## AACPS Healthcare Costs for 2015: Units I, II, V, and VI (full-time) - Tier 1

Your Bi-Weekly Payroll Deduction

CareFirst BlueChoice HMO "Open Access"  CareFirst BlueChoice Triple Option "Open Access"  CareFirst BlueChoice Triple Option "Open Access"  CareFirst BlueChoice Triple Option "Open Access"  CareFirst BlueCross Blue Shield PPN**  CareFirst BlueCross Blue Shield PPN**  DENTAL OPTIONS  United Concordia Dental POS  Individual Parent and Child Employee and Spous Family  CareFirst BlueChoice PPO Dental  Individual Parent and Child Employee and Spous Family  CareFirst BlueChoice PPO Dental  Individual Parent and Child Employee and Spous Family  CareFirst BlueChoice PPO Dental	\$421.80 \$659.19 \$1,015.83 \$1,218.38 \$522.75 \$958.42 \$1,248.28 \$1,497.34 \$553.55 \$1,018.26 \$1,325.59 \$1,585.58		\$13.63 \$21.30 \$32.82 \$39.36 \$24.12 \$44.23 \$57.61 \$69.11 \$76.64 \$140.99 \$183.54 \$219.54	\$16.11 \$25.17 \$38.79 \$46.52 \$28.51 \$52.28 \$68.09 \$81.67 \$90.58 \$166.63 \$216.92 \$259.46
CareFirst BlueChoice HMO "Open Access"  CareFirst BlueChoice Triple Option "Open Access"  CareFirst BlueChoice Triple Option "Open Access"  Individual Parent and Child Employee and Spous Family  CareFirst BlueCross Blue Shield PPN**  Parent and Child Employee and Spous Family  DENTAL OPTIONS  United Concordia Dental POS  Individual Parent and Child Employee and Spous Family  CareFirst BlueChoice PPO Dental  Individual Parent and Child Employee and Spous Family  CareFirst BlueChoice PPO Dental  Individual Parent and Child Employee and Spous Family  CareFirst BlueChoice PPO Dental	\$659.19 \$1,015.83 \$1,218.38 \$522.75 \$958.42 \$1,248.28 \$1,497.34 \$553.55 \$1,018.26 \$1,325.59 \$1,585.58	\$613.05 \$944.72 \$1,133.09 \$470.48 \$862.58 \$1,123.45 \$1,347.61 \$387.49 \$712.78 \$927.91 \$1,109.91	\$21.30 \$32.82 \$39.36 \$24.12 \$44.23 \$57.61 \$69.11 \$76.64 \$140.99 \$183.54 \$219.54	\$25.17 \$38.79 \$46.52 \$28.51 \$52.28 \$68.09 \$81.67 \$90.58 \$166.63 \$216.92 \$259.46
"Open Access" Parent and Child Employee and Spous Family  CareFirst BlueChoice Triple Option "Open Access" Parent and Child Employee and Spous Family  CareFirst BlueCross Blue Shield PPN** Parent and Child Employee and Spous Family  DENTAL OPTIONS United Concordia Dental POS Individual Parent and Child Employee and Spous Family  CareFirst BlueChoice PPO Dental Individual Parent and Child Employee and Spous Family  CareFirst BlueChoice PPO Dental Individual Parent and Child Employee and Spous Family  Family	\$659.19 \$1,015.83 \$1,218.38 \$522.75 \$958.42 \$1,248.28 \$1,497.34 \$553.55 \$1,018.26 \$1,325.59 \$1,585.58	\$613.05 \$944.72 \$1,133.09 \$470.48 \$862.58 \$1,123.45 \$1,347.61 \$387.49 \$712.78 \$927.91 \$1,109.91	\$21.30 \$32.82 \$39.36 \$24.12 \$44.23 \$57.61 \$69.11 \$76.64 \$140.99 \$183.54 \$219.54	\$25.17 \$38.79 \$46.52 \$28.51 \$52.28 \$68.09 \$81.67 \$90.58 \$166.63 \$216.92 \$259.46
CareFirst BlueChoice Triple Option "Open Access"  CareFirst BlueCross Blue Shield Parent and Child Employee and Spous Family  CareFirst BlueCross Blue Shield PPN**  CareFirst BlueCross Blue Shield Parent and Child Employee and Spous Family  DENTAL OPTIONS  United Concordia Dental POS  Individual Parent and Child Employee and Spous Family  CareFirst BlueChoice PPO Dental  Individual Parent and Child Employee and Spous Family  CareFirst BlueChoice PPO Dental  Individual Parent and Child Employee and Spous Family	\$1,015.83 \$1,218.38 \$522.75 \$958.42 \$1,248.28 \$1,497.34 \$553.55 \$1,018.26 \$1,325.59 \$1,585.58	\$944.72 \$1,133.09 \$470.48 \$862.58 \$1,123.45 \$1,347.61 \$387.49 \$712.78 \$927.91 \$1,109.91	\$32.82 \$39.36 \$24.12 \$44.23 \$57.61 \$69.11 \$76.64 \$140.99 \$183.54 \$219.54	\$38.79 \$46.52 \$28.51 \$52.28 \$68.09 \$81.67 \$90.58 \$166.63 \$216.92 \$259.46
CareFirst BlueChoice Triple Option "Open Access"    Parent and Child	\$1,218.38 \$522.75 \$958.42 \$1,248.28 \$1,497.34 \$553.55 \$1,018.26 \$1,325.59 \$1,585.58	\$1,133.09 \$470.48 \$862.58 \$1,123.45 \$1,347.61 \$387.49 \$712.78 \$927.91 \$1,109.91 \$12.14 \$20.23	\$39.36 \$24.12 \$44.23 \$57.61 \$69.11 \$76.64 \$140.99 \$183.54 \$219.54	\$46.52 \$28.51 \$52.28 \$68.09 \$81.67 \$90.58 \$166.63 \$216.92 \$259.46
CareFirst BlueChoice Triple Option "Open Access"    Parent and Child	\$522.75 \$958.42 \$1,248.28 \$1,497.34 \$553.55 \$1,018.26 \$1,325.59 \$1,585.58	\$470.48 \$862.58 \$1,123.45 \$1,347.61 \$387.49 \$712.78 \$927.91 \$1,109.91 \$12.14 \$20.23	\$24.12 \$44.23 \$57.61 \$69.11 \$76.64 \$140.99 \$183.54 \$219.54	\$28.51 \$52.28 \$68.09 \$81.67 \$90.58 \$166.63 \$216.92 \$259.46
"Open Access"  Parent and Child Employee and Spous Family  CareFirst BlueCross Blue Shield PPN**  Parent and Child Employee and Spous Family  DENTAL OPTIONS  United Concordia Dental POS  Individual Parent and Child Employee and Spous Family  CareFirst BlueChoice PPO Dental  Individual Parent and Child Employee and Spous Family  CareFirst BlueChoice PPO Dental  Individual Parent and Child Employee and Spous Family	\$958.42 \$1,248.28 \$1,497.34 \$553.55 \$1,018.26 \$1,325.59 \$1,585.58 \$16.18 \$26.97	\$862.58 \$1,123.45 \$1,347.61 \$387.49 \$712.78 \$927.91 \$1,109.91 \$12.14 \$20.23	\$44.23 \$57.61 \$69.11 \$76.64 \$140.99 \$183.54 \$219.54	\$52.28 \$68.09 \$81.67 \$90.58 \$166.63 \$216.92 \$259.46
CareFirst BlueCross Blue Shield PPN**  CareFirst BlueCross Blue Shield PPN**  Parent and Child Employee and Spous Family  DENTAL OPTIONS  United Concordia Dental POS  Individual Parent and Child Employee and Spous Family  CareFirst BlueChoice PPO Dental  Individual Parent and Child Employee and Spous Family  CareFirst BlueChoice PPO Dental  Individual Parent and Child Employee and Spous Family	\$1,248.28 \$1,497.34 \$553.55 \$1,018.26 \$1,325.59 \$1,585.58 \$16.18 \$26.97	\$1,123.45 \$1,347.61 \$387.49 \$712.78 \$927.91 \$1,109.91 \$12.14 \$20.23	\$57.61 \$69.11 \$76.64 \$140.99 \$183.54 \$219.54	\$68.09 \$81.67 \$90.58 \$166.63 \$216.92 \$259.46
CareFirst BlueCross Blue Shield PPN**    Individual	\$1,497.34 \$553.55 \$1,018.26 \$1,325.59 \$1,585.58 \$16.18 \$26.97	\$1,347.61 \$387.49 \$712.78 \$927.91 \$1,109.91 \$12.14 \$20.23	\$69.11 \$76.64 \$140.99 \$183.54 \$219.54	\$81.67 \$90.58 \$166.63 \$216.92 \$259.46
CareFirst BlueCross Blue Shield PPN**  Individual Parent and Child Employee and Spous Family  DENTAL OPTIONS  United Concordia Dental POS  Individual Parent and Child Employee and Spous Family  CareFirst BlueChoice PPO Dental  Individual Parent and Child Employee and Spous Family  Family  CareFirst BlueChoice PPO Dental  Individual Parent and Child Employee and Spous Family	\$553.55 \$1,018.26 \$1,325.59 \$1,585.58 \$16.18 \$26.97	\$387.49 \$712.78 \$927.91 \$1,109.91 \$12.14 \$20.23	\$76.64 \$140.99 \$183.54 \$219.54	\$90.58 \$166.63 \$216.92 \$259.46
PPN**  Parent and Child Employee and Spous Family  DENTAL OPTIONS  United Concordia Dental POS  Individual Parent and Child Employee and Spous Family  CareFirst BlueChoice PPO Dental  Individual Parent and Child Employee and Spous Family  Family	\$1,018.26 \$1,325.59 \$1,585.58 \$16.18 \$26.97	\$712.78 \$927.91 \$1,109.91 \$12.14 \$20.23	\$140.99 \$183.54 \$219.54 \$1.87	\$166.63 \$216.92 \$259.46 \$2.21
Parent and Child Employee and Spous Family  DENTAL OPTIONS  United Concordia Dental POS  Individual Parent and Child Employee and Spous Family  CareFirst BlueChoice PPO Dental  Individual Parent and Child Employee and Spous Family  Family	\$1,325.59 \$1,585.58 \$16.18 \$26.97	\$927.91 \$1,109.91 \$12.14 \$20.23	\$183.54 \$219.54 \$1.87	\$216.92 \$259.46 \$2.21
DENTAL OPTIONS  United Concordia Dental POS  Individual Parent and Child Employee and Spous Family  CareFirst BlueChoice PPO Dental Individual Parent and Child Employee and Spous Family  Family	\$1,585.58 \$16.18 \$26.97	\$1,109.91 \$12.14 \$20.23	\$219.54 \$1.87	\$259.46
United Concordia Dental POS  Individual Parent and Child Employee and Spous Family  CareFirst BlueChoice PPO Dental Individual Parent and Child Employee and Spous Family  Family	\$16.18 \$26.97	\$12.14 \$20.23	\$1.87	\$2.21
United Concordia Dental POS  Individual Parent and Child Employee and Spous Family  CareFirst BlueChoice PPO Dental Individual Parent and Child Employee and Spous Family  Family	\$26.97	\$20.23		
Parent and Child Employee and Spous Family  CareFirst BlueChoice PPO Dental Individual Parent and Child Employee and Spous Family	\$26.97	\$20.23		
Employee and Spous Family  CareFirst BlueChoice PPO Dental Individual Parent and Child Employee and Spous Family			\$3.11	\$3.68
CareFirst BlueChoice PPO Dental Individual Parent and Child Employee and Spous Family	\$32.36	\$24.27		
CareFirst BlueChoice PPO Dental Individual Parent and Child Employee and Spous Family		ΨΔ4.Δ/	\$3.73	\$4.41
Parent and Child Employee and Spous Family	\$43.15	\$32.36	\$4.98	\$5.88
Employee and Spous Family	\$30.88	\$23.16	\$3.56	\$4.21
Family	\$50.64	\$37.98	\$5.84	\$6.91
	s \$63.90	\$47.93	\$7.37	\$8.71
	\$96.66	\$72.49	\$11.15	\$13.18
CareFirst BlueCross BlueShield Individual	\$33.04	\$24.78	\$3.81	\$4.51
Traditional Dental Parent and Child	\$54.18	\$40.63	\$6.25	\$7.39
Employee and Spous	e \$68.40	\$51.30	\$7.89	\$9.33
Family	\$103.43	\$77.58	\$11.93	\$14.10
VISION OPTION				
CareFirst Select Vision Individual	\$3.24	\$2.59	\$0.30	\$0.35
Parent and Child	флгл	\$3.63	\$0.42	\$0.50
Employee and Spous	\$4.54		\$0.60	\$0.71
Family		\$5.21		

<sup>\*</sup> Total monthly premium for medical includes prescriptions.

<sup>\*\*</sup> Grandfathered plan, no new enrollments accepted.

## AACPS Healthcare Costs for 2015: 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) Board's 26 Pays 22 Pays Board's 26 Pays 22 Pays **Coverage Options** Monthly Share\* **Monthly Share MEDICAL OPTIONS** CareFirst Individual \$343.24 \$36.26 \$42.85 \$196.14 \$104.15 \$123.09 BlueChoice Parent and Child \$536.42 \$56.66 \$66.97 \$306.53 \$162.77 \$192.36 HMO "Open Access" Employee and Spouse \$826.63 \$87.32 \$103.20 \$472.36 \$250.83 \$296.44 \$991.45 \$104.74 \$123.78 \$566.55 \$300.85 \$355.55 Family \$235.24 CareFirst Individual \$411.67 \$51.27 \$60.59 \$132.70 \$156.82 BlueChoice Parent and Child \$754.76 \$94.00 \$111.09 \$431.29 \$243.29 \$287.53 **Triple Option** "Open Employee and Spouse \$983.02 \$144.69 \$316.87 \$122.43 \$561.73 \$374.48 Access" \$173.55 \$380.09 \$449.20 Family \$1179.16 \$146.85 \$673.81 Individual CareFirst \$339.05 \$99.00 \$117.00 \$193.75 \$166.06 \$196.26 **BlueCross** Parent and Child \$623.68 \$182.11 \$215.22 \$356.39 \$305.48 \$361.02 **Blue Shield** PPN\*\* Employee and Spouse \$811.92 \$237.08 \$280.18 \$463.96 \$397.68 \$469.98 Family \$971.17 \$283.57 \$335.13 \$554.96 \$475.67 \$562.16 **DENTAL OPTIONS** Individual \$2.57 United \$10.62 \$3.03 \$6.07 \$4.67 \$5.52 Concordia Parent and Child \$4.28 \$5.06 \$7.78 \$17.70 \$10.11 \$9.19 **Dental POS** Employee and Spouse \$21.24 \$5.13 \$6.07 \$12.14 \$9.33 \$11.03 \$28.32 \$12.45 Family \$6.85 \$8.09 \$16.18 \$14.71 Individual CareFirst \$20.27 \$4.90 \$5.79 \$11.58 \$8.91 \$10.53 **BlueChoice** Parent and Child \$33.23 \$8.03 \$9.49 \$18.99 \$14.61 \$17.26 **PPO Dental** Employee and Spouse \$41.94 \$10.14 \$11.98 \$23.96 \$18.43 \$21.79 \$63.43 \$15.33 \$18.12 \$36.25 \$27.88 \$32.95 Family CareFirst Individual \$21.68 \$5.24 \$6.20 \$12.39 \$9.53 \$11.26 **BlueCross** Parent and Child \$35.55 \$8.60 \$10.16 \$20.32 \$15.63 \$18.47 BlueShield **Traditional** Employee and Spouse \$44.89 \$10.85 \$12.83 \$25.65 \$19.73 \$23.32 Dental \$67.88 \$16.41 \$19.39 \$38.79 \$29.84 \$35.26 Family VISION OPTION CareFirst Individual \$2.27 \$0.45 \$0.53 \$1.30 \$0.90 \$1.06 **Select Vision** Parent and Child \$3.18 \$0.63 \$0.74 \$1.82 \$1.26 \$1.49 Employee and Spouse \$4.56 \$0.90 \$1.07 \$2.60 \$1.80 \$2.13 \$5.44 Family \$1.08 \$1.27 \$3.11 \$2.15 \$2.54

<sup>\*</sup> Total monthly premium for medical includes prescriptions.

<sup>\*\*</sup> Grandfathered plan, no new enrollments accepted.

## AACPS Healthcare Costs for 2015: Units III & IV (full-time) - Tier 1

Your Bi-Weekly Payroll Deduction

			eduction		
	Coverage Options	Total Monthly Premium*	Board's Monthly Share	26 Pays	22 Pays
MEDICAL OPTIONS					
CareFirst BlueChoice HMO "Open Access"	Individual	\$421.80	\$400.71	\$9.73	\$11.50
	Parent and Child	\$659.19	\$626.23	\$15.21	\$17.98
	Employee and Spouse	\$1,015.83	\$965.04	\$23.44	\$27.70
	Family	\$1,218.38	\$1,157.46	\$28.12	\$33.23
CareFirst BlueChoice Triple Option	Individual	\$522.75	\$480.93	\$19.30	\$22.81
"Open Access"	Parent and Child	\$958.42	\$881.75	\$35.39	\$41.82
	Employee and Spouse	\$1,248.28	\$1,148.42	\$46.09	\$54.47
	Family	\$1,497.34	\$1,377.55	\$55.29	\$65.34
CareFirst BlueCross Blue Shield	Individual	\$553.55	\$387.49	\$76.64	\$90.58
PPN**	Parent and Child	\$1,018.26	\$712.78	\$140.99	\$166.63
	Employee and Spouse	\$1,325.59	\$927.91	\$183.54	\$216.92
	Family	\$1,585.58	\$1,109.91	\$219.54	\$259.46
DENTAL OPTIONS					
United Concordia Dental POS	Individual	\$16.18	\$12.14	\$1.87	\$2.21
	Parent and Child	\$26.97	\$20.23	\$3.11	\$3.68
	Employee and Spouse	\$32.36	\$24.27	\$3.73	\$4.41
	Family	\$43.15	\$32.36	\$4.98	\$5.88
CareFirst BlueChoice PPO Dental	Individual	\$30.88	\$23.16	\$3.56	\$4.21
	Parent and Child	\$50.64	\$37.98	\$5.84	\$6.91
	Employee and Spouse	\$63.90	\$47.93	\$7.37	\$8.71
	Family	\$96.66	\$72.49	\$11.15	\$13.18
CareFirst BlueCross BlueShield Traditional Dental	Individual	\$33.04	\$24.78	\$3.81	\$4.51
	Parent and Child	\$54.18	\$40.63	\$6.25	\$7.39
	Employee and Spouse	\$68.40	\$51.30	\$7.89	\$9.33
	Family	\$103.43	\$77.58	\$11.93	\$14.10
VISION OPTION					
CareFirst Select Vision	Individual	\$3.24	\$2.59	\$0.30	\$0.35
	Parent and Child	\$4.54	\$3.63	\$0.42	\$0.50
	Employee and Spouse	\$6.51	\$5.21	\$0.60	\$0.71
	Family	\$7.77	\$6.22	\$0.72	\$0.85

<sup>\*</sup> Total monthly premium for medical includes prescriptions.

<sup>\*\*</sup> Grandfathered plan, no new enrollments accepted.

## AACPS Healthcare Costs for 2015: Units III & IV (part-time) - Tiers 2 & 3

		Tier 2 (0.46-0.749 FTE)		Tier 3 (0.1-0.459 FTE)				
	Coverage Options	Board's Monthly Share	26 Pays	22 Pays	Board's Monthly Share*	26 Pays	22 Pays	
MEDICAL OPTIONS								
CareFirst BlueChoice HMO "Open Access"	Individual	\$350.62	\$32.85	\$38.82	\$200.36	\$102.21	\$120.79	
	Parent and Child	\$547.95	\$51.34	\$60.68	\$313.12	\$159.73	\$188.77	
	Employee and Spouse	\$844.41	\$79.12	\$93.50	\$482.52	\$246.14	\$290.90	
	Family	\$1012.78	\$94.89	\$112.15	\$578.73	\$295.22	\$348.90	
CareFirst	Individual	\$420.81	\$47.05	\$55.60	\$240.47	\$130.29	\$153.97	
BlueChoice Triple Option	Parent and Child	\$771.53	\$86.26	\$101.94	\$440.88	\$238.87	\$282.30	
"Open	Employee and Spouse	\$1004.87	\$112.34	\$132.77	\$574.21	\$311.11	\$367.67	
Access"	Family	\$1205.36	\$134.76	\$159.26	\$688.78	\$373.18	\$441.04	
CareFirst	Individual	\$339.05	\$99.00	\$117.00	\$193.75	\$166.06	\$196.26	
BlueCross Blue Shield PPN**	Parent and Child	\$623.68	\$182.11	\$215.22	\$356.39	\$305.48	\$361.02	
	Employee and Spouse	\$811.92	\$237.08	\$280.18	\$463.96	\$397.68	\$469.98	
	Family	\$971.17	\$283.57	\$335.13	\$554.96	\$475.67	\$562.16	
DENTAL OPT	IONS							
United Concordia Dental POS	Individual	\$10.62	\$2.57	\$3.03	\$6.07	\$4.67	\$5.52	
	Parent and Child	\$17.70	\$4.28	\$5.06	\$10.11	\$7.78	\$9.19	
	Employee and Spouse	\$21.24	\$5.13	\$6.07	\$12.14	\$9.33	\$11.03	
	Family	\$28.32	\$6.85	\$8.09	\$16.18	\$12.45	\$14.71	
CareFirst	Individual	\$20.27	\$4.90	\$5.79	\$11.58	\$8.91	\$10.53	
BlueChoice PPO Dental	Parent and Child	\$33.23	\$8.03	\$9.49	\$18.99	\$14.61	\$17.26	
	Employee and Spouse	\$41.94	\$10.14	\$11.98	\$23.96	\$18.43	\$21.79	
	Family	\$63.43	\$15.33	\$18.12	\$36.25	\$27.88	\$32.95	
CareFirst	Individual	\$21.68	\$5.24	\$6.20	\$12.39	\$9.53	\$11.26	
BlueCross BlueShield Traditional Dental	Parent and Child	\$35.55	\$8.60	\$10.16	\$20.32	\$15.63	\$18.47	
	Employee and Spouse	\$44.89	\$10.85	\$12.83	\$25.65	\$19.73	\$23.32	
	Family	\$67.88	\$16.41	\$19.39	\$38.79	\$29.84	\$35.26	
VISION OPTI	ON							
CareFirst	Individual	\$2.27	\$0.45	\$0.53	\$1.30	\$0.90	\$1.06	
Select Vision	Parent and Child	\$3.18	\$0.63	\$0.74	\$1.82	\$1.26	\$1.49	
	Employee and Spouse	\$4.56	\$0.90	\$1.07	\$2.60	\$1.80	\$2.13	
	Family	\$5.44	\$1.08	\$1.27	\$3.11	\$2.15	\$2.54	

<sup>\*</sup> Total monthly premium for medical includes prescriptions.

<sup>\*\*</sup> Grandfathered plan, no new enrollments accepted.