

AACPS Healthcare Costs for 2014: Units I, II, V, and VI (full-time) – Tier 1

	Coverage Options	Total Monthly Premium*	Board's Monthly Share	Your Bi-Weekly Payroll Deduction	
				26 Pays	22 Pays
MEDICAL OPTIONS					
CareFirst BlueChoice HMO "Open Access"	Individual	\$421.80	\$392.27	\$13.63	\$16.11
	Parent and Child	\$659.19	\$613.05	\$21.30	\$25.17
	Employee and Spouse	\$1,015.83	\$944.72	\$32.82	\$38.79
	Family	\$1,218.38	\$1,133.09	\$39.36	\$46.52
CareFirst BlueChoice Triple Option "Open Access"	Individual	\$522.75	\$470.48	\$24.12	\$28.51
	Parent and Child	\$958.42	\$862.58	\$44.23	\$52.28
	Employee and Spouse	\$1,248.28	\$1,123.45	\$57.61	\$68.09
	Family	\$1,497.34	\$1,347.61	\$69.11	\$81.67
CareFirst BlueCross Blue Shield PPN**	Individual	\$553.55	\$387.49	\$76.64	\$90.58
	Parent and Child	\$1,018.26	\$712.78	\$140.99	\$166.63
	Employee and Spouse	\$1,325.59	\$927.91	\$183.54	\$216.92
	Family	\$1,585.58	\$1,109.91	\$219.54	\$259.46
DENTAL OPTIONS					
United Concordia Dental POS	Individual	\$16.18	\$12.14	\$1.87	\$2.21
	Parent and Child	\$26.97	\$20.23	\$3.11	\$3.68
	Employee and Spouse	\$32.36	\$24.27	\$3.73	\$4.41
	Family	\$43.15	\$32.36	\$4.98	\$5.88
CareFirst BlueChoice PPO Dental	Individual	\$30.88	\$23.16	\$3.56	\$4.21
	Parent and Child	\$50.64	\$37.98	\$5.84	\$6.91
	Employee and Spouse	\$63.90	\$47.93	\$7.37	\$8.71
	Family	\$96.66	\$72.49	\$11.15	\$13.18
CareFirst BlueCross BlueShield Traditional Dental	Individual	\$33.04	\$24.78	\$3.81	\$4.51
	Parent and Child	\$54.18	\$40.63	\$6.25	\$7.39
	Employee and Spouse	\$68.40	\$51.30	\$7.89	\$9.33
	Family	\$103.43	\$77.58	\$11.93	\$14.10
VISION OPTION					
CareFirst Select Vision	Individual	\$3.24	\$2.59	\$0.30	\$0.35
	Parent and Child	\$4.54	\$3.63	\$0.42	\$0.50
	Employee and Spouse	\$6.51	\$5.21	\$0.60	\$0.71
	Family	\$7.77	\$6.22	\$0.72	\$0.85

* Total monthly premium for medical includes prescriptions.

** Grandfathered plan, no new enrollments accepted.

AACPS Healthcare Costs for 2014: 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		Board's Monthly Share*	26 Pays	22 Pays	Board's Monthly Share	26 Pays	22 Pays
MEDICAL OPTIONS							
CareFirst BlueChoice HMO "Open Access"	Individual	\$343.24	\$36.26	\$42.85	\$196.14	\$104.15	\$123.09
	Parent and Child	\$536.42	\$56.66	\$66.97	\$306.53	\$162.77	\$192.36
	Employee and Spouse	\$826.63	\$87.32	\$103.20	\$472.36	\$250.83	\$296.44
	Family	\$991.45	\$104.74	\$123.78	\$566.55	\$300.85	\$355.55
CareFirst BlueChoice Triple Option "Open Access"	Individual	\$411.67	\$51.27	\$60.59	\$235.24	\$132.70	\$156.82
	Parent and Child	\$754.76	\$94.00	\$111.09	\$431.29	\$243.29	\$287.53
	Employee and Spouse	\$983.02	\$122.43	\$144.69	\$561.73	\$316.87	\$374.48
	Family	\$1179.16	\$146.85	\$173.55	\$673.81	\$380.09	\$449.20
CareFirst BlueCross Blue Shield PPN**	Individual	\$339.05	\$99.00	\$117.00	\$193.75	\$166.06	\$196.26
	Parent and Child	\$623.68	\$182.11	\$215.22	\$356.39	\$305.48	\$361.02
	Employee and Spouse	\$811.92	\$237.08	\$280.18	\$463.96	\$397.68	\$469.98
	Family	\$971.17	\$283.57	\$335.13	\$554.96	\$475.67	\$562.16
DENTAL OPTIONS							
United Concordia Dental POS	Individual	\$10.62	\$2.57	\$3.03	\$6.07	\$4.67	\$5.52
	Parent and Child	\$17.70	\$4.28	\$5.06	\$10.11	\$7.78	\$9.19
	Employee and Spouse	\$21.24	\$5.13	\$6.07	\$12.14	\$9.33	\$11.03
	Family	\$28.32	\$6.85	\$8.09	\$16.18	\$12.45	\$14.71
CareFirst BlueChoice PPO Dental	Individual	\$20.27	\$4.90	\$5.79	\$11.58	\$8.91	\$10.53
	Parent and Child	\$33.23	\$8.03	\$9.49	\$18.99	\$14.61	\$17.26
	Employee and Spouse	\$41.94	\$10.14	\$11.98	\$23.96	\$18.43	\$21.79
	Family	\$63.43	\$15.33	\$18.12	\$36.25	\$27.88	\$32.95
CareFirst BlueCross BlueShield Traditional Dental	Individual	\$21.68	\$5.24	\$6.20	\$12.39	\$9.53	\$11.26
	Parent and Child	\$35.55	\$8.60	\$10.16	\$20.32	\$15.63	\$18.47
	Employee and Spouse	\$44.89	\$10.85	\$12.83	\$25.65	\$19.73	\$23.32
	Family	\$67.88	\$16.41	\$19.39	\$38.79	\$29.84	\$35.26
VISION OPTION							
CareFirst Select Vision	Individual	\$2.27	\$0.45	\$0.53	\$1.30	\$0.90	\$1.06
	Parent and Child	\$3.18	\$0.63	\$0.74	\$1.82	\$1.26	\$1.49
	Employee and Spouse	\$4.56	\$0.90	\$1.07	\$2.60	\$1.80	\$2.13
	Family	\$5.44	\$1.08	\$1.27	\$3.11	\$2.15	\$2.54

* Total monthly premium for medical includes prescriptions.

** Grandfathered plan, no new enrollments accepted.

AACPS Healthcare Costs for 2014: Units III & IV (full-time) – Tier 1

	Coverage Options	Total Monthly Premium*	Board's Monthly Share	Your Bi-Weekly Payroll Deduction	
				26 Pays	22 Pays
MEDICAL OPTIONS					
CareFirst BlueChoice HMO "Open Access"	Individual	\$421.80	\$400.71	\$9.73	\$11.50
	Parent and Child	\$659.19	\$626.23	\$15.21	\$17.98
	Employee and Spouse	\$1,015.83	\$965.04	\$23.44	\$27.70
	Family	\$1,218.38	\$1,157.46	\$28.12	\$33.23
CareFirst BlueChoice Triple Option "Open Access"	Individual	\$522.75	\$480.93	\$19.30	\$22.81
	Parent and Child	\$958.42	\$881.75	\$35.39	\$41.82
	Employee and Spouse	\$1,248.28	\$1,148.42	\$46.09	\$54.47
	Family	\$1,497.34	\$1,377.55	\$55.29	\$65.34
CareFirst BlueCross Blue Shield PPN**	Individual	\$553.55	\$387.49	\$76.64	\$90.58
	Parent and Child	\$1,018.26	\$712.78	\$140.99	\$166.63
	Employee and Spouse	\$1,325.59	\$927.91	\$183.54	\$216.92
	Family	\$1,585.58	\$1,109.91	\$219.54	\$259.46
DENTAL OPTIONS					
United Concordia Dental POS	Individual	\$16.18	\$12.14	\$1.87	\$2.21
	Parent and Child	\$26.97	\$20.23	\$3.11	\$3.68
	Employee and Spouse	\$32.36	\$24.27	\$3.73	\$4.41
	Family	\$43.15	\$32.36	\$4.98	\$5.88
CareFirst BlueChoice PPO Dental	Individual	\$30.88	\$23.16	\$3.56	\$4.21
	Parent and Child	\$50.64	\$37.98	\$5.84	\$6.91
	Employee and Spouse	\$63.90	\$47.93	\$7.37	\$8.71
	Family	\$96.66	\$72.49	\$11.15	\$13.18
CareFirst BlueCross BlueShield Traditional Dental	Individual	\$33.04	\$24.78	\$3.81	\$4.51
	Parent and Child	\$54.18	\$40.63	\$6.25	\$7.39
	Employee and Spouse	\$68.40	\$51.30	\$7.89	\$9.33
	Family	\$103.43	\$77.58	\$11.93	\$14.10
VISION OPTION					
CareFirst Select Vision	Individual	\$3.24	\$2.59	\$0.30	\$0.35
	Parent and Child	\$4.54	\$3.63	\$0.42	\$0.50
	Employee and Spouse	\$6.51	\$5.21	\$0.60	\$0.71
	Family	\$7.77	\$6.22	\$0.72	\$0.85

* Total monthly premium for medical includes prescriptions.

** Grandfathered plan, no new enrollments accepted.

AACPS Healthcare Costs for 2014: Units III & IV (part-time) – Tiers 2 & 3

		Tier 2 (0.46-0.749 FTE)			Tier 3 (0.1-0.459 FTE)		
Coverage Options		Board's Monthly Share	26 Pays	22 Pays	Board's Monthly Share*	26 Pays	22 Pays
MEDICAL OPTIONS							
CareFirst BlueChoice HMO "Open Access"	Individual	\$350.62	\$32.85	\$38.82	\$200.36	\$102.21	\$120.79
	Parent and Child	\$547.95	\$51.34	\$60.68	\$313.12	\$159.73	\$188.77
	Employee and Spouse	\$844.41	\$79.12	\$93.50	\$482.52	\$246.14	\$290.90
	Family	\$1012.78	\$94.89	\$112.15	\$578.73	\$295.22	\$348.90
CareFirst BlueChoice Triple Option "Open Access"	Individual	\$420.81	\$47.05	\$55.60	\$240.47	\$130.29	\$153.97
	Parent and Child	\$771.53	\$86.26	\$101.94	\$440.88	\$238.87	\$282.30
	Employee and Spouse	\$1004.87	\$112.34	\$132.77	\$574.21	\$311.11	\$367.67
	Family	\$1205.36	\$134.76	\$159.26	\$688.78	\$373.18	\$441.04
CareFirst BlueCross Blue Shield PPN**	Individual	\$339.05	\$99.00	\$117.00	\$193.75	\$166.06	\$196.26
	Parent and Child	\$623.68	\$182.11	\$215.22	\$356.39	\$305.48	\$361.02
	Employee and Spouse	\$811.92	\$237.08	\$280.18	\$463.96	\$397.68	\$469.98
	Family	\$971.17	\$283.57	\$335.13	\$554.96	\$475.67	\$562.16
DENTAL OPTIONS							
United Concordia Dental POS	Individual	\$10.62	\$2.57	\$3.03	\$6.07	\$4.67	\$5.52
	Parent and Child	\$17.70	\$4.28	\$5.06	\$10.11	\$7.78	\$9.19
	Employee and Spouse	\$21.24	\$5.13	\$6.07	\$12.14	\$9.33	\$11.03
	Family	\$28.32	\$6.85	\$8.09	\$16.18	\$12.45	\$14.71
CareFirst BlueChoice PPO Dental	Individual	\$20.27	\$4.90	\$5.79	\$11.58	\$8.91	\$10.53
	Parent and Child	\$33.23	\$8.03	\$9.49	\$18.99	\$14.61	\$17.26
	Employee and Spouse	\$41.94	\$10.14	\$11.98	\$23.96	\$18.43	\$21.79
	Family	\$63.43	\$15.33	\$18.12	\$36.25	\$27.88	\$32.95
CareFirst BlueCross BlueShield Traditional Dental	Individual	\$21.68	\$5.24	\$6.20	\$12.39	\$9.53	\$11.26
	Parent and Child	\$35.55	\$8.60	\$10.16	\$20.32	\$15.63	\$18.47
	Employee and Spouse	\$44.89	\$10.85	\$12.83	\$25.65	\$19.73	\$23.32
	Family	\$67.88	\$16.41	\$19.39	\$38.79	\$29.84	\$35.26
VISION OPTION							
CareFirst Select Vision	Individual	\$2.27	\$0.45	\$0.53	\$1.30	\$0.90	\$1.06
	Parent and Child	\$3.18	\$0.63	\$0.74	\$1.82	\$1.26	\$1.49
	Employee and Spouse	\$4.56	\$0.90	\$1.07	\$2.60	\$1.80	\$2.13
	Family	\$5.44	\$1.08	\$1.27	\$3.11	\$2.15	\$2.54

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