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. 1, 2022. Salaries of part-time employees are annualized to determine their tier.

2022 MEDICAL PLAN PREMIUMS (BI-WEEKLY)

	CareFirst EPO			EHP PPO		
Full Time	Under	\$50,000-	\$120,000-	Under	\$50,000-	\$120,000-
Rates by Salary	\$50,000	\$119,999	& Over	\$50,000	\$119,999	& Over
Employee	\$69.88	\$81.49	\$87.35	\$82.90	\$94.76	\$103.63
Employee & Child(ren)	\$168.09	\$201.35	\$210.12	\$186.52	\$219.78	\$233.15
Employee & Spouse	\$230.72	\$276.61	\$288.41	\$256.14	\$302.02	\$319.03
Family	\$302.02	\$358.19	\$374.64	\$333.13	\$389.29	\$405.44

	CareFirst EPO			EHP PPO		
Part Time	Under	\$50,000—	\$120,000—	Under	\$50,000-	\$120,000-
Rates by Salary	\$50,000	\$119,999	& Over	\$50,000	\$119,999	& Over
Employee	\$145.04	\$148.53	\$156.30	\$159.45	\$162.97	\$169.95
Employee & Child(ren)	\$262.46	\$269.02	\$296.49	\$285.81	\$292.43	\$304.64
Employee & Spouse	\$320.58	\$328.36	\$357.60	\$350.85	\$358.71	\$373.97
Family	\$394.62	\$395.84	\$429.89	\$429.67	\$439.17	\$457.98

2022 DENTAL PLAN PREMIUMS (BI-WEEKLY)

	Compre	ehensive ehensive	Hi	gh
	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)

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	Full Time	Part Time
Employee	\$3.38	\$3.38
Employee & Child(ren)	\$6.09	\$6.09
Employee & Spouse	\$6.77	\$6.77
Family	\$10.16	\$10.16