

2023 AACPS Healthcare Costs

AACPS Healthcare Costs for 2023: 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	\$551.01	\$484.89	\$30.52	\$36.07
	Parent & Child	\$861.15	\$757.81	\$47.70	\$56.37
	Employee & Spouse	\$1,327.03	\$1,167.79	\$73.50	\$86.86
	Family	\$1,591.63	\$1,400.63	\$88.15	\$104.18
CareFirst BlueChoice Triple Option "Open Access"	Individual	\$682.90	\$580.47	\$47.28	\$55.87
	Parent & Child	\$1,252.04	\$1,064.23	\$86.68	\$102.44
	Employee & Spouse	\$1,630.71	\$1,386.10	\$112.90	\$133.42
	Family	\$1,956.06	\$1,662.65	\$135.42	\$160.04
CareFirst BlueCross Blue Shield PPN <i>Grandfathered plan, no new enrollments accepted.</i>	Individual	\$757.57	\$530.30	\$104.89	\$123.97
	Parent & Child	\$1,393.55	\$975.49	\$192.95	\$228.03
	Employee & Spouse	\$1,814.14	\$1,269.90	\$251.19	\$296.86
	Family	\$2,169.97	\$1,518.98	\$300.46	\$355.09
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	\$33.10	\$24.83	\$3.82	\$4.51
	Parent & Child	\$54.26	\$40.70	\$6.26	\$7.40
	Employee & Spouse	\$68.48	\$51.36	\$7.90	\$9.34
	Family	\$103.58	\$77.69	\$11.95	\$14.12
CareFirst BlueCross BlueShield Traditional Dental	Individual	\$35.40	\$26.55	\$4.08	\$4.83
	Parent & Child	\$58.06	\$43.55	\$6.70	\$7.91
	Employee & Spouse	\$73.30	\$54.98	\$8.46	\$9.99
	Family	\$110.84	\$83.13	\$12.79	\$15.11
VISION OPTION					
CareFirst Select Vision	Individual	\$3.17	\$2.54	\$0.29	\$0.34
	Parent & Child	\$4.45	\$3.56	\$0.41	\$0.49
	Employee & Spouse	\$6.38	\$5.10	\$0.59	\$0.70
	Family	\$7.61	\$6.09	\$0.70	\$0.83

* 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 2023: Units I, II, V, and VI (part-time) – Tiers 2 & 3

Coverage Options	Total Monthly Premium*	Tier 2 (0.46-0.749 FTE)			Tier 3 (0.1-0.459 FTE)			
		Board's Monthly Share*	26 Pays	22 Pays	Board's Monthly Share	26 Pays	22 Pays	
MEDICAL OPTIONS								
CareFirst BlueChoice HMO "Open Access"	Individual	\$551.01	\$407.31	\$66.32	\$78.38	\$242.45	\$142.41	\$168.31
	Parent & Child	\$861.15	\$636.56	\$103.66	\$122.50	\$378.91	\$222.57	\$263.04
	Employee & Spouse	\$1,327.03	\$980.94	\$159.73	\$188.78	\$583.90	\$342.98	\$405.34
	Family	\$1,591.63	\$1,176.53	\$191.58	\$226.42	\$700.32	\$411.37	\$486.17
CareFirst BlueChoice Triple Option "Open Access"	Individual	\$682.90	\$487.59	\$90.14	\$106.53	\$290.24	\$181.23	\$214.18
	Parent & Child	\$1,252.04	\$893.95	\$165.27	\$195.32	\$532.12	\$332.27	\$392.68
	Employee & Spouse	\$1,630.71	\$1,164.32	\$215.26	\$254.39	\$693.05	\$432.77	\$511.45
	Family	\$1,956.06	\$1,396.63	\$258.20	\$305.14	\$831.33	\$519.11	\$613.49
CareFirst BlueCross Blue Shield PPN**	Individual	\$757.57	\$445.45	\$144.06	\$170.25	\$265.15	\$227.27	\$268.59
	Parent & Child	\$1,393.55	\$819.41	\$264.99	\$313.17	\$487.75	\$418.06	\$494.07
	Employee & Spouse	\$1,814.14	\$1,066.72	\$344.96	\$407.68	\$634.95	\$544.24	\$643.19
	Family	\$2,169.97	\$1,275.94	\$412.63	\$487.65	\$759.49	\$650.99	\$769.35
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	\$33.10	\$20.86	\$5.65	\$6.68	\$12.42	\$9.54	\$11.28
	Parent & Child	\$54.26	\$34.19	\$9.26	\$10.95	\$20.35	\$15.65	\$18.50
	Employee & Spouse	\$68.48	\$43.14	\$11.70	\$13.82	\$25.68	\$19.75	\$23.35
	Family	\$103.58	\$65.26	\$17.69	\$20.90	\$38.85	\$29.88	\$35.31
CareFirst BlueCross BlueShield Traditional Dental	Individual	\$35.40	\$22.30	\$6.05	\$7.15	\$13.28	\$10.21	\$12.07
	Parent & Child	\$58.06	\$36.58	\$9.91	\$11.72	\$21.78	\$16.74	\$19.79
	Employee & Spouse	\$73.30	\$46.18	\$12.52	\$14.79	\$27.49	\$21.14	\$24.99
	Family	\$110.84	\$69.83	\$18.93	\$22.37	\$41.57	\$31.97	\$37.78
VISION OPTION								
CareFirst Select Vision	Individual	\$3.17	\$2.13	\$0.48	\$0.57	\$1.27	\$0.88	\$1.04
	Parent & Child	\$4.45	\$2.99	\$0.67	\$0.80	\$1.78	\$1.23	\$1.46
	Employee & Spouse	\$6.38	\$4.28	\$0.97	\$1.15	\$2.55	\$1.77	\$2.09
	Family	\$7.61	\$5.12	\$1.15	\$1.36	\$3.05	\$2.10	\$2.49

* Total monthly premium for medical includes prescriptions.

** Grandfathered plan, no new enrollments accepted.

AACPS Healthcare Costs for 2023: 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	\$551.01	\$495.91	\$25.43	\$30.05
	Parent & Child	\$861.15	\$775.04	\$39.74	\$46.97
	Employee & Spouse	\$1,327.03	\$1,194.33	\$61.25	\$72.38
	Family	\$1,591.63	\$1,432.47	\$73.46	\$86.81
CareFirst BlueChoice Triple Option "Open Access"	Individual	\$682.90	\$580.47	\$47.28	\$55.87
	Parent & Child	\$1,252.04	\$1,064.23	\$86.68	\$102.44
	Employee & Spouse	\$1,630.71	\$1,386.10	\$112.90	\$133.42
	Family	\$1,956.06	\$1,662.65	\$135.42	\$160.04
CareFirst BlueCross Blue Shield PPN <i>Grandfathered plan, no new enrollments accepted.</i>	Individual	\$757.57	\$530.30	\$104.89	\$123.97
	Parent & Child	\$1,393.55	\$975.49	\$192.95	\$228.03
	Employee & Spouse	\$1,814.14	\$1,269.90	\$251.19	\$296.86
	Family	\$2,169.97	\$1,518.98	\$300.46	\$355.09
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	\$33.10	\$24.83	\$3.82	\$4.51
	Parent & Child	\$54.26	\$40.70	\$6.26	\$7.40
	Employee & Spouse	\$68.48	\$51.36	\$7.90	\$9.34
	Family	\$103.58	\$77.69	\$11.95	\$14.12
CareFirst BlueCross BlueShield Traditional Dental	Individual	\$35.40	\$26.55	\$4.08	\$4.83
	Parent & Child	\$58.06	\$43.55	\$6.70	\$7.91
	Employee & Spouse	\$73.30	\$54.98	\$8.46	\$9.99
	Family	\$110.84	\$83.13	\$12.79	\$15.11
VISION OPTION					
CareFirst Select Vision	Individual	\$3.17	\$2.54	\$0.29	\$0.34
	Parent & Child	\$4.45	\$3.56	\$0.41	\$0.49
	Employee & Spouse	\$6.38	\$5.10	\$0.59	\$0.70
	Family	\$7.61	\$6.09	\$0.70	\$0.83

* 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 2023: Units III & IV (part-time) – Tiers 2 & 3

Coverage Options	Total Monthly Premium*	Tier 2 (0.46-0.749 FTE)			Tier 3 (0.1-0.459 FTE)			
		Board's Monthly Share*	26 Pays	22 Pays	Board's Monthly Share	26 Pays	22 Pays	
MEDICAL OPTIONS								
CareFirst BlueChoice HMO "Open Access"	Individual	\$551.01	\$416.56	\$62.05	\$73.34	\$247.96	\$139.87	\$165.30
	Parent & Child	\$861.15	\$651.03	\$96.98	\$114.61	\$387.52	\$218.60	\$258.34
	Employee & Spouse	\$1,327.03	\$1,003.24	\$149.44	\$176.61	\$597.17	\$336.86	\$398.11
	Family	\$1,591.63	\$1,203.27	\$179.24	\$211.83	\$716.24	\$404.03	\$477.49
CareFirst BlueChoice Triple Option "Open Access"	Individual	\$682.90	\$487.59	\$90.14	\$106.53	\$290.24	\$181.23	\$214.18
	Parent & Child	\$1,252.04	\$893.95	\$165.27	\$195.32	\$532.12	\$332.27	\$392.68
	Employee & Spouse	\$1,630.71	\$1,164.32	\$215.26	\$254.39	\$693.05	\$432.77	\$511.45
	Family	\$1,956.06	\$1,396.63	\$258.20	\$305.14	\$831.33	\$519.11	\$613.49
CareFirst BlueCross Blue Shield PPN**	Individual	\$757.57	\$445.45	\$144.06	\$170.25	\$265.15	\$227.27	\$268.59
	Parent & Child	\$1,393.55	\$819.41	\$264.99	\$313.17	\$487.75	\$418.06	\$494.07
	Employee & Spouse	\$1,814.14	\$1,066.72	\$344.96	\$407.68	\$634.95	\$544.24	\$643.19
	Family	\$2,169.97	\$1,275.94	\$412.63	\$487.65	\$759.49	\$650.99	\$769.35
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	\$33.10	\$20.86	\$5.65	\$6.68	\$12.42	\$9.54	\$11.28
	Parent & Child	\$54.26	\$34.19	\$9.26	\$10.95	\$20.35	\$15.65	\$18.50
	Employee & Spouse	\$68.48	\$43.14	\$11.70	\$13.82	\$25.68	\$19.75	\$23.35
	Family	\$103.58	\$65.26	\$17.69	\$20.90	\$38.85	\$29.88	\$35.31
CareFirst BlueCross BlueShield Traditional Dental	Individual	\$35.40	\$22.30	\$6.05	\$7.15	\$13.28	\$10.21	\$12.07
	Parent & Child	\$58.06	\$36.58	\$9.91	\$11.72	\$21.78	\$16.74	\$19.79
	Employee & Spouse	\$73.30	\$46.18	\$12.52	\$14.79	\$27.49	\$21.14	\$24.99
	Family	\$110.84	\$69.83	\$18.93	\$22.37	\$41.57	\$31.97	\$37.78
VISION OPTION								
CareFirst Select Vision	Individual	\$3.17	\$2.13	\$0.48	\$0.57	\$1.27	\$0.88	\$1.04
	Parent & Child	\$4.45	\$2.99	\$0.67	\$0.80	\$1.78	\$1.23	\$1.46
	Employee & Spouse	\$6.38	\$4.28	\$0.97	\$1.15	\$2.55	\$1.77	\$2.09
	Family	\$7.61	\$5.12	\$1.15	\$1.36	\$3.05	\$2.10	\$2.49

* Total monthly premium for medical includes prescriptions.

** Grandfathered plan, no new enrollments accepted.