## Plan Rates

## Salary Tiers

Our goal is to ensure that our medical plans remain affordable for all employees. Johns Hopkins pays most of the cost of your medical, dental and vision coverage, and all of the cost of your short-term disability and basic life insurance.

Your biweekly cost of medical and prescription coverage for you and your covered dependents is determined by salary level. Salary levels are grouped into three tiers - employees who earn the least pay the lowest premiums.

See the rates table below for the 2022 tiers. Your tier is determined by your salary on Jan. I, 2022. Salaries of part-time employees are annualized to determine their tier.

## 2022 MEDICAL PLAN PREMIUMS (BI-WEEKLY)

|  | EHP EPO |  |  | EHP PPO |  |  |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Full Time | Under | $\$ 35,000-$ | $\$ 50,000-$ | Under | $\$ 35,000-$ | $\$ 50,000-$ |
| Rates by Salary | $\$ 35,000$ | $\$ 49,999$ | \& Over | $\$ 35,000$ | $\$ 49,999$ | \& Over |
| Employee | $\$ 31.05$ | $\$ 33.75$ | $\$ 34.41$ | $\$ 45.23$ | $\$ 48.07$ | $\$ 48.76$ |
| Employee \& Child(ren) | $\$ 68.18$ | $\$ 75.25$ | $\$ 77.02$ | $\$ 98.12$ | $\$ 104.27$ | $\$ 105.78$ |
| Employee \& Spouse | $\$ 98.98$ | $\$ 109.05$ | $\$ 111.57$ | $\$ 127.86$ | $\$ 137.93$ | $\$ 140.45$ |
| Family | $\$ 105.88$ | $\$ 116.73$ | $\$ 119.45$ | $\$ 144.02$ | $\$ 153.04$ | $\$ 155.25$ |


\section*{| Part Time |
| :--- |
| Rates by Salary |}


| Employee |
| :--- |
| Employee \& Child(ren) |
| Employee \& Spouse |
| Family |


|  | EHP EPO |  |
| :---: | :---: | :---: |
| Under | $\$ 35,000-$ | $\$ 50,000-$ |
| $\$ 35,000$ | $\$ 49,999$ | \& Over |
| $\$ 122.40$ | $\$ 123.66$ | $\$ 128.13$ |
| $\$ 231.50$ | $\$ 234.06$ | $\$ 242.98$ |
| $\$ 287.83$ | $\$ 291.00$ | $\$ 302.11$ |
| $\$ 309.91$ | $\$ 313.34$ | $\$ 325.33$ |


|  | EHP PPO |  |
| :---: | :---: | :---: |
| Under <br> $\$ 35,000$ | $\$ 35,000-$ <br> $\$ 49,999$ | $\$ 50,000-$ <br> \& Over |
| $\$ 141.15$ | $\$ 142.47$ | $\$ 147.17$ |
| $\$ 269.61$ | $\$ 272.14$ | $\$ 281.10$ |
| $\$ 332.55$ | $\$ 335.87$ | $\$ 347.54$ |
| $\$ 358.26$ | $\$ 361.62$ | $\$ 373.53$ |

2022 DENTAL PLAN PREMIUMS (BI-WEEKLY)

|  | Comprehensive |  | High |  |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |
|  | Full Time | Part Time | Full Time | Part Time |
| Employee | \$5.44 | \$7.94 | \$9.07 | \$13.24 |
| Employee \& Child(ren) | \$10.88 | \$15.88 | \$18.13 | \$26.47 |
| Employee \& Spouse | \$14.96 | \$21.84 | \$24.94 | \$36.40 |
| Family | \$16.32 | \$23.82 | \$27.21 | \$39.72 |

2022 VISION PREMIUMS (BI-WEEKLY)

|  | Full Time | Part Time |
| :--- | :---: | :---: |
| Employee | $\$ 1.69$ | $\$ 2.70$ |
| Employee \& Child(ren) | $\$ 3.05$ | $\$ 4.87$ |
| Employee \& Spouse | $\$ 3.39$ | $\$ 5.42$ |
| Family | $\$ 5.08$ | $\$ 8.13$ |

