

2024 AACPS Healthcare Costs

AACPS Healthcare Costs for 2024: 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	\$595.09	\$523.68	\$32.96	\$38.95
	Parent & Child	\$930.04	\$818.44	\$51.51	\$60.87
	Employee & Spouse	\$1,433.19	\$1,261.21	\$79.38	\$93.81
	Family	\$1,718.96	\$1,512.68	\$95.21	\$112.52
CareFirst BlueChoice Triple Option "Open Access"	Individual	\$737.53	\$626.90	\$51.06	\$60.34
	Parent & Child	\$1,352.20	\$1,149.37	\$93.61	\$110.63
	Employee & Spouse	\$1,761.17	\$1,496.99	\$121.93	\$144.10
	Family	\$2,112.54	\$1,795.66	\$146.25	\$172.84
CareFirst BlueCross Blue Shield PPN Grandfathered plan, no new enrollments accepted.	Individual	\$833.33	\$583.33	\$115.38	\$136.36
	Parent & Child	\$1,532.91	\$1,073.04	\$212.25	\$250.84
	Employee & Spouse	\$1,995.55	\$1,396.89	\$276.30	\$326.54
	Family	\$2,386.97	\$1,670.88	\$330.50	\$390.59
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	\$33.43	\$25.07	\$3.86	\$4.56
	Parent & Child	\$54.80	\$41.10	\$6.32	\$7.47
	Employee & Spouse	\$69.16	\$51.87	\$7.98	\$9.43
	Family	\$104.62	\$78.47	\$12.07	\$14.26
CareFirst BlueCross BlueShield Traditional Dental	Individual	\$35.75	\$26.81	\$4.13	\$4.88
	Parent & Child	\$58.64	\$43.98	\$6.77	\$8.00
	Employee & Spouse	\$74.03	\$55.52	\$8.54	\$10.10
	Family	\$111.95	\$83.96	\$12.92	\$15.27
VISION OPTION					
CareFirst Select Vision	Individual	\$3.27	\$2.62	\$0.30	\$0.35
	Parent & Child	\$4.58	\$3.66	\$0.42	\$0.50
	Employee & Spouse	\$6.57	\$5.26	\$0.60	\$0.71
	Family	\$7.84	\$6.27	\$0.72	\$0.86

* Total monthly premium for medical includes prescriptions.

Permanent active employees working the required minimum hours are eligible for AACPS healthcare benefits (see Page 3).

AACPS Healthcare Costs for 2024: 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	\$595.09	\$439.89	\$71.63	\$84.65	\$261.84	\$153.81	\$181.77
	Parent & Child	\$930.04	\$687.49	\$111.95	\$132.30	\$409.22	\$240.38	\$284.08
	Employee & Spouse	\$1,433.19	\$1,059.42	\$172.51	\$203.87	\$630.61	\$370.42	\$437.77
	Family	\$1,718.96	\$1,270.65	\$206.91	\$244.53	\$756.34	\$444.29	\$525.07
CareFirst BlueChoice Triple Option "Open Access"	Individual	\$737.53	\$526.60	\$97.35	\$115.05	\$313.45	\$195.73	\$231.32
	Parent & Child	\$1,352.20	\$965.47	\$178.49	\$210.94	\$574.69	\$358.85	\$424.10
	Employee & Spouse	\$1,761.17	\$1,257.47	\$232.48	\$274.75	\$748.50	\$467.39	\$552.37
	Family	\$2,112.54	\$1,508.35	\$278.86	\$329.56	\$897.83	\$560.64	\$662.57
CareFirst BlueCross Blue Shield PPN**	Individual	\$833.33	\$490.00	\$158.46	\$187.27	\$291.67	\$250.00	\$295.45
	Parent & Child	\$1,532.91	\$901.35	\$291.49	\$344.49	\$536.52	\$459.87	\$543.49
	Employee & Spouse	\$1,995.55	\$1,173.39	\$379.46	\$448.45	\$698.45	\$598.66	\$707.51
	Family	\$2,386.97	\$1,403.54	\$453.89	\$536.42	\$835.44	\$716.09	\$846.29
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	\$33.43	\$21.06	\$5.71	\$6.75	\$12.54	\$9.64	\$11.39
	Parent & Child	\$54.80	\$34.52	\$9.36	\$11.06	\$20.55	\$15.81	\$18.68
	Employee & Spouse	\$69.16	\$43.57	\$11.81	\$13.96	\$25.94	\$19.95	\$23.57
	Family	\$104.62	\$65.91	\$17.87	\$21.11	\$39.24	\$30.18	\$35.66
CareFirst BlueCross BlueShield Traditional Dental	Individual	\$35.75	\$22.52	\$6.11	\$7.22	\$13.41	\$10.31	\$12.19
	Parent & Child	\$58.64	\$36.94	\$10.02	\$11.84	\$21.99	\$16.92	\$19.99
	Employee & Spouse	\$74.03	\$46.64	\$12.64	\$14.94	\$27.76	\$21.36	\$25.24
	Family	\$111.95	\$70.53	\$19.12	\$22.59	\$41.98	\$32.29	\$38.17
VISION OPTION								
CareFirst Select Vision	Individual	\$3.27	\$2.20	\$0.49	\$0.58	\$1.31	\$0.90	\$1.07
	Parent & Child	\$4.58	\$3.07	\$0.70	\$0.82	\$1.83	\$1.27	\$1.50
	Employee & Spouse	\$6.57	\$4.42	\$0.99	\$1.17	\$2.63	\$1.82	\$2.15
	Family	\$7.84	\$5.27	\$1.19	\$1.40	\$3.14	\$2.17	\$2.56

* Total monthly premium for medical includes prescriptions.

** Grandfathered plan, no new enrollments accepted.

AACPS Healthcare Costs for 2024: 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	\$595.09	\$535.58	\$27.47	\$32.46
	Parent & Child	\$930.04	\$837.04	\$42.92	\$50.73
	Employee & Spouse	\$1,433.19	\$1,289.87	\$66.15	\$78.17
	Family	\$1,718.96	\$1,547.06	\$79.34	\$93.76
CareFirst BlueChoice Triple Option "Open Access"	Individual	\$737.53	\$626.90	\$51.06	\$60.34
	Parent & Child	\$1,352.20	\$1,149.37	\$93.61	\$110.63
	Employee & Spouse	\$1,761.17	\$1,496.99	\$121.93	\$144.10
	Family	\$2,112.54	\$1,795.66	\$146.25	\$172.84
CareFirst BlueCross Blue Shield PPN Grandfathered plan, no new enrollments accepted.	Individual	\$833.33	\$583.33	\$115.38	\$136.36
	Parent & Child	\$1,532.91	\$1,073.04	\$212.25	\$250.84
	Employee & Spouse	\$1,995.55	\$1,396.89	\$276.30	\$326.54
	Family	\$2,386.97	\$1,670.88	\$330.50	\$390.59
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	\$33.43	\$25.07	\$3.86	\$4.56
	Parent & Child	\$54.80	\$41.10	\$6.32	\$7.47
	Employee & Spouse	\$69.16	\$51.87	\$7.98	\$9.43
	Family	\$104.62	\$78.47	\$12.07	\$14.26
CareFirst BlueCross BlueShield Traditional Dental	Individual	\$35.75	\$26.81	\$4.13	\$4.88
	Parent & Child	\$58.64	\$43.98	\$6.77	\$8.00
	Employee & Spouse	\$74.03	\$55.52	\$8.54	\$10.10
	Family	\$111.95	\$83.96	\$12.92	\$15.27
VISION OPTION					
CareFirst Select Vision	Individual	\$3.27	\$2.62	\$0.30	\$0.35
	Parent & Child	\$4.58	\$3.66	\$0.42	\$0.50
	Employee & Spouse	\$6.57	\$5.26	\$0.60	\$0.71
	Family	\$7.84	\$6.27	\$0.72	\$0.86

* Total monthly premium for medical includes prescriptions.

Permanent active employees working the required minimum hours are eligible for AACPS healthcare benefits (see Page 3).

AACPS Healthcare Costs for 2024: 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	\$595.09	\$449.89	\$67.02	\$79.20	\$267.79	\$151.06	\$178.53
	Parent & Child	\$930.04	\$703.11	\$104.74	\$123.78	\$418.52	\$236.09	\$279.01
	Employee & Spouse	\$1,433.19	\$1,083.49	\$161.40	\$190.75	\$644.94	\$363.81	\$429.95
	Family	\$1,718.96	\$1,299.53	\$193.58	\$228.78	\$773.53	\$436.35	\$515.69
CareFirst BlueChoice Triple Option "Open Access"	Individual	\$737.53	\$526.60	\$97.35	\$115.05	\$313.45	\$195.73	\$231.32
	Parent & Child	\$1,352.20	\$965.47	\$178.49	\$210.94	\$574.69	\$358.85	\$424.10
	Employee & Spouse	\$1,761.17	\$1,257.47	\$232.48	\$274.75	\$748.50	\$467.39	\$552.37
	Family	\$2,112.54	\$1,508.35	\$278.86	\$329.56	\$897.83	\$560.64	\$662.57
CareFirst BlueCross Blue Shield PPN**	Individual	\$833.33	\$490.00	\$158.46	\$187.27	\$291.67	\$250.00	\$295.45
	Parent & Child	\$1,532.91	\$901.35	\$291.49	\$344.49	\$536.52	\$459.87	\$543.49
	Employee & Spouse	\$1,995.55	\$1,173.39	\$379.46	\$448.45	\$698.45	\$598.66	\$707.51
	Family	\$2,386.97	\$1,403.54	\$453.89	\$536.42	\$835.44	\$716.09	\$846.29
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	\$33.43	\$21.06	\$5.71	\$6.75	\$12.54	\$9.64	\$11.39
	Parent & Child	\$54.80	\$34.52	\$9.36	\$11.06	\$20.55	\$15.81	\$18.68
	Employee & Spouse	\$69.16	\$43.57	\$11.81	\$13.96	\$25.94	\$19.95	\$23.57
	Family	\$104.62	\$65.91	\$17.87	\$21.11	\$39.24	\$30.18	\$35.66
CareFirst BlueCross BlueShield Traditional Dental	Individual	\$35.75	\$22.52	\$6.11	\$7.22	\$13.41	\$10.31	\$12.19
	Parent & Child	\$58.64	\$36.94	\$10.02	\$11.84	\$21.99	\$16.92	\$19.99
	Employee & Spouse	\$74.03	\$46.64	\$12.64	\$14.94	\$27.76	\$21.36	\$25.24
	Family	\$111.95	\$70.53	\$19.12	\$22.59	\$41.98	\$32.29	\$38.17
VISION OPTION								
CareFirst Select Vision	Individual	\$3.27	\$2.20	\$0.49	\$0.58	\$1.31	\$0.90	\$1.07
	Parent & Child	\$4.58	\$3.07	\$0.70	\$0.82	\$1.83	\$1.27	\$1.50
	Employee & Spouse	\$6.57	\$4.42	\$0.99	\$1.17	\$2.63	\$1.82	\$2.15
	Family	\$7.84	\$5.27	\$1.19	\$1.40	\$3.14	\$2.17	\$2.56

* Total monthly premium for medical includes prescriptions.

** Grandfathered plan, no new enrollments accepted.