

AACPS Healthcare Costs for 2021: 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	\$532.24	\$468.37	\$29.48	\$34.84
	Parent & Child	\$831.77	\$731.96	\$46.07	\$54.44
	Employee & Spouse	\$1,281.78	\$1,127.97	\$70.99	\$83.90
	Family	\$1,537.36	\$1,352.88	\$85.14	\$100.63
BlueChoice Low-Option HMO	Individual	\$384.47	90.5%	9.5% of W2 pay	9.5% of W2 pay
	Plus additional cost for dependents paid on monthly basis directly to Discovery Benefits				
	One Child	\$307.57**	\$0		
	Spouse	\$422.92**	\$0	N/A	N/A
CareFirst BlueChoice Triple Option "Open Access"	Individual	\$659.62	\$560.68	\$45.66	\$53.97
	Parent & Child	\$1,209.35	\$1,027.95	\$83.72	\$98.95
	Employee & Spouse	\$1,575.11	\$1,338.84	\$109.05	\$128.87
	Family	\$1,889.37	\$1,605.96	\$130.80	\$154.59
CareFirst BlueCross Blue Shield PPN***	Individual	\$731.74	\$512.22	\$101.32	\$119.74
	Parent & Child	\$1,346.04	\$942.23	\$186.37	\$220.26
	Employee & Spouse	\$1,752.29	\$1,226.60	\$242.63	\$286.74
	Family	\$2,095.99	\$1,467.19	\$290.22	\$342.98
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	\$3.11	\$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 2021: 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	\$532.24	\$393.43	\$64.07	\$75.71	\$234.19	\$137.56	\$162.57
	Parent & Child	\$831.77	\$614.85	\$100.12	\$118.32	\$365.98	\$214.98	\$254.07
	Employee & Spouse	\$1,281.78	\$947.49	\$154.29	\$182.34	\$563.99	\$331.29	\$391.52
	Family	\$1,537.36	\$1,136.42	\$185.05	\$218.69	\$676.44	\$397.35	\$469.59
BlueChoice Low-Option HMO	Individual	\$384.47	90.5%	9.5% of W2 pay	9.5% of W2 pay	90.5%	9.5% of W2 pay	9.5% of W2 pay
	Plus additional cost for dependents paid on monthly basis directly to Discovery Benefits							
	One Child	\$307.57**	\$0			\$0		
	Spouse	\$422.92**	\$0	N/A	N/A	\$0	N/A	N/A
	Family	\$667.05**	\$0			\$0		
CareFirst BlueChoice Triple Option "Open Access"	Individual	\$659.62	\$470.97	\$87.07	\$102.90	\$280.34	\$175.05	\$206.88
	Parent & Child	\$1,209.35	\$863.48	\$159.63	\$188.66	\$513.98	\$320.94	\$379.29
	Employee & Spouse	\$1,575.11	\$1,124.63	\$207.91	\$245.72	\$669.42	\$418.01	\$494.01
	Family	\$1,889.37	\$1,349.01	\$249.40	\$294.74	\$802.98	\$501.41	\$592.58
CareFirst BlueCross Blue Shield PPN***	Individual	\$731.74	\$430.26	\$139.14	\$164.44	\$256.11	\$219.52	\$259.43
	Parent & Child	\$1,346.04	\$791.47	\$255.96	\$302.49	\$471.12	\$403.81	\$477.23
	Employee & Spouse	\$1,752.29	\$1,030.34	\$333.21	\$393.79	\$613.30	\$525.69	\$621.27
	Family	\$2,095.99	\$1,232.44	\$398.56	\$471.03	\$733.60	\$628.80	\$743.12
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	\$3.11	\$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 2021: 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	\$532.24	\$479.02	\$24.56	\$29.03
	Parent & Child	\$831.77	\$748.59	\$38.39	\$45.37
	Employee & Spouse	\$1,281.78	\$1,153.60	\$59.16	\$69.92
	Family	\$1,537.36	\$1,383.62	\$70.96	\$83.86
BlueChoice Low-Option HMO	Individual	\$384.47	90.5%	9.5% of W2 pay	9.5% of W2 pay
	Plus additional cost for dependents paid on monthly basis directly to Discovery Benefits				
	One Child	\$307.57**	\$0		
	Spouse	\$422.92**	\$0	N/A	N/A
	Family	\$667.05**	\$0		
CareFirst BlueChoice Triple Option "Open Access"	Individual	\$659.62	\$560.68	\$45.66	\$53.97
	Parent & Child	\$1,209.35	\$1,027.95	\$83.72	\$98.95
	Employee & Spouse	\$1,575.11	\$1,338.84	\$109.05	\$128.87
	Family	\$1,889.37	\$1,605.96	\$130.80	\$154.59
CareFirst BlueCross Blue Shield PPN***	Individual	\$731.74	\$512.22	\$101.32	\$119.74
	Parent & Child	\$1,346.04	\$942.23	\$186.37	\$220.26
	Employee & Spouse	\$1,752.29	\$1,226.60	\$242.63	\$286.74
	Family	\$2,095.99	\$1,467.19	\$290.22	\$342.98
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	\$3.11	\$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 2021: 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	
MEDICAL OPTIONS								
CareFirst BlueChoice HMO "Open Access"	Individual	\$532.24	\$402.38	\$59.94	\$70.83	\$239.51	\$135.11	\$159.67
	Parent & Child	\$831.77	\$628.82	\$93.67	\$110.70	\$374.30	\$211.14	\$249.53
	Employee & Spouse	\$1,281.78	\$969.02	\$144.35	\$170.60	\$576.80	\$325.38	\$384.53
	Family	\$1,537.36	\$1,162.24	\$173.13	\$204.61	\$691.81	\$390.25	\$461.21
BlueChoice Low-Option HMO	Individual	\$384.47	90.5%	9.5% of W2 pay	9.5% of W2 pay	90.5%	9.5% of W2 pay	9.5% of W2 pay
	Plus additional cost for dependents paid on monthly basis directly to Discovery Benefits							
	One Child	\$307.57**	\$0			\$0		
	Spouse	\$422.92**	\$0	N/A	N/A	\$0	N/A	N/A
Family	\$667.05**	\$0			\$0			
CareFirst BlueChoice Triple Option "Open Access"	Individual	\$659.62	\$470.97	\$87.07	\$102.90	\$280.34	\$175.05	\$206.88
	Parent & Child	\$1,209.35	\$863.48	\$159.63	\$188.66	\$513.98	\$320.94	\$379.29
	Employee & Spouse	\$1,575.11	\$1,124.63	\$207.91	\$245.72	\$669.42	\$418.01	\$494.01
	Family	\$1,889.37	\$1,349.01	\$249.40	\$294.74	\$802.98	\$501.41	\$592.58
CareFirst BlueCross Blue Shield PPN***	Individual	\$731.74	\$430.26	\$139.14	\$164.44	\$256.11	\$219.52	\$259.43
	Parent & Child	\$1,346.04	\$791.47	\$255.96	\$302.49	\$471.12	\$403.81	\$477.23
	Employee & Spouse	\$1,752.29	\$1,030.34	\$333.21	\$393.79	\$613.30	\$525.69	\$621.27
	Family	\$2,095.99	\$1,232.44	\$398.56	\$471.03	\$733.60	\$628.80	\$743.12
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	\$3.11	\$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.