AACPS Healthcare Costs for 2017: Units I, II, V, and VI (full-time) - Tier 1

Your Bi-Weekly Payroll Deduction

				Payroll Deduction			
	Coverage Options	Premium*	Board's Monthly Share	26 Pays	22 Pays		
MEDICAL OPTIONS							
CareFirst BlueChoice HMO	Individual	\$482.75	\$448.96	\$15.60	\$18.43		
"Open Access"	Parent & Child	\$754.45	\$701.64	\$24.37	\$28.81		
	Employee & Spouse	\$1,162.61	\$1,081.23	\$37.56	\$44.39		
	Family	\$1,394.43	\$1,296.82	\$45.05	\$53.24		
BlueChoice Low-Option HMO	Individual	\$348.72	90.5%	9.5% of pay	9.5% of pay		
	Plus additional cost for dependents paid on monthly basis directly to Discovery Benefits						
	One Child	\$278.98**	\$0				
	Spouse	\$383.60**	\$0	N/A	N/A		
	Family	\$605.04**	\$0				
CareFirst BlueChoice Triple Option	Individual	\$598.29	\$538.46	\$27.61	\$32.63		
"Open Access"	Parent & Child	\$1,096.91	\$987.22	\$50.63	\$59.83		
	Employee & Spouse	\$1,428.67	\$1,285.80	\$65.94	\$77.93		
	Family	\$1,713.71	\$1,542.34	\$79.09	\$93.47		
CareFirst BlueCross Blue Shield	Individual	\$633.54	\$443.48	\$87.72	\$103.67		
PPN***	Parent & Child	\$1,165.40	\$815.78	\$161.36	\$190.70		
	Employee & Spouse	\$1,517.14	\$1,062.00	\$210.06	\$248.26		
	Family	\$1,814.70	\$1,270.29	\$251.27	\$296.95		
DENTAL OPTIONS							
United Concordia Dental POS	Individual	\$16.18	\$12.14	\$1.87	\$2.21		
	Parent & Child	\$26.97	\$20.23	\$3.11	\$3.68		
	Employee & Spouse	\$32.36	\$24.27	\$3.73	\$4.41		
	Family	\$43.15	\$32.36	\$4.98	\$5.88		
CareFirst BlueChoice PPO Dental	Individual	\$31.50	\$23.62	\$3.63	\$4.30		
	Parent & Child	\$51.65	\$38.74	\$5.96	\$7.04		
	Employee & Spouse	\$65.18	\$48.88	\$7.52	\$8.89		
	Family	\$98.59	\$73.94	\$11.38	\$13.44		
CareFirst BlueCross BlueShield	Individual	\$33.70	\$25.28	\$3.89	\$4.60		
Traditional Dental	Parent & Child	\$55.26	\$41.45	\$6.38	\$7.54		
	Employee & Spouse	\$69.77	\$52.33	\$8.05	\$9.51		
	Family	\$105.50	\$79.12	\$12.17	\$14.39		
VISION OPTION							
CareFirst Select Vision	Individual	\$3.24	\$2.59	\$0.30	\$0.35		
	Parent & Child	\$4.54	\$3.63	\$0.42	\$0.50		
	Employee & Spouse	\$6.51	\$5.21	\$0.60	\$0.71		
	Family	\$7.77	\$6.22	\$0.72	\$0.85		

^{*} 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 2017: 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 BlueChoice HMO "Open Access"	Individual Parent & Child Employee & Spouse Family	\$482.75 \$754.45 \$1,162.61 \$1,394.43	\$377.13 \$589.38 \$908.23 \$1089.33	\$48.75 \$76.19 \$117.40 \$140.82	\$57.61 \$90.04 \$138.75 \$166.42	\$224.48 \$350.82 \$540.62 \$648.41	\$119.20 \$186.29 \$287.07 \$344.32	\$140.87 \$220.16 \$339.27 \$406.92	
BlueChoice Low-Option HMO	Individual	\$348.72	90.5%	9.5% of pay	9.5% of pay	90.5%	9.5% of pay	9.5% of pay	
	Plus ad One Child Spouse Family	\$278.98** \$383.60** \$605.04**	s0 \$0 \$0 \$0	id on month	nly basis dire	ctly to Discovery \$0 \$0 \$0	y Benefits N/A	N/A	
CareFirst BlueChoice Triple Option "Open Access"	Individual Parent & Child Employee & Spouse Family	\$598.29 \$1,096.91 \$1,428.67 \$1,713.71	\$452.31 \$829.26 \$1080.07 \$1295.57	\$67.38 \$123.53 \$160.89 \$192.99	\$79.63 \$145.99 \$190.14 \$228.08	\$269.23 \$493.61 \$642.90 \$771.17	\$151.87 \$278.45 \$362.66 \$435.02	\$179.49 \$329.07 \$428.60 \$514.11	
CareFirst BlueCross Blue Shield PPN**	Individual Parent & Child Employee & Spouse Family	\$633.54 \$1,165.40 \$1,517.14 \$1,814.70	\$372.52 \$685.26 \$892.08 \$1067.04	\$120.47 \$221.61 \$288.49 \$345.07	\$142.37 \$261.90 \$340.94 \$407.81	\$221.74 \$407.89 \$531.00 \$635.15	\$190.06 \$349.62 \$455.14 \$544.41	\$224.62 \$413.19 \$537.89 \$643.39	
DENTAL OP	TIONS								
United Concordia Dental POS	Individual Parent & Child Employee & Spouse Family	\$16.18 \$26.97 \$32.36 \$43.15	\$10.19 \$16.99 \$20.39 \$27.18	\$2.76 \$4.61 \$5.53 \$7.37	\$3.27 \$5.44 \$6.53 \$8.71	\$6.07 \$10.11 \$12.14 \$16.18	\$4.67 \$7.78 \$9.33 \$12.45	\$5.52 \$9.19 \$11.03 \$14.71	
CareFirst BlueChoice PPO Dental	Individual Parent & Child Employee & Spouse Family	\$31.50 \$51.65 \$65.18 \$98.59	\$19.84 \$32.54 \$41.06 \$62.11	\$5.38 \$8.82 \$11.13 \$16.84	\$6.36 \$10.42 \$13.15 \$19.90	\$11.81 \$19.37 \$24.44 \$36.97	\$9.09 \$14.90 \$18.80 \$28.44	\$10.74 \$17.61 \$22.22 \$33.61	
CareFirst BlueCross BlueShield Traditional Dental	Individual Parent & Child Employee & Spouse Family	\$33.70 \$55.26 \$69.77 \$105.50	\$21.23 \$34.82 \$43.95 \$66.46	\$5.76 \$9.44 \$11.91 \$18.02	\$6.80 \$11.15 \$14.08 \$21.29	\$12.64 \$20.72 \$26.16 \$39.56	\$9.72 \$15.94 \$20.13 \$30.43	\$11.49 \$18.84 \$23.78 \$35.97	
VISION OPTION									
CareFirst Select Vision	Individual Parent & Child Employee & Spouse Family	\$3.24 \$4.54 \$6.51 \$7.77	\$2.18 \$3.05 \$4.37 \$5.22	\$0.49 \$0.69 \$0.99 \$1.18	\$0.58 \$0.81 \$1.16 \$1.39	\$1.30 \$1.82 \$2.60 \$3.11	\$0.90 \$1.26 \$1.80 \$2.15	\$1.06 \$1.49 \$2.13 \$2.54	

^{*} 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 2017: Units III & IV (full-time) - Tier 1

Your Bi-Weekly Payroll Deduction

			Total Monthly Board's Premium* Monthly Share		r ayron Deduction		
	Coverage Options				22 Pays		
MEDICAL OPTIONS							
CareFirst BlueChoice HMO	Individual	\$482.75	\$458.61	\$11.14	\$13.17		
"Open Access"	Parent & Child	\$754.45	\$716.73	\$17.41	\$20.57		
	Employee & Spouse	\$1,162.61	\$1,104.48	\$26.83	\$31.71		
	Family	\$1,394.43	\$1,324.71	\$32.18	\$38.03		
BlueChoice Low-Option HMO	Individual	\$348.72	90.5%	9.5% of pay	9.5% of pay		
	Plus additional cost fo	or dependents paid	d on monthly basis directly to Discovery Benefi				
	One Child	\$278.98**	\$0				
	Spouse	\$383.60**	** \$0 N/A		N/A		
	Family	\$605.04**	\$0				
CareFirst BlueChoice Triple Option	Individual	\$598.29	\$550.43	\$22.09	\$26.11		
"Open Access"	Parent & Child	\$1,096.91	\$1,009.16	\$40.50	\$47.86		
	Employee & Spouse	\$1,428.67	\$1,314.38	\$52.75	\$62.34		
	Family	\$1,713.71	\$1,576.61	\$63.28	\$74.78		
CareFirst BlueCross Blue Shield	Individual	\$633.54	\$443.48	\$87.72	\$103.67		
PPN**	Parent & Child	\$1,165.40	\$815.78	\$161.36	\$190.70		
	Employee & Spouse	\$1,517.14	\$1,062.00	\$210.06	\$248.26		
	Family	\$1,814.70	\$1,270.29	\$251.27	\$296.95		
DENTAL OPTIONS							
United Concordia Dental POS	Individual	\$16.18	\$12.14	\$1.87	\$2.21		
	Parent & Child	\$26.97	\$20.23	\$3.11	\$3.68		
	Employee & Spouse	\$32.36	\$24.27	\$3.73	\$4.41		
	Family	\$43.15	\$32.36	\$4.98	\$5.88		
CareFirst BlueChoice PPO Dental	Individual	\$31.50	\$23.62	\$3.63	\$4.30		
	Parent & Child	\$51.65	\$38.74	\$5.96	\$7.04		
	Employee & Spouse	\$65.18	\$48.88	\$7.52	\$8.89		
	Family	\$98.59	\$73.94	\$11.38	\$13.44		
CareFirst BlueCross BlueShield	Individual	\$33.70	\$25.28	\$3.89	\$4.60		
Traditional Dental	Parent & Child	\$55.26	\$41.45	\$6.38	\$7.54		
	Employee & Spouse	\$69.77	\$52.33	\$8.05	\$9.51		
	Family	\$105.50	\$79.12	\$12.17	\$14.39		
VISION OPTION							
CareFirst Select Vision	Individual	\$3.24	\$2.59	\$0.30	\$0.35		
	Parent & Child	\$4.54	\$3.63	\$0.42	\$0.50		
	Employee & Spouse	\$6.51	\$5.21	\$0.60	\$0.71		
	Family	\$7.77	\$6.22	\$0.72	\$0.85		

^{*} 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 2017: 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 BlueChoice	Individual	\$482.75	\$385.23	\$45.01	\$53.19	\$229.31	\$116.97	\$138.24
	Parent & Child	\$754.45	\$602.05	\$70.34	\$83.13	\$358.37	\$182.81	\$216.05
HMO "Open Access"	Employee & Spouse	\$1,162.61	\$927.76	\$108.39	\$128.10	\$552.24	\$281.71	\$332.93
Access	Family	\$1,394.43	\$1112.76	\$130.00	\$153.64	\$662.36	\$337.88	\$399.31
BlueChoice	Individual	\$348.72	90.5%	9.5% of pay	9.5% of pay	90.5%	9.5% of pay	9.5% of pay
Low-Option HMO	Plus ad	ditional cost for	dependents pa	id on month	nly basis dire	ctly to Discover	y Benefits	
ПІЛО	One Child	\$278.98**	\$0			\$0		
	Spouse	\$383.60**	\$0	N/A	N/A	\$0	N/A	N/A
	Family	\$605.04**	\$0			\$0		
CareFirst	Individual	\$598.29	\$462.36	\$62.74	\$74.14	\$275.22	\$149.11	\$176.22
BlueChoice	Parent & Child	\$1,096.91	\$847.69	\$115.02	\$135.94	\$504.58	\$273.38	\$323.09
Triple Option "Open	Employee & Spouse	\$1,428.67	\$1104.08	\$149.81	\$177.05	\$657.19	\$356.07	\$420.81
Access"	Family	\$1,713.71	\$1324.35	\$179.70	\$212.38	\$788.31	\$427.11	\$504.77
CareFirst	Individual	\$633.54	\$372.52	\$120.47	\$142.37	\$221.74	\$190.06	\$224.62
BlueCross	Parent & Child	\$1,165.40	\$685.26	\$221.61	\$261.90	\$407.89	\$349.62	\$413.19
Blue Shield PPN**	Employee & Spouse	\$1,517.14	\$892.08	\$288.49	\$340.94	\$531.00	\$455.14	\$537.89
	Family	\$1,814.70	\$1067.04	\$345.07	\$407.81	\$635.15	\$544.41	\$643.39
DENTAL OP	TIONS							
United	Individual	\$16.18	\$10.19	\$2.76	\$3.27	\$6.07	\$4.67	\$5.52
Concordia	Parent & Child	\$26.97	\$16.99	\$4.61	\$5.44	\$10.11	\$7.78	\$9.19
Dental POS	Employee & Spouse	\$32.36	\$20.39	\$5.53	\$6.53	\$12.14	\$9.33	\$11.03
	Family	\$43.15	\$27.18	\$7.37	\$8.71	\$16.18	\$12.45	\$14.71
CareFirst	Individual	\$31.50	\$19.84	\$5.38	\$6.36	\$11.81	\$9.09	\$10.74
BlueChoice PPO Dental	Parent & Child	\$51.65	\$32.54	\$8.82	\$10.42	\$19.37	\$14.90	\$17.61
110 Delitai	Employee & Spouse	\$65.18	\$41.06	\$11.13	\$13.15	\$24.44	\$18.80	\$22.22
	Family	\$98.59	\$62.11	\$16.84	\$19.90	\$36.97	\$28.44	\$33.61
CareFirst	Individual	\$33.70	\$21.23	\$5.76	\$6.80	\$12.64	\$9.72	\$11.49
BlueCross BlueShield	Parent & Child	\$55.26	\$34.82	\$9.44	\$11.15	\$20.72	\$15.94	\$18.84
Traditional	Employee & Spouse	\$69.77	\$43.95	\$11.91	\$14.08	\$26.16	\$20.13	\$23.78
Dental	Family	\$105.50	\$66.46	\$18.02	\$21.29	\$39.56	\$30.43	\$35.97
VISION OPTION								
CareFirst	Individual	\$3.24	\$2.18	\$0.49	\$0.58	\$1.30	\$0.90	\$1.06
Select Vision	Parent & Child	\$4.54	\$3.05	\$0.69	\$0.81	\$1.82	\$1.26	\$1.49
	Employee & Spouse	\$6.51	\$4.37	\$0.99	\$1.16	\$2.60	\$1.80	\$2.13
	Family	\$7.77	\$5.22	\$1.18	\$1.39	\$3.11	\$2.15	\$2.54

^{*} 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.