\$52	\$56	\$114						