

2009 JHU MONTHLY COBRA RATES

FACULTY AND STAFF MEDICAL PLANS

	102% of Premium	ARRA Stimulus Subsidy rate
<u>BCBS Plan II (non-union)</u>		
Individual	\$448.70	\$157.05
Two Adults	\$935.37	\$327.38
Parent/Child	\$674.67	\$236.13
Family	\$1,173.89	\$410.86

BlueChoice HMO (non-union)

Individual	\$447.20	\$156.52
Two Adults	\$1,071.05	\$374.87
Parent/Child(ren)	\$921.22	\$322.43
Family	\$1,341.61	\$469.56

Kaiser HMO (non-union)

Individual	\$441.04	\$154.36
Two Adults	\$926.05	\$324.12
Parent/Child(ren)	\$837.93	\$293.28
Family	\$1,323.07	\$463.07

EHP Classic

Individual	\$448.70	\$157.05
Two Adults	\$935.37	\$327.38
Parent/Child	\$674.67	\$236.13
Family	\$1,173.89	\$410.86

Hawaii PPP

Individual	\$408.39	\$142.94
Two Adults	\$816.78	\$285.87
Parent/Child	\$816.78	\$285.87
Family	\$1,225.16	\$428.81

Hawaii HMO

Individual	\$379.42	\$132.80
Two Adults	\$758.84	\$265.59
Parent/Child	\$758.84	\$265.59
Family	\$1,138.26	\$398.39

FACULTY AND STAFF DENTAL PLANS

	102% of Premium	ARRA Stimulus Subsidy rate
<u>CareFirst Dental</u>		
Individual	\$21.97	\$7.69
Two Adults	\$47.07	\$16.47
Parent/Child	\$43.86	\$15.35
Family	\$95.74	\$33.51

CIGNA Dental

Individual	\$37.43	\$13.10
Two Adults	\$79.47	\$27.81
Parent/Child	\$74.11	\$25.94
Family	\$161.01	\$56.35

UCCI

Individual	\$12.35	\$4.32
Two Adults	\$29.63	\$10.37
Parent/Child	\$29.63	\$10.37
Family	\$42.85	\$15.00

BARGAINING UNIT MEDICAL PLANS

	102% of Premium	ARRA Stimulus Subsidy rate
<u>BCBS Plan II (union)</u>		
Individual	\$476.23	\$166.68
Two Adults	\$995.59	\$348.46
Parent/Child	\$692.47	\$242.36
Family	\$1,246.22	\$436.18

BlueChoice HMO (non-union)

Individual	\$442.43	\$154.85
Two Adults	\$924.90	\$323.72
Parent/Child(ren)	\$643.29	\$225.15
Family	\$1,157.73	\$405.21

Kaiser HMO (non-union)

Individual	\$492.79	\$172.48
Two Adults	\$1,034.81	\$362.18
Parent/Child(ren)	\$936.26	\$327.69
Family	\$1,478.28	\$517.40

BARGAINING UNIT DENTAL PLANS

	102% of Premium	ARRA Stimulus Subsidy rate
<u>CareFirst Dental</u>		
Individual	\$21.97	\$7.69
Two Adults	\$47.07	\$16.47
Parent/Child	\$43.86	\$15.35
Family	\$95.74	\$33.51

CIGNA Dental

Individual	\$37.43	\$13.10
Two Adults	\$79.47	\$27.81
Parent/Child	\$74.11	\$25.94
Family	\$161.01	\$56.35

UCCI

Individual	\$11.65	\$4.08
Two Adults	\$27.96	\$9.79
Parent/Child	\$27.96	\$9.79
Family	\$40.42	\$14.15