

2017 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	\$34.15	\$58.61	\$90.17	\$135.13
	\$40,001-60,000	\$46.36	\$79.53	\$122.39	\$183.39
	\$60,001-80,000	\$58.55	\$100.47	\$154.58	\$231.66
	\$80,001-120,000	\$69.29	\$118.89	\$182.92	\$274.13
	\$120,001-200,000	\$80.03	\$137.31	\$211.26	\$316.59
	Greater than \$200,000	\$90.77	\$155.72	\$239.60	\$359.08
EHP Classic	\$40,000 or less	\$33.79	\$49.37	\$88.44	\$135.13
	\$40,001-60,000	\$45.86	\$67.74	\$120.03	\$183.39
	\$60,001-80,000	\$57.93	\$96.37	\$151.61	\$231.66
	\$80,001-120,000	\$68.54	\$114.05	\$179.42	\$274.13
	\$120,001-200,000	\$79.17	\$131.71	\$207.21	\$316.59
	Greater than \$200,000	\$89.78	\$149.39	\$235.00	\$359.08
Kaiser Permanente HMO	No Tiers	\$85.04	\$208.92	\$236.46	\$360.34
BlueChoice HMO (closed to new participants)	No Tiers	\$175.60	\$421.45	\$499.17	\$639.46

* 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	\$309.54	\$465.44	\$645.29	\$809.84
EHP Classic	\$309.54	\$465.44	\$645.29	\$809.84
Kaiser Permanente HMO	\$290.40	\$551.74	\$609.82	\$871.19
BlueChoice HMO (closed to new participants)	\$419.59	\$864.33	\$1,004.91	\$1,258.76

<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	\$95.92	\$323.26	\$585.58	\$825.56

** 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	\$1.97	\$9.26	\$15.18	\$41.97
Cigna	\$8.86	\$22.28	\$29.70	\$71.42
United Concordia	\$2.09	\$9.98	\$9.98	\$16.62

Life Insurance

Optional Life - Age Band	JHU Paid Rate Per \$1000
\$10,000 Basic Life	JHU Paid
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