

AACPS Healthcare Costs for 2022: 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	\$540.21	\$475.38	\$29.92	\$35.36
	Parent & Child	\$844.26	\$742.95	\$46.76	\$55.26
	Employee & Spouse	\$1,301.01	\$1,144.89	\$72.06	\$85.16
	Family	\$1,560.42	\$1,373.17	\$86.42	\$102.14
BlueChoice Low-Option HMO	Individual	\$390.24	90.5%	9.5% of W2 pay	9.5% of W2 pay
	Plus additional cost for dependents paid on monthly basis directly to WEX				
	One Child	\$312.18**	\$0		
	Spouse	\$429.26**	\$0	N/A	N/A
CareFirst BlueChoice Triple Option "Open Access"	Individual	\$669.51	\$569.08	\$46.35	\$54.78
	Parent & Child	\$1,227.49	\$1,043.37	\$84.98	\$100.43
	Employee & Spouse	\$1,598.74	\$1,358.93	\$110.68	\$130.81
	Family	\$1,917.71	\$1,630.05	\$132.77	\$156.91
CareFirst BlueCross Blue Shield PPN***	Individual	\$742.72	\$519.90	\$102.84	\$121.54
	Parent & Child	\$1,366.23	\$956.36	\$189.17	\$223.57
	Employee & Spouse	\$1,778.57	\$1,245.00	\$246.26	\$291.04
	Family	\$2,127.42	\$1,489.19	\$294.57	\$348.13
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 WEX

*** 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 2022: 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	\$540.21	\$399.32	\$65.03	\$76.85	\$237.69	\$139.62	\$165.01
	Parent & Child	\$844.26	\$624.08	\$101.62	\$120.10	\$371.48	\$218.21	\$257.88
	Employee & Spouse	\$1,301.01	\$961.71	\$156.60	\$185.07	\$572.45	\$336.26	\$397.40
	Family	\$1,560.42	\$1,153.46	\$187.83	\$221.98	\$686.59	\$403.31	\$476.63
BlueChoice Low-Option HMO	Individual	\$390.24	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 WEX							
	One Child	\$312.18**	\$0			\$0		
	Spouse	\$429.26**	\$0	N/A	N/A	\$0	N/A	N/A
Family	\$677.05**	\$0			\$0			
CareFirst BlueChoice Triple Option "Open Access"	Individual	\$669.51	\$478.03	\$88.38	\$104.44	\$284.54	\$177.68	\$209.98
	Parent & Child	\$1,227.49	\$876.43	\$162.03	\$191.49	\$521.69	\$325.75	\$384.98
	Employee & Spouse	\$1,598.74	\$1,141.50	\$211.03	\$249.40	\$679.47	\$424.28	\$501.42
	Family	\$1,917.71	\$1,369.24	\$253.14	\$299.17	\$815.03	\$508.93	\$601.46
CareFirst BlueCross Blue Shield PPN***	Individual	\$742.72	\$436.72	\$141.23	\$166.91	\$259.95	\$222.82	\$263.33
	Parent & Child	\$1,366.23	\$803.34	\$259.80	\$307.03	\$478.18	\$409.87	\$484.39
	Employee & Spouse	\$1,778.57	\$1,045.80	\$338.20	\$399.69	\$622.50	\$533.57	\$630.58
	Family	\$2,127.42	\$1,250.92	\$404.54	\$478.09	\$744.60	\$638.22	\$754.27
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 WEX

*** Grandfathered plan, no new enrollments accepted.

AACPS Healthcare Costs for 2022: 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	\$540.21	\$486.19	\$24.93	\$29.47
	Parent & Child	\$844.26	\$759.83	\$38.97	\$46.05
	Employee & Spouse	\$1,301.01	\$1,170.91	\$60.05	\$70.96
	Family	\$1,560.42	\$1,404.38	\$72.02	\$85.11
BlueChoice Low-Option HMO	Individual	\$390.24	90.5%	9.5% of W2 pay	9.5% of W2 pay
	Plus additional cost for dependents paid on monthly basis directly to WEX				
	One Child	\$312.18**	\$0		
	Spouse	\$429.26**	\$0	N/A	N/A
	Family	\$677.05**	\$0		
CareFirst BlueChoice Triple Option "Open Access"	Individual	\$669.51	\$569.08	\$46.35	\$54.78
	Parent & Child	\$1,227.49	\$1,043.37	\$84.98	\$100.43
	Employee & Spouse	\$1,598.74	\$1,358.93	\$110.68	\$130.81
	Family	\$1,917.71	\$1,630.05	\$132.77	\$156.91
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	Employee & Spouse	\$33.98	\$25.49	\$3.92	\$4.63
	Family	\$45.31	\$33.98	\$5.23	\$6.18
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	Parent & Child	\$53.20	\$39.90	\$6.14	\$7.25
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VISION OPTION					
CareFirst Select Vision	Individual	\$3.11	\$2.49	\$0.29	\$0.34
	Parent & Child	\$4.36	\$3.49	\$0.40	\$0.47
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MEDICAL OPTIONS								
CareFirst BlueChoice HMO "Open Access"	Individual	\$540.21	\$408.40	\$60.84	\$71.90	\$243.10	\$137.13	\$162.06
	Parent & Child	\$844.26	\$638.26	\$95.08	\$112.36	\$379.92	\$214.31	\$253.28
	Employee & Spouse	\$1,301.01	\$983.56	\$146.52	\$173.15	\$585.46	\$330.25	\$390.30
	Family	\$1,560.42	\$1,179.68	\$175.73	\$207.68	\$702.19	\$396.11	\$468.13
BlueChoice Low-Option HMO	Individual	\$390.24	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 WEX							
	One Child	\$312.18**	\$0			\$0		
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	Employee & Spouse	\$71.86	\$45.28	\$12.27	\$14.50	\$26.95	\$20.73	\$24.50
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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

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