AACPS Healthcare Costs for 2024: Units I, II, V, and VI (full-time) - Tier 1

Your Bi-Weekly Payroll Deduction

	Coverage Options	Total Monthly Premium*	Board's Monthly Share	26 Pays	22 Pays
MEDICAL OPTIONS					
CareFirst BlueChoice HMO	Individual	\$595.09	\$523.68	\$32.96	\$38.95
"Open Access"	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	Individual	\$737.53	\$626.90	\$51.06	\$60.34
"Open Access"	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	Individual	\$833.33	\$583.33	\$115.38	\$136.36
Grandfathered plan, no new	Parent & Child	\$1,532.91	\$1,073.04	\$212.25	\$250.84
enrollments accepted.	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	Individual	\$35.75	\$26.81	\$4.13	\$4.88
Traditional Dental	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.

AACPS Healthcare Costs for 2024: Units I, II, V, and VI (part-time) - Tiers 2 & 3

		Tier 2 (0.46-0.749 FTE)				Tier 3 (0.1-0.459 FTE)			
	Coverage Options	Total Monthly Premium*	Board's Monthly Share*	26 Pays	22 Pays	Board's Monthly Share	26 Pays	22 Pays	
MEDICAL OPTIONS									
CareFirst	Individual	\$595.09	\$439.89	\$71.63	\$84.65	\$261.84	\$153.81	\$181.77	
BlueChoice	Parent & Child	\$930.04	\$687.49	\$111.95	\$132.30	\$409.22	\$240.38	\$284.08	
HMO "Open	Employee & Spouse	\$1,433.19	\$1,059.42	\$172.51	\$203.87	\$630.61	\$370.42	\$437.77	
Access"	Family	\$1,718.96	\$1,270.65	\$206.91	\$244.53	\$756.34	\$444.29	\$525.07	
CareFirst	Individual	\$737.53	\$526.60	\$97.35	\$115.05	\$313.45	\$195.73	\$231.32	
BlueChoice	Parent & Child	\$1,352.20	\$965.47	\$178.49	\$210.94	\$574.69	\$358.85	\$424.10	
Triple Option "Open	Employee & Spouse	\$1,761.17	\$1,257.47	\$232.48	\$274.75	\$748.50	\$467.39	\$552.37	
Access"	Family	\$2,112.54	\$1,508.35	\$278.86	\$329.56	\$897.83	\$560.64	\$662.57	
CareFirst	Individual	\$833.33	\$490.00	\$158.46	\$187.27	\$291.67	\$250.00	\$295.45	
BlueCross	Parent & Child	\$1,532.91	\$901.35	\$291.49	\$344.49	\$536.52	\$459.87	\$543.49	
Blue Shield	Employee & Spouse	\$1,995.55	\$1,173.39	\$379.46	\$448.45	\$698.45	\$598.66	\$707.51	
PPN**	Family	\$2,386.97	\$1,403.54	\$453.89	\$536.42	\$835.44	\$716.09	\$846.29	
DENTAL O	PTIONS								
United	Individual	\$16.99	\$10.70	\$2.90	\$3.43	\$6.37	\$4.90	\$5.79	
Concordia Dental POS	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	Individual	\$33.43	\$21.06	\$5.71	\$6.75	\$12.54	\$9.64	\$11.39	
BlueChoice	Parent & Child	\$54.80	\$34.52	\$9.36	\$11.06	\$20.55	\$15.81	\$18.68	
PPO Dental	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	Individual	\$35.75	\$22.52	\$6.11	\$7.22	\$13.41	\$10.31	\$12.19	
BlueCross	Parent & Child	\$58.64	\$36.94	\$10.02	\$11.84	\$21.99	\$16.92	\$19.99	
BlueShield Traditional Dental	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

Your Bi-Weekly Payroll Deduction

Coverage Options				D 1/	Payroll Deduction		
Individual \$595.09 \$535.58 \$27.47 \$32.46 "Open Access" 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 GareFirst BlueChoice Triple Option 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 Individual \$833.33 \$150.33 \$115.38 \$136.36 Grandfathered plan, no new enrollments accepted. Employee & Spouse \$1,995.55 \$1,396.89 \$276.30 \$326.54 Eamily \$2,386.97 \$1,670.88 \$330.59 DENTAL OPTIONS United Concordia Dental POS Individual \$16.99 \$12.74 \$1.96 \$2.32 Employee & Spouse \$33.98 \$25.49 \$3.92 \$4.63 Employee & Spouse \$33.86 \$25.07 \$3.86 Family \$45.31 \$33.39 \$5.23 \$6.18 CareFirst BlueChoice PPO Dental Individual \$35.48 \$41.10 \$6.32 \$7.47 Employee & Spouse \$69.16 \$51.87 \$7.98 \$9.43 Employee & Spouse \$69.16 \$51.87 \$7.98 \$9.43 Employee & Spouse \$674.03 \$55.52 \$8.54 \$1.010 Employee & Spouse		Coverage Options	Total Monthly Premium*	Board's Monthly Share	26 Pays	22 Pays	
"Open Access"	MEDICAL OPTIONS						
Employee & Spouse \$1,433.19 \$1,289.87 \$66.15 \$78.17 \$79.34 \$93.76 \$1,547.06 \$79.34 \$93.76 \$1,547.06 \$79.34 \$93.76 \$1,547.06 \$1,547.06 \$79.34 \$93.76 \$1,547.06 \$1	CareFirst BlueChoice HMO	Individual	\$595.09	\$535.58	\$27.47	\$32.46	
Family	"Open Access"	Parent & Child	\$930.04	\$837.04	\$42.92	\$50.73	
CareFirst BlueChoice Triple Option ("Open Access" Individual (ST37.53) \$626.90 \$51.06 \$60.34 Parent & Child (ST,352.20) \$1,149.37 \$93.61 \$110.63 Employee & Spouse (ST,761.17) \$1,496.99 \$121.93 \$144.10 Family (SZ,112.54) \$1,795.66 \$146.25 \$172.84 CareFirst BlueCross Blue Shield PPN (Grandfathered plan, no new enrollments accepted. Employee & Spouse (ST,995.55) \$1,396.89 \$276.30 \$326.54 Family (SZ,386.97) \$1,670.88 \$330.50 \$390.59 DENTAL OPTIONS		Employee & Spouse	\$1,433.19	\$1,289.87	\$66.15	\$78.17	
"Open Access"		Family	\$1,718.96	\$1,547.06	\$79.34	\$93.76	
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 Individual \$833.33 \$583.33 \$115.38 \$136.36 Grandfathered plan, no new enrollments accepted. 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 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 Employee & Spouse \$33.98 \$25.49 \$3.92 \$4.63 Employee & Spouse \$33.43 \$25.07 \$3.86 \$4.56 Parent & Child \$34.83 \$35.07 \$3.86 \$4.56 Parent & Child \$54.80 \$41.10 \$6.32 \$7.47 Employee & Spouse \$69.16 \$551.87 \$7.98 \$9.43 Family \$104.62 \$78.47 \$12.07 \$14.26 CareFirst BlueCross BlueShield Individual \$35.75 \$26.81 \$4.13 \$4.88 Traditional Dental Parent & Child \$58.64 \$43.98 \$6.77 \$8.00 Employee & Spouse \$74.03 \$55.52 \$8.54 \$10.10 Employee & Spouse \$74.03 \$55.52 \$8.54 \$10.10 Family \$111.95 \$83.96 \$12.92 \$15.27 VISION OPTION Individual \$33.27 \$2.62 \$0.30 \$0.35 Parent & Child \$4.58 \$3.66 \$0.42 \$0.50 CareFirst Select Vision Individual \$33.27 \$2.62 \$0.30 \$0.35 Parent & Child \$4.58 \$3.66 \$0.42 \$0.50 CareFirst Select Vision Individual \$3.27 \$2.62 \$0.30 \$0.35 Parent & Child \$4.58 \$3.66 \$0.42 \$0.50 CareFirst Select Vision Individual \$3.27 \$2.62 \$0.30 \$0.35 Parent & Child \$4.58 \$3.66 \$0.42 \$0.50 CareFirst Select Vision Individual \$3.27 \$2.62 \$0.30 \$0.35 Parent & Child \$4.58 \$3.66 \$0.42 \$0.50 CareFirst Select Vision Individual \$3.27 \$2.62 \$0.30 \$0.35 Parent & Child \$4.58 \$3.66 \$0.42 \$0.50 CareFirst Select Vision Individual \$4.58 \$3.66 \$0.42 \$0.50 CareFirst Select Vision Individu	CareFirst BlueChoice Triple Option	Individual \$737.53		\$626.90	\$51.06	\$60.34	
Family	"Open Access"	Parent & Child	\$1,352.20	\$1,149.37	\$93.61	\$110.63	
CareFirst BlueCross Blue Shield PPN 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 Employee & Spouse \$2,386.97 \$1,670.88 \$330.50 \$390.59 \$280.84 Employee & Spouse \$1,995.55 \$1,396.89 \$276.30 \$326.54 Employee & Spouse \$2,386.97 \$1,670.88 \$330.50 \$390.59 \$280.59 \$280.50 \$390.59 \$280.50 \$390.59 \$390.5		Employee & Spouse	\$1,761.17	\$1,496.99	\$121.93	\$144.10	
Grandfathered plan, no new enrollments accepted. Parent & Child Employee & Spouse Family \$1,532.91 \$1,073.04 \$212.25 \$250.84 Employee & Spouse Family \$1,995.55 \$1,396.89 \$276.30 \$336.54 Bernollments accepted. \$1,995.55 \$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 Employee & Spouse Family \$45.31 \$33.98 \$52.49 \$3.92 \$4.63 Family \$45.31 \$33.98 \$52.54 \$3.86 \$4.56 Parent & Child \$33.43 \$25.07 \$3.86 \$4.56 Parent & Child \$54.80 \$41.10 \$6.32 \$7.47 Employee & Spouse Family \$104.62 \$78.47 \$12.07 \$14.26 CareFirst BlueCross BlueShield Traditional Dental \$55.55 \$8.54 \$4.13 \$4.88 Parent & C		Family	\$2,112.54	\$1,795.66	\$146.25	\$172.84	
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	CareFirst BlueCross Blue Shield PPN	Individual	\$833.33	\$583.33	\$115.38	\$136.36	
Employee & Spouse \$1,995.55 \$1,396.89 \$276.30 \$326.54 \$330.50 \$390.59 \$276.30 \$326.54 \$330.50 \$390.59 \$276.30 \$326.54 \$330.50 \$390.59 \$276.30 \$330.50 \$390.59 \$276.30 \$330.50 \$390.59 \$276.30 \$330.50 \$390.59 \$276.30 \$330.50 \$390.59 \$276.30 \$330.50 \$390.59 \$276.30 \$330.50 \$330.50 \$390.59 \$276.30 \$330.50 \$330.50 \$330.50 \$330.50 \$330.50 \$330.50 \$330.50 \$330.50 \$330.50 \$330.50 \$330.50 \$330.50 \$330.50 \$330.50 \$330.50 \$330.50 \$33.86 \$23.22 \$21.24 \$3.27 \$3.86 \$25.49 \$3.92 \$4.63 \$28.32 \$25.49 \$3.92 \$4.63 \$28.32 \$25.49 \$3.92 \$4.63 \$25.07 \$3.86 \$4.56 \$26.18 \$4.56 \$26.18 \$4.56 \$26.18 \$2	Grandfathered plan, no new	Parent & Child	\$1,532.91	\$1,073.04	\$212.25	\$250.84	
DENTAL OPTIONS		Employee & Spouse	\$1,995.55	\$1,396.89	\$276.30	\$326.54	
United Concordia Dental POS		Family	\$2,386.97	\$1,670.88	\$330.50	\$390.59	
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 Individual \$35.75 \$26.81 \$4.13 \$4.88 Traditional Dental 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	DENTAL OPTIONS						
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 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 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 Parent & Child \$4.58 \$3.66 \$0.42 \$0.50 CareFirst Select Vision Individual \$3.27 \$2.62 \$0.30 \$0.35 Parent & Child \$4.58 \$3.66 \$0.42 \$0.50 CareFirst Select Vision \$0.50 \$0.50 CareFirst Select Vision \$0.50 \$0.50 CareFirst Select Vision \$0.50 \$0.35 CareFirst Select Vision \$0.50 \$0.50 CareFirst Select Vision \$0.50	United Concordia Dental POS	Individual	\$16.99	\$12.74	\$1.96	\$2.32	
Family		Parent & Child	\$28.32	\$21.24	\$3.27	\$3.86	
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 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 Individual \$3.27 \$2.62 \$0.30 \$0.35 Parent & Child \$4.58 \$3.66 \$0.42 \$0.50 CareFirst Select Vision Individual \$4.58 \$3.66 \$0.42 \$0.50 CareFirst Select Vision \$4.58 \$4.58 \$3.66 \$0.42 \$0.50 CareFirst Select Vision \$4.58 \$		Employee & Spouse	\$33.98	\$25.49	\$3.92	\$4.63	
Parent & Child \$54.80 \$41.10 \$6.32 \$7.47		Family	\$45.31	\$33.98	\$5.23	\$6.18	
Employee & Spouse \$69.16 \$51.87 \$7.98 \$9.43 Family \$104.62 \$78.47 \$12.07 \$14.26 CareFirst BlueCross BlueShield Individual \$35.75 \$26.81 \$4.13 \$4.88 Family \$104.62 \$78.47 \$12.07 \$14.26 CareFirst BlueCross BlueShield 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 Individual \$3.27 \$2.62 \$0.30 \$0.35 Parent & Child \$4.58 \$3.66 \$0.42 \$0.50 CareFirst Select Vision Parent & Child \$4.58 \$3.66 \$0.42 \$0.50 CareFirst Select Vision \$4.58 \$4.13 \$4.88 CareFirst Select Vision \$4.58 \$4.13 \$4.88 CareFirst Select Vision \$4.58 \$4.13 \$4.88 CareFirst Select Vision \$4.58 \$4.13 CareFirst Select Vision \$4.58 \$4.58 CareFirst Select Vision \$4.58 \$4.58 CareFirst Select Vision \$4.58 \$4.58	CareFirst BlueChoice PPO Dental	Individual	\$33.43	\$25.07	\$3.86	\$4.56	
Family \$104.62 \$78.47 \$12.07 \$14.26		Parent & Child	\$54.80	\$41.10	\$6.32	\$7.47	
CareFirst BlueCross BlueShield Individual \$35.75 \$26.81 \$4.13 \$4.88 Traditional Dental 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 Individual \$3.27 \$2.62 \$0.30 \$0.35 Parent & Child \$4.58 \$3.66 \$0.42 \$0.50		Employee & Spouse	\$69.16	\$51.87	\$7.98	\$9.43	
Parent & Child \$58.64 \$43.98 \$6.77 \$8.00		Family	\$104.62	\$78.47	\$12.07	\$14.26	
Family \$10.76 \$10.76 \$10.76 \$10.76 \$10.76 \$10.76 \$10.10 \$10.10 \$111.95 \$83.96 \$12.92 \$15.27 \$10.10	CareFirst BlueCross BlueShield	Individual	\$35.75	\$26.81	\$4.13	\$4.88	
Family \$111.95 \$83.96 \$12.92 \$15.27	Traditional Dental	Parent & Child	\$58.64	\$43.98	\$6.77	\$8.00	
VISION OPTION CareFirst Select Vision Individual Parent & Child \$3.27 \$2.62 \$0.30 \$0.35 \$0.35 \$0.42 \$0.50		Employee & Spouse	\$74.03	\$55.52	\$8.54	\$10.10	
CareFirst Select Vision Individual \$3.27 \$2.62 \$0.30 \$0.35 Parent & Child \$4.58 \$3.66 \$0.42 \$0.50		Family	\$111.95	\$83.96	\$12.92	\$15.27	
Parent & Child \$4.58 \$3.66 \$0.42 \$0.50	VISION OPTION						
	CareFirst Select Vision	Individual	\$3.27	\$2.62	\$0.30	\$0.35	
Employee & Spouse \$6.57 \$5.26 \$0.60 \$0.71		Parent & Child	\$4.58	\$3.66	\$0.42	\$0.50	
2p.0,00 & 0,000 \$0.01 \$0.00 \$0.01		Employee & Spouse	\$6.57	\$5.26	\$0.60	\$0.71	
Family \$7.84 \$6.27 \$0.72 \$0.86		Family	\$7.84	\$6.27	\$0.72	\$0.86	

^{*} Total monthly premium for medical includes prescriptions.

AACPS Healthcare Costs for 2024: Units III & IV (part-time) - Tiers 2 & 3

			Tier 2 (0.46-0.749 FTE)			Tier 3 (0.1-0.459 FTE)			
	Coverage Options	Total Monthly Premium*	Board's Monthly Share*	26 Pays	22 Pays	Board's Monthly Share	26 Pays	22 Pays	
MEDICAL OPTIONS									
CareFirst	Individual	\$595.09	\$449.89	\$67.02	\$79.20	\$267.79	\$151.06	\$178.53	
BlueChoice	Parent & Child	\$930.04	\$703.11	\$104.74	\$123.78	\$418.52	\$236.09	\$279.01	
HMO "Open	Employee & Spouse	\$1,433.19	\$1,083.49	\$161.40	\$190.75	\$644.94	\$363.81	\$429.95	
Access"	Family	\$1,718.96	\$1,299.53	\$193.58	\$228.78	\$773.53	\$436.35	\$515.69	
CareFirst	Individual	\$737.53	\$526.60	\$97.35	\$115.05	\$313.45	\$195.73	\$231.32	
BlueChoice	Parent & Child	\$1,352.20	\$965.47	\$178.49	\$210.94	\$574.69	\$358.85	\$424.10	
Triple Option "Open	Employee & Spouse	\$1,761.17	\$1,257.47	\$232.48	\$274.75	\$748.50	\$467.39	\$552.37	
Access"	Family	\$2,112.54	\$1,508.35	\$278.86	\$329.56	\$897.83	\$560.64	\$662.57	
CareFirst	Individual	\$833.33	\$490.00	\$158.46	\$187.27	\$291.67	\$250.00	\$295.45	
BlueCross	Parent & Child	\$1,532.91	\$901.35	\$291.49	\$344.49	\$536.52	\$459.87	\$543.49	
Blue Shield PPN**	Employee & Spouse	\$1,995.55	\$1,173.39	\$379.46	\$448.45	\$698.45	\$598.66	\$707.51	
PPIN""	Family	\$2,386.97	\$1,403.54	\$453.89	\$536.42	\$835.44	\$716.09	\$846.29	
DENTAL O	PTIONS								
United	Individual	\$16.99	\$10.70	\$2.90	\$3.43	\$6.37	\$4.90	\$5.79	
Concordia Dental POS	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	Individual	\$33.43	\$21.06	\$5.71	\$6.75	\$12.54	\$9.64	\$11.39	
BlueChoice	Parent & Child	\$54.80	\$34.52	\$9.36	\$11.06	\$20.55	\$15.81	\$18.68	
PPO Dental	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	Individual	\$35.75	\$22.52	\$6.11	\$7.22	\$13.41	\$10.31	\$12.19	
BlueCross BlueShield	Parent & Child	\$58.64	\$36.94	\$10.02	\$11.84	\$21.99	\$16.92	\$19.99	
Traditional	Employee & Spouse	\$74.03	\$46.64	\$12.64	\$14.94	\$27.76	\$21.36	\$25.24	
Dental	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.