## AACPS Healthcare Costs for 2018: Units I, II, V, and VI (full-time) - Tier 1

Your Bi-Weekly Payroll Deduction

		Total Manualit	Board's Monthly	Payroll Deduction			
	Coverage Options	Premium*	Share	26 Pays	22 Pays		
MEDICAL OPTIONS							
CareFirst BlueChoice HMO	Individual	\$506.89	\$461.27	\$21.06	\$24.88		
"Open Access"	Parent & Child	\$792.17	\$720.87	\$32.91	\$38.89		
	Employee & Spouse	\$1,220.74	\$1,110.87	\$50.71	\$59.93		
	Family	\$1,464.15	\$1,332.38	\$60.82	\$71.87		
BlueChoice Low-Option HMO	Individual	\$366.16	90.5%	9.5% of pay	9.5% of pay		
	Plus additional cost for dependents paid on monthly basis directly to Discovery Benefits						
	One Child	\$292.93** \$0					
	Spouse	\$402.78**	\$0	N/A	N/A		
	Family	\$635.29**	\$0				
CareFirst BlueChoice Triple Option	Individual	\$628.21	\$552.82	\$34.80	\$41.12		
"Open Access"	Parent & Child	\$1,151.76	\$1,013.55	\$63.79	\$75.39		
	Employee & Spouse	\$1,500.10	\$1,320.09	\$83.08	\$98.19		
	Family	\$1,799.40	\$1,583.47	\$99.66	\$117.78		
CareFirst BlueCross Blue Shield	Individual	\$665.22	\$465.65	\$92.11	\$108.86		
PPN***	Parent & Child	\$1,223.67	\$856.57	\$169.43	\$200.24		
	Employee & Spouse	\$1,592.99	\$1,115.09	\$220.57	\$260.67		
	Family	\$1,905.44	\$1,333.81	\$263.83	\$311.80		
DENTAL OPTIONS							
United Concordia Dental POS	Individual	\$16.99	\$12.74	\$1.96	\$2.32		
	Parent & Child	\$28.32	\$21.24	\$3.27	\$3.86		
	Employee & Spouse	\$33.98	\$25.49	\$3.92	\$4.63		
	Family	\$45.31	\$33.98	\$5.23	\$6.18		
CareFirst BlueChoice PPO Dental	Individual	\$32.45	\$24.34	\$3.74	\$4.42		
	Parent & Child	\$53.20	\$39.90	\$6.14	\$7.25		
	Employee & Spouse	\$67.14	\$50.36	\$7.74	\$9.15		
	Family	\$101.55	\$76.16	\$11.72	\$13.85		
CareFirst BlueCross BlueShield	Individual	\$34.71	\$26.03	\$4.01	\$4.73		
Traditional Dental	Parent & Child	\$56.92	\$42.69	\$6.57	\$7.76		
	Employee & Spouse	\$71.86	\$53.90	\$8.29	\$9.80		
	Family	\$108.67	\$81.50	\$12.54	\$14.82		
VISION OPTION							
CareFirst Select Vision	Individual	\$3.24	\$2.59	\$0.30	\$0.35		
	Parent & Child	\$4.54	\$3.63	\$0.42	\$0.50		
	Employee & Spouse	\$6.51	\$5.21	\$0.60	\$0.71		
	Family	\$7.77	\$6.22	\$0.72	\$0.85		

<sup>\*</sup> Total monthly premium for medical includes prescriptions.

<sup>\*\*</sup> Individual premium deducted from each pay; dependent premium paid monthly to Discovery Benefits

<sup>\*\*\*</sup> Grandfathered plan, no new enrollments accepted.

Permanent active employees working the required minimum hours are eligible for AACPS healthcare benefits. Please see page 6 for details.

## AACPS Healthcare Costs for 2018: Units I, II, V, and VI (part-time) – Tiers 2 & 3

		Tier 2 (0.46-0.749 FTE)			Tier 3 (0.1-0.459 FTE)				
	Coverage Options	Total Monthly Premium*	Board's Monthly Share*	26 Pays	22 Pays	Board's Monthly Share	26 Pays	22 Pays	
MEDICAL OPTIONS									
CareFirst BlueChoice HMO "Open Access"	Individual Parent & Child Employee & Spouse Family	\$506.89 \$792.17 \$1,220.74 \$1,464.15	\$387.47 \$605.53 \$933.13 \$1,119.20	\$55.12 \$86.14 \$132.74 \$159.21	\$65.14 \$101.80 \$156.88 \$188.15	\$230.64 \$360.44 \$555.44 \$666.19	\$127.50 \$199.26 \$307.06 \$368.29	\$150.68 \$235.49 \$362.89 \$435.25	
BlueChoice Low-Option HMO	Individual	\$366.16	90.5%	9.5% of pay	9.5% of pay		9.5% of pay	9.5% of pay	
	One Child Spouse Family	\$292.93** \$402.78** \$635.29**	\$0 \$0 \$0	N/A	N/A	\$0 \$0 \$0	N/A	N/A	
CareFirst BlueChoice Triple Option "Open Access"	Individual Parent & Child Employee & Spouse Family	\$628.21 \$1,151.76 \$1,500.10 \$1,799.40	\$464.37 \$851.38 \$1,108.88 \$1,330.11	\$75.62 \$138.64 \$180.56 \$216.60	\$89.37 \$163.84 \$213.39 \$255.98	\$276.41 \$506.78 \$660.05 \$791.74	\$162.37 \$297.68 \$387.72 \$465.07	\$191.89 \$351.81 \$458.21 \$549.63	
CareFirst BlueCross Blue Shield PPN***	Individual Parent & Child Employee & Spouse Family	\$665.22 \$1,223.67 \$1,592.99 \$1,905.44	\$391.15 \$719.52 \$936.68 \$1,120.40	\$126.49 \$232.68 \$302.91 \$362.33	\$149.49 \$274.99 \$357.99 \$428.20	\$232.83 \$428.29 \$557.55 \$666.91	\$199.56 \$367.10 \$477.90 \$571.63	\$235.85 \$433.84 \$564.79 \$675.56	
DENTAL OPTIONS									
United Concordia Dental POS	Individual Parent & Child Employee & Spouse Family	\$16.99 \$28.32 \$33.98 \$45.31	\$10.70 \$17.84 \$21.41 \$28.54	\$2.90 \$4.84 \$5.80 \$7.74	\$3.43 \$5.72 \$6.86 \$9.15	\$6.37 \$10.62 \$12.75 \$16.99	\$4.90 \$8.17 \$9.80 \$13.07	\$5.79 \$9.65 \$11.58 \$15.45	
CareFirst BlueChoice PPO Dental	Individual Parent & Child Employee & Spouse Family	\$32.45 \$53.20 \$67.14 \$101.55	\$20.45 \$33.52 \$42.30 \$63.97	\$5.54 \$9.08 \$11.46 \$17.34	\$6.55 \$10.73 \$13.55 \$20.50	\$12.17 \$19.95 \$25.18 \$38.08	\$9.36 \$15.35 \$19.37 \$29.29	\$11.06 \$18.14 \$22.89 \$34.62	
CareFirst BlueCross BlueShield Traditional Dental	Individual Parent & Child Employee & Spouse Family	\$34.71 \$56.92 \$71.86 \$108.67	\$21.87 \$35.86 \$45.28 \$68.46	\$5.93 \$9.72 \$12.27 \$18.56	\$7.00 \$11.49 \$14.50 \$21.93	\$13.02 \$21.35 \$26.95 \$40.75	\$10.01 \$16.42 \$20.73 \$31.35	\$11.83 \$19.40 \$24.50 \$37.05	
VISION OPTION									
CareFirst Select Vision	Individual Parent & Child Employee & Spouse Family	\$3.24 \$4.54 \$6.51 \$7.77	\$2.18 \$3.05 \$4.38 \$5.22	\$0.49 \$0.69 \$0.98 \$1.18	\$0.58 \$0.81 \$1.16 \$1.39	\$1.30 \$1.82 \$2.61 \$3.11	\$0.90 \$1.26 \$1.80 \$2.15	\$1.06 \$1.48 \$2.13 \$2.54	

<sup>\*</sup> Total monthly premium for medical includes prescriptions.

<sup>\*\*</sup> Individual premium deducted from each pay; dependent premium paid monthly to Discovery Benefits

<sup>\*\*\*</sup> Grandfathered plan, no new enrollments accepted.

## AACPS Healthcare Costs for 2018: Units III & IV (full-time) - Tier 1

Your Bi-Weekly Payroll Deduction

			D 1/	Payroll Deduction		
	Coverage Options	Total Monthly Premium*	Board's Monthly Share	26 Pays	22 Pays	
MEDICAL OPTIONS						
CareFirst BlueChoice HMO	Individual	\$506.89	\$476.48	\$14.04	\$16.59	
"Open Access"	Parent & Child	\$792.17	\$744.64	\$21.94	\$25.93	
	Employee & Spouse	\$1,220.74	\$1,147.50	\$33.80	\$39.95	
	Family	\$1,464.15	\$1,376.30	\$40.55	\$47.92	
BlueChoice Low-Option HMO	Individual	\$366.16	90.5%	9.5% of pay	9.5% of pay	
	Plus additional cost fo	or dependents pai	d on monthly basis	directly to Disco	overy Benefits	
	One Child	\$292.93**	\$0			
	Spouse	\$402.78**	\$0	N/A	N/A	
	Family	\$635.29**	\$0			
CareFirst BlueChoice Triple Option	Individual	\$628.21	\$559.11	\$31.89	\$37.69	
"Open Access"	Parent & Child	\$1,151.76	\$1,025.07	\$58.47	\$69.10	
	Employee & Spouse	\$1,500.10	\$1,335.09	\$76.16	\$90.01	
	Family	\$1,799.40	\$1,601.47	\$91.35	\$107.96	
CareFirst BlueCross Blue Shield	Individual	\$665.22	\$465.65	\$92.11	\$108.86	
PPN***	Parent & Child	\$1,223.67	\$856.57	\$169.43	\$200.24	
	Employee & Spouse	\$1,592.99	\$1,115.09	\$220.57	\$260.67	
Family		\$1,905.44	\$1,333.81	\$263.83	\$311.80	
DENTAL OPTIONS						
United Concordia Dental POS	Individual	\$16.99	\$12.74	\$1.96	\$2.32	
	Parent & Child	\$28.32	\$21.24	\$3.27	\$3.86	
	Employee & Spouse	\$33.98	\$25.49	\$3.92	\$4.63	
	Family	\$45.31	\$33.98	\$5.23	\$6.18	
CareFirst BlueChoice PPO Dental	Individual	\$32.45	\$24.34	\$3.74	\$4.42	
	Parent & Child	\$53.20	\$39.90	\$6.14	\$7.25	
	Employee & Spouse	\$67.14	\$50.36	\$7.74	\$9.15	
	Family	\$101.55	\$76.16	\$11.72	\$13.85	
CareFirst BlueCross BlueShield	Individual	\$34.71	\$26.03	\$4.01	\$4.73	
Traditional Dental	Parent & Child	\$56.92	\$42.69	\$6.57	\$7.76	
	Employee & Spouse	\$71.86	\$53.90	\$8.29	\$9.80	
	Family	\$108.67	\$81.50	\$12.54	\$14.82	
VISION OPTION						
CareFirst Select Vision	Individual	\$3.24	\$2.59	\$0.30	\$0.35	
	Parent & Child	\$4.54	\$3.63	\$0.42	\$0.50	
	Employee & Spouse	\$6.51	\$5.21	\$0.60	\$0.71	
	Family	\$7.77	\$6.22	\$0.72	\$0.85	

<sup>\*</sup> Total monthly premium for medical includes prescriptions.

<sup>\*\*</sup> Individual premium deducted from each pay; dependent premium paid monthly to Discovery Benefits

<sup>\*\*\*</sup> Grandfathered plan, no new enrollments accepted.

Permanent active employees working the required minimum hours are eligible for AACPS healthcare benefits. Please see page 6 for details.

## AACPS Healthcare Costs for 2018: Units III & IV (part-time) - Tiers 2 & 3

			Tier 2 (0.46-0.749 FTE)			Tier 3 (0.1-0.459 FTE)			
	Coverage Options	Total Monthly Premium*	Board's Monthly Share*	26 Pays	22 Pays	Board's Monthly Share	26 Pays	22 Pays	
MEDICAL OPTIONS									
CareFirst BlueChoice HMO "Open Access"	Individual Parent & Child Employee & Spouse Family	\$506.89 \$792.17 \$1,220.74 \$1,464.15	\$400.24 \$625.50 \$963.90 \$1,156.09	\$49.22 \$76.92 \$118.54 \$142.18	\$58.17 \$90.91 \$140.09 \$168.03	\$238.24 \$372.32 \$573.75 \$688.15	\$123.99 \$193.78 \$298.61 \$358.15	\$146.54 \$229.01 \$352.90 \$423.27	
BlueChoice	Individual	\$366.16	90.5%	9.5% of pay	9.5% of pay	90.5%	9.5% of pay	9.5% of pay	
Low-Option	Plus additional cost for dependents paid on monthly basis directly to Discovery Benefits								
НМО	One Child	\$292.93**	\$0			\$0			
	Spouse Family	\$402.78** \$635.29**	\$0 \$0	N/A	N/A	\$0 \$0	N/A	N/A	
CareFirst	Individual	\$628.21	\$469.65	\$73.18	\$86.49	\$279.56	\$160.92	\$190.17	
BlueChoice	Parent & Child	\$1,151.76	\$861.06	\$134.17	\$158.56	\$512.54	\$295.02	\$348.67	
Triple Option "Open	Employee & Spouse	\$1,500.10	\$1,121.48	\$174.75	\$206.52	\$667.55	\$384.25	\$454.12	
Access"	Family	\$1,799.40	\$1,345.23	\$209.62	\$247.73	\$800.74	\$460.92	\$544.72	
CareFirst	Individual	\$665.22	\$391.15	\$126.49	\$149.49	\$232.83	\$199.56	\$235.85	
BlueCross	Parent & Child	\$1,223.67	\$719.52	\$232.68	\$274.99	\$428.29	\$367.10	\$433.84	
Blue Shield PPN***	Employee & Spouse	\$1,592.99	\$936.68	\$302.91	\$357.99	\$557.55	\$477.90	\$564.79	
PPIN	Family	\$1,905.44	\$1,120.40	\$362.33	\$428.20	\$666.91	\$571.63	\$675.56	
DENTAL OP	TIONS								
United	Individual	\$16.99	\$10.70	\$2.90	\$3.43	\$6.37	\$4.90	\$5.79	
Concordia Dental POS	Parent & Child	\$28.32	\$17.84	\$4.84	\$5.72	\$10.62	\$8.17	\$9.65	
	Employee & Spouse	\$33.98	\$21.41	\$5.80	\$6.86	\$12.75	\$9.80	\$11.58	
	Family	\$45.31	\$28.54	\$7.74	\$9.15	\$16.99	13.07	\$15.45	
CareFirst	Individual	\$32.45	\$20.45	\$5.54	\$6.55	\$12.17	\$9.36	\$11.06	
BlueChoice	Parent & Child	\$53.20	\$33.52	\$9.08	\$10.73	\$19.95	\$15.35	\$18.14	
PPO Dental	Employee & Spouse	\$67.14	\$42.30	\$11.46	\$13.55	\$25.18	\$19.37	\$22.89	
	Family	\$101.55	\$63.97	\$17.34	\$20.50	\$38.08	\$29.29	\$34.62	
CareFirst BlueCross BlueShield Traditional	Individual	\$34.71	\$21.87	\$5.93	\$7.00	\$13.02	\$10.01	\$11.83	
	Parent & Child	\$56.92	\$35.86	\$9.72	\$11.49	\$21.35	\$16.42	\$19.40	
	Employee & Spouse	\$71.86	\$45.28	\$12.27	\$14.50	\$26.95	\$20.73	\$24.50	
Dental	Family	\$108.67	\$68.46	\$18.56	\$21.93	\$40.75	\$31.35	\$37.05	
VISION OPTION									
CareFirst	Individual	\$3.24	\$2.18	\$0.49	\$0.58	\$1.30	\$0.90	\$1.06	
Select Vision	Parent & Child	\$4.54	\$3.05	\$0.69	\$0.81	\$1.82	\$1.26	\$1.48	
	Employee & Spouse	\$6.51	\$4.38	\$0.98	\$1.16	\$2.61	\$1.80	\$2.13	
	Family	\$7.77	\$5.22	\$1.18	\$1.39	\$3.11	\$2.15	\$2.54	

<sup>\*</sup> Total monthly premium for medical includes prescriptions.

<sup>\*\*</sup> Individual premium deducted from each pay; dependent premium paid monthly to Discovery Benefits

<sup>\*\*\*</sup> Grandfathered plan, no new enrollments accepted.