

AACPS Healthcare Costs for 2016: 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	\$442.89	\$411.89	\$14.31	\$16.91
	Parent & Child	\$692.15	\$643.70	\$22.36	\$26.43
	Employee & Spouse	\$1,066.62	\$991.96	\$34.46	\$40.72
	Family	\$1,279.30	\$1,189.75	\$41.33	\$48.85
BlueChoice Low-Option HMO	Individual	\$319.93	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	\$255.94**	\$0	N/A	N/A
	Spouse	\$351.92**	\$0	N/A	N/A
CareFirst BlueChoice Triple Option "Open Access"	Individual	\$548.89	\$494.00	\$25.33	\$29.94
	Parent & Child	\$1,006.34	\$905.71	\$46.44	\$54.89
	Employee & Spouse	\$1,310.70	\$1,179.63	\$60.49	\$71.49
	Family	\$1,572.21	\$1,414.99	\$72.56	\$85.76
CareFirst BlueCross Blue Shield PPN***	Individual	\$581.23	\$406.86	\$80.48	\$95.11
	Parent & Child	\$1,069.17	\$748.42	\$148.04	\$174.95
	Employee & Spouse	\$1,391.87	\$974.31	\$192.72	\$227.76
	Family	\$1,664.86	\$1,165.40	\$230.52	\$272.43
DENTAL OPTIONS					
United Concordia Dental POS	Individual	\$16.18	\$12.14	\$1.87	\$2.21
	Parent & Child	\$26.97	\$20.23	\$3.11	\$3.68
	Employee & 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 & Child	\$50.64	\$37.98	\$5.84	\$6.91
	Employee & 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 & Child	\$54.18	\$40.63	\$6.25	\$7.39
	Employee & 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 & 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

* Total monthly premium for medical includes prescriptions.

** Individual premium deducted from each pay; dependent premium paid monthly to Discovery Benefits

*** Grandfathered plan, no new enrollments accepted.

AACPS Healthcare Costs for 2016: Units I, II, V, and VI (part-time) – Tiers 2 & 3

Coverage Options		Tier 2 (0.46-0.749 FTE)				Tier 3 (0.1-0.459 FTE)		
		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	\$442.89	\$360.40	\$38.07	\$44.99	\$205.95	\$109.36	\$129.24
	Parent & Child	\$692.15	\$563.24	\$59.50	\$70.32	\$321.85	\$170.91	\$201.98
	Employee & Spouse	\$1,066.62	\$867.97	\$91.69	\$108.36	\$495.98	\$263.37	\$311.26
	Family	\$1,279.30	\$1041.03	\$109.97	\$129.96	\$594.88	\$315.89	\$373.32
BlueChoice Low-Option HMO	Individual	\$319.93	90.5%	9.5% of pay	9.5% of pay	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	\$255.94**	\$0			\$0		
	Spouse	\$351.92**	\$0	N/A	N/A	\$0	N/A	N/A
Family	\$555.08**	\$0			\$0			
CareFirst BlueChoice Triple Option "Open Access"	Individual	\$548.89	\$432.25	\$53.83	\$63.62	\$247.00	\$139.33	\$164.67
	Parent & Child	\$1,006.34	\$792.50	\$98.70	\$116.64	\$452.86	\$255.45	\$301.90
	Employee & Spouse	\$1,310.70	\$1032.18	\$128.55	\$151.92	\$589.82	\$332.72	\$393.21
	Family	\$1,572.21	\$1238.12	\$154.20	\$182.23	\$707.50	\$399.10	\$471.66
CareFirst BlueCross Blue Shield PPN**	Individual	\$581.23	\$356.00	\$103.95	\$122.85	\$203.43	\$174.37	\$206.07
	Parent & Child	\$1,069.17	\$654.87	\$191.22	\$225.98	\$374.21	\$320.75	\$379.07
	Employee & Spouse	\$1,391.87	\$852.52	\$248.93	\$294.19	\$487.16	\$417.56	\$493.48
	Family	\$1,664.86	\$1019.73	\$297.75	\$351.89	\$582.70	\$499.46	\$590.27
DENTAL OPTIONS								
United Concordia Dental POS	Individual	\$16.18	\$10.62	\$2.57	\$3.03	\$6.07	\$4.67	\$5.52
	Parent & Child	\$26.97	\$17.70	\$4.28	\$5.06	\$10.11	\$7.78	\$9.19
	Employee & Spouse	\$32.36	\$21.24	\$5.13	\$6.07	\$12.14	\$9.33	\$11.03
	Family	\$43.15	\$28.32	\$6.85	\$8.09	\$16.18	\$12.45	\$14.71
CareFirst BlueChoice PPO Dental	Individual	\$30.88	\$20.27	\$4.90	\$5.79	\$11.58	\$8.91	\$10.53
	Parent & Child	\$50.64	\$33.23	\$8.03	\$9.49	\$18.99	\$14.61	\$17.26
	Employee & Spouse	\$63.90	\$41.94	\$10.14	\$11.98	\$23.96	\$18.43	\$21.79
	Family	\$96.66	\$63.43	\$15.33	\$18.12	\$36.25	\$27.88	\$32.95
CareFirst BlueCross BlueShield Traditional Dental	Individual	\$33.04	\$21.68	\$5.24	\$6.20	\$12.39	\$9.53	\$11.26
	Parent & Child	\$54.18	\$35.55	\$8.60	\$10.16	\$20.32	\$15.63	\$18.47
	Employee & Spouse	\$68.40	\$44.89	\$10.85	\$12.83	\$25.65	\$19.73	\$23.32
	Family	\$103.43	\$67.88	\$16.41	\$19.39	\$38.79	\$29.84	\$35.26
VISION OPTION								
CareFirst Select Vision	Individual	\$3.24	\$2.27	\$0.45	\$0.53	\$1.30	\$0.90	\$1.06
	Parent & Child	\$4.54	\$3.18	\$0.63	\$0.74	\$1.82	\$1.26	\$1.49
	Employee & Spouse	\$6.51	\$4.56	\$0.90	\$1.07	\$2.60	\$1.80	\$2.13
	Family	\$7.77	\$5.44	\$1.08	\$1.27	\$3.11	\$2.15	\$2.54

* Total monthly premium for medical includes prescriptions.

** Individual premium deducted from each pay; dependent premium paid monthly to Discovery Benefits

*** Grandfathered plan, no new enrollments accepted.

AACPS Healthcare Costs for 2016: 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	\$442.89	\$420.75	\$10.22	\$12.08
	Parent & Child	\$692.15	\$657.54	\$15.97	\$18.88
	Employee & Spouse	\$1,066.62	\$1,013.29	\$24.61	\$29.09
	Family	\$1,279.30	\$1,215.34	\$29.52	\$34.89
BlueChoice Low-Option HMO	Individual	\$319.93	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	\$255.94**	\$0	N/A	N/A
	Spouse	\$351.92**	\$0	N/A	N/A
	Family	\$555.08**	\$0		
CareFirst BlueChoice Triple Option "Open Access"	Individual	\$548.89	\$504.98	\$20.27	\$23.95
	Parent & Child	\$1,006.34	\$925.83	\$37.16	\$43.91
	Employee & Spouse	\$1,310.70	\$1,205.84	\$48.40	\$57.20
	Family	\$1,572.21	\$1,446.43	\$58.05	\$68.61
CareFirst BlueCross Blue Shield PPN**	Individual	\$581.23	\$406.86	\$80.48	\$95.11
	Parent & Child	\$1,069.17	\$748.42	\$148.04	\$174.95
	Employee & Spouse	\$1,391.87	\$974.31	\$192.72	\$227.76
	Family	\$1,664.86	\$1,165.40	\$230.52	\$272.43
DENTAL OPTIONS					
United Concordia Dental POS	Individual	\$16.18	\$12.14	\$1.87	\$2.21
	Parent & Child	\$26.97	\$20.23	\$3.11	\$3.68
	Employee & 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 & Child	\$50.64	\$37.98	\$5.84	\$6.91
	Employee & 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 & Child	\$54.18	\$40.63	\$6.25	\$7.39
	Employee & 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 & 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

* Total monthly premium for medical includes prescriptions.

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Coverage Options		Tier 2 (0.46-0.749 FTE)				Tier 3 (0.1-0.459 FTE)		
		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	\$442.89	\$368.16	\$34.49	\$40.76	\$210.38	\$107.31	\$126.83
	Parent & Child	\$692.15	\$575.35	\$53.91	\$63.71	\$328.77	\$167.71	\$198.21
	Employee & Spouse	\$1,066.62	\$886.63	\$83.07	\$98.18	\$506.65	\$258.45	\$305.44
	Family	\$1,279.30	\$1063.42	\$99.64	\$117.75	\$607.67	\$309.98	\$366.34
BlueChoice Low-Option HMO	Individual	\$319.93	90.5%	9.5% of pay	9.5% of pay	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	\$255.94**	\$0			\$0		
	Spouse	\$351.92**	\$0	N/A	N/A	\$0	N/A	N/A
Family	\$555.08**	\$0			\$0			
CareFirst BlueChoice Triple Option "Open Access"	Individual	\$548.89	\$441.86	\$49.40	\$58.38	\$252.49	\$136.80	\$161.67
	Parent & Child	\$1,006.34	\$810.10	\$90.57	\$107.04	\$462.92	\$250.81	\$296.41
	Employee & Spouse	\$1,310.70	\$1055.11	\$117.96	\$139.41	\$602.92	\$326.67	\$386.06
	Family	\$1,572.21	\$1265.63	\$141.50	\$167.23	\$723.22	\$391.84	\$463.09
CareFirst BlueCross Blue Shield PPN**	Individual	\$581.23	\$356.00	\$103.95	\$122.85	\$203.43	\$174.37	\$206.07
	Parent & Child	\$1,069.17	\$654.87	\$191.22	\$225.98	\$374.21	\$320.75	\$379.07
	Employee & Spouse	\$1,391.87	\$852.52	\$248.93	\$294.19	\$487.16	\$417.56	\$493.48
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	Employee & Spouse	\$32.36	\$21.24	\$5.13	\$6.07	\$12.14	\$9.33	\$11.03
	Family	\$43.15	\$28.32	\$6.85	\$8.09	\$16.18	\$12.45	\$14.71
CareFirst BlueChoice PPO Dental	Individual	\$30.88	\$20.27	\$4.90	\$5.79	\$11.58	\$8.91	\$10.53
	Parent & Child	\$50.64	\$33.23	\$8.03	\$9.49	\$18.99	\$14.61	\$17.26
	Employee & Spouse	\$63.90	\$41.94	\$10.14	\$11.98	\$23.96	\$18.43	\$21.79
	Family	\$96.66	\$63.43	\$15.33	\$18.12	\$36.25	\$27.88	\$32.95
CareFirst BlueCross BlueShield Traditional Dental	Individual	\$33.04	\$21.68	\$5.24	\$6.20	\$12.39	\$9.53	\$11.26
	Parent & Child	\$54.18	\$35.55	\$8.60	\$10.16	\$20.32	\$15.63	\$18.47
	Employee & Spouse	\$68.40	\$44.89	\$10.85	\$12.83	\$25.65	\$19.73	\$23.32
	Family	\$103.43	\$67.88	\$16.41	\$19.39	\$38.79	\$29.84	\$35.26
VISION OPTION								
CareFirst Select Vision	Individual	\$3.24	\$2.27	\$0.45	\$0.53	\$1.30	\$0.90	\$1.06
	Parent & Child	\$4.54	\$3.18	\$0.63	\$0.74	\$1.82	\$1.26	\$1.49
	Employee & Spouse	\$6.51	\$4.56	\$0.90	\$1.07	\$2.60	\$1.80	\$2.13
	Family	\$7.77	\$5.44	\$1.08	\$1.27	\$3.11	\$2.15	\$2.54

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