

2018 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	\$34.49	\$59.20	\$91.07	\$136.48
	\$40,001-60,000	\$46.82	\$80.33	\$123.61	\$185.22
	\$60,001-80,000	\$59.14	\$101.47	\$156.13	\$233.98
	\$80,001-120,000	\$69.98	\$120.08	\$184.75	\$276.87
	\$120,001-200,000	\$80.83	\$138.68	\$213.37	\$319.76
	Greater than \$200,000	\$91.68	\$157.28	\$242.00	\$362.67
EHP Classic	\$40,000 or less	\$34.13	\$49.86	\$89.32	\$136.48
	\$40,001-60,000	\$46.32	\$68.42	\$121.23	\$185.22
	\$60,001-80,000	\$58.51	\$97.33	\$153.13	\$233.98
	\$80,001-120,000	\$69.23	\$115.19	\$181.21	\$276.87
	\$120,001-200,000	\$79.96	\$133.03	\$209.28	\$319.76
	Greater than \$200,000	\$90.68	\$150.88	\$237.35	\$362.67
Kaiser Permanente HMO	No Tiers	\$88.44	\$217.28	\$245.92	\$374.75
BlueChoice HMO (closed to new participants)	No Tiers	\$182.62	\$438.31	\$519.14	\$665.04

* 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	\$322.54	\$484.99	\$672.39	\$843.85
EHP Classic	\$322.54	\$484.99	\$672.39	\$843.85
Kaiser Permanente HMO	\$303.27	\$576.18	\$636.83	\$909.78
BlueChoice HMO (closed to new participants)	\$437.21	\$900.63	\$1047.12	\$1311.63

<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	\$96.06	\$332.96	\$606.28	\$856.34

** 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	\$2.15	\$10.09	\$16.55	\$45.75
Cigna	\$8.95	\$22.50	\$30.00	\$72.13
United Concordia	\$2.09	\$9.98	\$9.98	\$16.62

Life Insurance

\$10,000 Basic Life	JHU Paid
Supplemental Life - Age Band	Rate Per \$1000
Less than Age 25	\$0.0100
Age 25 - 29	\$0.0105
Age 30 - 34	\$0.0145
Age 35 - 39	\$0.0185
Age 40 - 44	\$0.0230
Age 45 - 49	\$0.0345
Age 50 - 54	\$0.0580
Age 55 - 59	\$0.1070
Age 60 - 64	\$0.1355
Age 65 - 69	\$0.2560
Age 70+	\$0.4150

Accidental Death & Dismemberment (AD&D)

Rate per \$1,000 Coverage

\$10,000 AD&D	JHU Paid
Employee Only	\$.007
Employee & Family	\$.0125

Dependent Life

Plan 1 - \$4,000, \$2,000	\$.54
Plan 2 - \$10,000, \$5,000	\$ 1.34