

AACPS Healthcare Costs for 2018: 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	\$506.89	\$461.27	\$21.06	\$24.88
	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 "Open Access"	Individual	\$628.21	\$552.82	\$34.80	\$41.12
	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 PPN***	Individual	\$665.22	\$465.65	\$92.11	\$108.86
	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 Traditional Dental	Individual	\$34.71	\$26.03	\$4.01	\$4.73
	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

* 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.

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

Coverage Options	Total Monthly Premium*	Tier 2 (0.46-0.749 FTE)				Tier 3 (0.1-0.459 FTE)		
		Board's Monthly Share*	26 Pays	22 Pays	Board's Monthly Share	26 Pays	22 Pays	
MEDICAL OPTIONS								
CareFirst BlueChoice HMO "Open Access"	Individual	\$506.89	\$387.47	\$55.12	\$65.14	\$230.64	\$127.50	\$150.68
	Parent & Child	\$792.17	\$605.53	\$86.14	\$101.80	\$360.44	\$199.26	\$235.49
	Employee & Spouse	\$1,220.74	\$933.13	\$132.74	\$156.88	\$555.44	\$307.06	\$362.89
	Family	\$1,464.15	\$1,119.20	\$159.21	\$188.15	\$666.19	\$368.29	\$435.25
BlueChoice Low-Option HMO	Individual	\$366.16	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	\$292.93**	\$0			\$0		
	Spouse	\$402.78**	\$0	N/A	N/A	\$0	N/A	N/A
Family	\$635.29**	\$0			\$0			
CareFirst BlueChoice Triple Option "Open Access"	Individual	\$628.21	\$464.37	\$75.62	\$89.37	\$276.41	\$162.37	\$191.89
	Parent & Child	\$1,151.76	\$851.38	\$138.64	\$163.84	\$506.78	\$297.68	\$351.81
	Employee & Spouse	\$1,500.10	\$1,108.88	\$180.56	\$213.39	\$660.05	\$387.72	\$458.21
	Family	\$1,799.40	\$1,330.11	\$216.60	\$255.98	\$791.74	\$465.07	\$549.63
CareFirst BlueCross Blue Shield PPN***	Individual	\$665.22	\$391.15	\$126.49	\$149.49	\$232.83	\$199.56	\$235.85
	Parent & Child	\$1,223.67	\$719.52	\$232.68	\$274.99	\$428.29	\$367.10	\$433.84
	Employee & Spouse	\$1,592.99	\$936.68	\$302.91	\$357.99	\$557.55	\$477.90	\$564.79
	Family	\$1,905.44	\$1,120.40	\$362.33	\$428.20	\$666.91	\$571.63	\$675.56
DENTAL OPTIONS								
United Concordia Dental POS	Individual	\$16.99	\$10.70	\$2.90	\$3.43	\$6.37	\$4.90	\$5.79
	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 BlueChoice PPO Dental	Individual	\$32.45	\$20.45	\$5.54	\$6.55	\$12.17	\$9.36	\$11.06
	Parent & Child	\$53.20	\$33.52	\$9.08	\$10.73	\$19.95	\$15.35	\$18.14
	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 Dental	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
	Family	\$108.67	\$68.46	\$18.56	\$21.93	\$40.75	\$31.35	\$37.05
VISION OPTION								
CareFirst Select Vision	Individual	\$3.24	\$2.18	\$0.49	\$0.58	\$1.30	\$0.90	\$1.06
	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

* 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 2018: 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	\$506.89	\$476.48	\$14.04	\$16.59
	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 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 "Open Access"	Individual	\$628.21	\$559.11	\$31.89	\$37.69
	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 PPN***	Individual	\$665.22	\$465.65	\$92.11	\$108.86
	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 Traditional Dental	Individual	\$34.71	\$26.03	\$4.01	\$4.73
	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

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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	\$506.89	\$400.24	\$49.22	\$58.17	\$238.24	\$123.99	\$146.54
	Parent & Child	\$792.17	\$625.50	\$76.92	\$90.91	\$372.32	\$193.78	\$229.01
	Employee & Spouse	\$1,220.74	\$963.90	\$118.54	\$140.09	\$573.75	\$298.61	\$352.90
	Family	\$1,464.15	\$1,156.09	\$142.18	\$168.03	\$688.15	\$358.15	\$423.27
BlueChoice Low-Option HMO	Individual	\$366.16	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	\$292.93**	\$0			\$0		
	Spouse	\$402.78**	\$0	N/A	N/A	\$0	N/A	N/A
Family	\$635.29**	\$0			\$0			
CareFirst BlueChoice Triple Option "Open Access"	Individual	\$628.21	\$469.65	\$73.18	\$86.49	\$279.56	\$160.92	\$190.17
	Parent & Child	\$1,151.76	\$861.06	\$134.17	\$158.56	\$512.54	\$295.02	\$348.67
	Employee & Spouse	\$1,500.10	\$1,121.48	\$174.75	\$206.52	\$667.55	\$384.25	\$454.12
	Family	\$1,799.40	\$1,345.23	\$209.62	\$247.73	\$800.74	\$460.92	\$544.72
CareFirst BlueCross Blue Shield PPN***	Individual	\$665.22	\$391.15	\$126.49	\$149.49	\$232.83	\$199.56	\$235.85
	Parent & Child	\$1,223.67	\$719.52	\$232.68	\$274.99	\$428.29	\$367.10	\$433.84
	Employee & Spouse	\$1,592.99	\$936.68	\$302.91	\$357.99	\$557.55	\$477.90	\$564.79
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	Parent & Child	\$53.20	\$33.52	\$9.08	\$10.73	\$19.95	\$15.35	\$18.14
	Employee & Spouse	\$67.14	\$42.30	\$11.46	\$13.55	\$25.18	\$19.37	\$22.89
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CareFirst BlueCross BlueShield Traditional Dental	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
	Family	\$108.67	\$68.46	\$18.56	\$21.93	\$40.75	\$31.35	\$37.05
VISION OPTION								
CareFirst Select Vision	Individual	\$3.24	\$2.18	\$0.49	\$0.58	\$1.30	\$0.90	\$1.06
	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

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