



2016 Employee Premiums - Faculty and Staff

<i>Medical</i>	Full-time Faculty, Visiting Faculty & Staff				
	Semi-Monthly Premiums by Coverage Level				
Plan	Salary Tiers*	Individual	Adult & Child(ren)	2 Adults	2 Adults & Child(ren)
Carefirst BlueCross BlueShield	\$40,000 or less	\$32.07	\$55.03	\$84.67	\$126.88
	\$40,001-60,000	\$43.53	\$74.68	\$114.92	\$172.20
	\$60,001-80,000	\$54.98	\$94.34	\$145.15	\$217.52
	\$80,001-120,000	\$65.06	\$111.63	\$171.76	\$257.40
	\$120,001-200,000	\$75.15	\$128.93	\$198.37	\$297.27
	Greater than \$200,000	\$85.23	\$146.22	\$224.98	\$337.16
EHP Classic	\$40,000 or less	\$31.73	\$46.36	\$83.04	\$126.88
	\$40,001-60,000	\$43.06	\$63.61	\$112.70	\$172.20
	\$60,001-80,000	\$54.39	\$90.49	\$142.36	\$217.52
	\$80,001-120,000	\$64.36	\$107.09	\$168.47	\$257.40
	\$120,001-200,000	\$74.34	\$123.67	\$194.56	\$297.27
	Greater than \$200,000	\$84.30	\$140.27	\$220.66	\$337.16
Kaiser Permanente HMO	No Tiers	\$79.45	\$195.18	\$220.91	\$336.64
BlueChoice HMO (closed to new participants)	No Tiers	\$164.88	\$395.73	\$468.70	\$600.43

* Based on your salary as of January 1 or your benefits eligibility date.

<i>Medical</i>		Part-time Faculty, Visiting Faculty & Staff**		
	Semi-Monthly Premiums by Coverage Level			
Plan	Individual	Adult & Child(ren)	2 Adults	2 Adults & Child(ren)
BlueCross BlueShield	\$293.41	\$441.17	\$611.65	\$767.62
EHP Classic	\$293.41	\$441.17	\$611.65	\$767.62
Kaiser Permanente HMO	\$271.42	\$515.66	\$569.95	\$814.23
BlueChoice HMO (closed to new participants)	\$397.72	\$819.28	\$952.52	\$1,193.14

<i>Medical</i>		Limited-time Faculty & Staff**		
	Monthly Premiums by Coverage Level			
Plan	Individual	Adult & Child(ren)	2 Adults	2 Adults & Child(ren)
CareFirst Plan III	\$93.18	\$308.68	\$557.32	\$784.78

** Premiums are paid post-tax.

<i>Dental</i>		Full-time Faculty & Staff		
	Semi-Monthly Premiums by Coverage Level			
Plan	Individual	Adult & Child(ren)	2 Adults	2 Adults & Child(ren)
BlueCross BlueShield	\$1.87	\$8.80	\$14.43	\$39.90
Cigna	\$8.44	\$21.22	\$28.28	\$68.01
United Concordia	\$2.09	\$9.98	\$9.98	\$16.62

Life Insurance

\$10,000 Basic Life	JHU Paid
Optional Life - Age Band	Rate Per \$1000
Less than Age 25	\$ 0.0115
Age 25 - 29	\$ 0.0125
Age 30 - 34	\$ 0.0170
Age 35 - 39	\$ 0.0215
Age 40 - 44	\$ 0.0270
Age 45 - 49	\$ 0.0405
Age 50 - 54	\$ 0.0685
Age 55 - 59	\$ 0.1260
Age 60 - 64	\$ 0.1595
Age 65 - 69	\$ 0.3010
Age 70+	\$ 0.4885

Dependent Life

Plan 1 - \$4,000, \$2,000	\$0.5335
Plan 2 - \$10,000, \$5,000	\$1.3365