

## AACPS Healthcare Costs for 2019: 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
<b>MEDICAL OPTIONS</b>					
<b>CareFirst BlueChoice HMO "Open Access"</b>	Individual	\$506.89	\$451.13	\$25.74	\$30.41
	Parent & Child	\$792.17	\$705.03	\$40.22	\$47.53
	Employee & Spouse	\$1,220.74	\$1,086.46	\$61.98	\$73.24
	Family	\$1,464.15	\$1,303.09	\$74.34	\$87.85
<b>BlueChoice Low-Option HMO</b>	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		
<b>CareFirst BlueChoice Triple Option "Open Access"</b>	Individual	\$628.21	\$540.26	\$40.59	\$47.97
	Parent & Child	\$1,151.76	\$990.51	\$74.42	\$87.95
	Employee & Spouse	\$1,500.10	\$1,290.09	\$96.93	\$114.55
	Family	\$1,799.40	\$1,547.48	\$116.27	\$137.41
<b>CareFirst BlueCross Blue Shield PPN***</b>	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
<b>DENTAL OPTIONS</b>					
<b>United Concordia Dental POS</b>	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
<b>CareFirst BlueChoice PPO Dental</b>	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
<b>CareFirst BlueCross BlueShield Traditional Dental</b>	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
<b>VISION OPTION</b>					
<b>CareFirst Select Vision</b>	Individual	\$3.11	\$2.49	\$0.29	\$0.34
	Parent & Child	\$4.36	\$3.49	\$0.40	\$0.47
	Employee & Spouse	\$6.25	\$5.00	\$0.58	\$0.68
	Family	\$7.46	\$5.97	\$0.69	\$0.81

\* 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 2019: 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	
<b>MEDICAL OPTIONS</b>								
<b>CareFirst BlueChoice HMO "Open Access"</b>	Individual	\$506.89	\$378.95	\$59.05	\$69.79	\$225.57	\$129.84	\$153.45
	Parent & Child	\$792.17	\$592.23	\$92.28	\$109.06	\$352.52	\$202.92	\$239.81
	Employee & Spouse	\$1,220.74	\$912.63	\$142.20	\$168.06	\$543.23	\$312.70	\$369.55
	Family	\$1,464.15	\$1,094.60	\$170.56	\$201.57	\$651.55	\$375.05	\$443.24
<b>BlueChoice Low-Option HMO</b>	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			
<b>CareFirst BlueChoice Triple Option "Open Access"</b>	Individual	\$628.21	\$453.82	\$80.49	\$95.12	\$270.13	\$165.27	\$195.32
	Parent & Child	\$1,151.76	\$832.03	\$147.57	\$174.40	\$495.26	\$303.00	\$358.09
	Employee & Spouse	\$1,500.10	\$1,083.68	\$192.19	\$227.14	\$645.05	\$394.64	\$466.39
	Family	\$1,799.40	\$1,299.88	\$230.55	\$272.47	\$773.74	\$473.38	\$559.45
<b>CareFirst BlueCross Blue Shield PPN***</b>	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
<b>DENTAL OPTIONS</b>								
<b>United Concordia Dental POS</b>	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
<b>CareFirst BlueChoice PPO Dental</b>	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
<b>CareFirst BlueCross BlueShield Traditional Dental</b>	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
<b>VISION OPTION</b>								
<b>CareFirst Select Vision</b>	Individual	\$3.11	\$2.09	\$0.47	\$0.56	\$1.25	\$0.86	\$1.01
	Parent & Child	\$4.36	\$2.93	\$0.66	\$0.78	\$1.75	\$1.20	\$1.42
	Employee & Spouse	\$6.25	\$4.20	\$0.95	\$1.12	\$2.50	\$1.73	\$2.05
	Family	\$7.46	\$5.01	\$1.13	\$1.34	\$2.99	\$2.06	\$2.44

\* 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 2019: 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
<b>MEDICAL OPTIONS</b>					
<b>CareFirst BlueChoice HMO "Open Access"</b>	Individual	\$506.89	\$466.34	\$18.72	\$22.12
	Parent & Child	\$792.17	\$728.80	\$29.25	\$34.57
	Employee & Spouse	\$1,220.74	\$1,123.08	\$45.07	\$53.27
	Family	\$1,464.15	\$1,347.02	\$54.06	\$63.89
<b>BlueChoice Low-Option HMO</b>	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		
<b>CareFirst BlueChoice Triple Option "Open Access"</b>	Individual	\$628.21	\$546.54	\$37.69	\$44.55
	Parent & Child	\$1,151.76	\$1,002.03	\$69.11	\$81.67
	Employee & Spouse	\$1,500.10	\$1,305.09	\$90.00	\$106.37
	Family	\$1,799.40	\$1,565.48	\$107.96	\$127.59
<b>CareFirst BlueCross Blue Shield PPN***</b>	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
<b>DENTAL OPTIONS</b>					
<b>United Concordia Dental POS</b>	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
<b>CareFirst BlueChoice PPO Dental</b>	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
<b>CareFirst BlueCross BlueShield Traditional Dental</b>	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
<b>VISION OPTION</b>					
<b>CareFirst Select Vision</b>	Individual	\$3.11	\$2.49	\$0.29	\$0.34
	Parent & Child	\$4.36	\$3.49	\$0.40	\$0.47
	Employee & Spouse	\$6.25	\$5.00	\$0.58	\$0.68
	Family	\$7.46	\$5.97	\$0.69	\$0.81

\* Total monthly premium for medical includes prescriptions.

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

## AACPS Healthcare Costs for 2019: Units III & IV (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	
<b>MEDICAL OPTIONS</b>								
<b>CareFirst BlueChoice HMO "Open Access"</b>	Individual	\$506.89	\$391.73	\$53.15	\$62.81	\$233.17	\$126.33	\$149.30
	Parent & Child	\$792.17	\$612.19	\$83.07	\$98.17	\$364.40	\$197.43	\$233.33
	Employee & Spouse	\$1,220.74	\$943.39	\$128.01	\$151.28	\$561.54	\$304.25	\$359.56
	Family	\$1,464.15	\$1,131.50	\$153.53	\$181.45	\$673.51	\$364.91	\$431.26
<b>BlueChoice Low-Option HMO</b>	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			
<b>CareFirst BlueChoice Triple Option "Open Access"</b>	Individual	\$628.21	\$459.09	\$78.06	\$92.25	\$273.27	\$163.82	\$193.60
	Parent & Child	\$1,151.76	\$841.71	\$143.10	\$169.12	\$501.02	\$300.34	\$354.95
	Employee & Spouse	\$1,500.10	\$1,096.28	\$186.38	\$220.27	\$652.55	\$391.18	\$462.30
	Family	\$1,799.40	\$1,315.00	\$223.57	\$264.22	\$782.74	\$469.23	\$554.54
<b>CareFirst BlueCross Blue Shield PPN***</b>	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
<b>DENTAL OPTIONS</b>								
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	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
<b>CareFirst BlueChoice PPO Dental</b>	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
<b>CareFirst BlueCross BlueShield Traditional Dental</b>	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
<b>VISION OPTION</b>								
<b>CareFirst Select Vision</b>	Individual	\$3.11	\$2.09	\$0.47	\$0.56	\$1.25	\$0.86	\$1.01
	Parent & Child	\$4.36	\$2.93	\$0.66	\$0.78	\$1.75	\$1.20	\$1.42
	Employee & Spouse	\$6.25	\$4.20	\$0.95	\$1.12	\$2.50	\$1.73	\$2.05
	Family	\$7.46	\$5.01	\$1.13	\$1.34	\$2.99	\$2.06	\$2.44

\* 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.