

Below are the 2009 Weekly Rates for EHP Medical and Dental Insurance Coverage



JOHNS HOPKINS
M E D I C I N E

I N T R A S T A F F

2009 Medical & Vision

EHP Premium	Your Weekly Cost
Yourself only	\$59.73
Yourself and Child(ren)	\$182.21
Yourself & Spouse / Domestic Partner	\$240.75
Family	\$264.65

EHP Basic	Your Weekly Cost
Yourself only	\$57.33
Yourself and Child(ren)	\$178.00
Yourself & Spouse / Domestic Partner	\$234.18
Family	\$257.11

2009 Dental

EHP Dental - Comprehensive	Your Weekly Cost
Yourself only	\$4.99
Yourself and Child(ren)	\$9.98
Yourself & Spouse / Domestic Partner	\$13.73
Family	\$14.98

EHP Dental - High Option	Your Weekly Cost
Yourself only	\$6.76
Yourself and Child(ren)	\$13.51
Yourself & Spouse / Domestic Partner	\$18.58
Family	\$20.27