

AACPS' Healthcare Costs for 2013

Units I, II, V & VI (Full-Time) – Tier 1

Effective January 1, 2013

				Your Bi-Weekly Payroll Deduction	
Healthcare Options		Total Monthly Premium*	Board's Monthly Share	26 Pays	22 Pays
Medical Options					
CareFirst BlueChoice HMO	Individual	\$ 432.61	\$ 406.65	11.98	14.16
	Parent & Child	676.10	635.53	18.72	22.13
	Employee & Spouse	1,041.87	979.36	28.85	34.10
	Family	1,249.62	1,174.64	34.61	40.90
CareFirst BlueCross BlueShield Triple Option	Individual	\$ 536.15	\$ 482.54	\$ 24.74	\$ 29.24
	Parent & Child	983.00	884.70	45.37	53.62
	Employee & Spouse	1,280.29	1,152.26	59.09	69.83
	Family	1,535.74	1,382.17	70.88	83.77
CareFirst BlueCross BlueShield ** PPN	Individual	\$ 567.74	\$ 425.81	\$ 65.51	\$ 77.42
	Parent & Child	1,044.37	783.28	120.50	142.41
	Employee & Spouse	1,359.58	1,019.69	156.87	185.39
	Family	1,626.24	1,219.68	187.64	221.76
Dental Options					
CareFirst BlueCross BlueShield Traditional Dental	Individual	\$ 33.89	\$ 27.11	3.13	3.70
	Parent & Child	55.57	44.45	5.13	6.06
	Employee & Spouse	70.16	56.12	6.48	7.65
	Family	106.09	84.87	9.79	11.57
CareFirst BlueCross BlueShield PPO Dental	Individual	\$ 31.68	\$ 25.34	2.92	3.46
	Parent & Child	51.94	41.55	4.79	5.67
	Employee & Spouse	65.54	52.43	6.05	7.15
	Family	99.13	79.31	9.15	10.81
United Concordia Dental POS	Individual	\$ 16.18	\$ 12.94	1.49	1.77
	Parent & Child	26.97	21.58	2.49	2.94
	Employee & Spouse	32.36	25.89	2.99	3.53
	Family	43.15	34.52	3.98	4.71
Vision Option					
CareFirst BlueCross BlueShield 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 consists of your medical and CVS Caremark premium

** Grandfathered plan; no new enrollments accepted.

Units I, II, V & VI (Part-Time) – Tiers 2&3

Healthcare Options		Tier 2 (0.46-0.749 FTE)			Tier 3 (0.1-0.459 FTE)		
		Board Share	26 Pays	22 Pays	Board Share	26 Pays	22 Pays
Medical Options							
CareFirst BlueChoice HMO	Individual	\$ 355.82	\$ 35.44	\$ 41.89	\$ 203.33	\$ 105.82	\$ 125.06
	Parent & Child	556.09	55.39	65.46	317.77	165.39	195.46
	Employee & Spouse	856.94	85.35	100.87	489.68	254.86	301.19
	Family	1027.81	102.37	120.99	587.32	305.68	361.25
CareFirst BlueCross BlueShield Triple Option	Individual	\$ 422.22	\$ 52.58	\$ 62.14	\$ 241.27	\$ 136.10	\$ 160.84
	Parent & Child	774.11	96.41	113.94	442.35	249.53	294.90
	Employee & Spouse	1008.23	125.57	148.40	576.13	325.00	384.09
	Family	1209.40	150.62	178.00	691.09	389.84	460.72
CareFirst BlueCross BlueShield ** PPN	Individual	\$ 372.58	\$ 90.07	\$ 106.45	\$ 212.91	\$ 163.77	\$ 193.55
	Parent & Child	685.37	165.69	195.82	391.64	301.26	356.03
	Employee & Spouse	892.23	215.70	254.92	509.85	392.19	463.49
	Family	1067.22	258.01	304.92	609.84	469.11	554.40
Dental Options							
CareFirst BlueCross BlueShield Traditional Dental	Individual	\$ 23.72	\$ 4.69	\$ 5.55	\$ 13.56	\$ 9.38	\$ 11.09
	Parent & Child	38.90	7.69	9.09	22.23	15.39	18.19
	Employee & Spouse	49.11	9.71	11.48	28.06	19.43	22.96
	Family	74.26	14.69	17.36	42.43	29.38	34.72
CareFirst BlueCross BlueShield PPO Dental	Individual	\$ 22.17	\$ 4.39	\$ 5.18	\$ 12.67	\$ 8.77	\$ 10.37
	Parent & Child	36.36	7.19	8.50	20.77	14.38	17.00
	Employee & Spouse	45.88	9.08	10.73	26.22	18.15	21.45
	Family	69.39	13.73	16.22	39.65	27.45	32.44
United Concordia Dental POS	Individual	\$ 11.33	\$ 2.24	\$ 2.65	\$ 6.47	\$ 4.48	\$ 5.30
	Parent & Child	18.88	3.73	4.41	10.79	7.47	8.83
	Employee & Spouse	22.65	4.48	5.30	12.94	8.96	10.59
	Family	30.21	5.97	7.06	17.26	11.95	14.12
Vision Option							
CareFirst BlueCross BlueShield Select Vision	Individual	\$ 2.27	\$ 0.45	\$ 0.53	\$ 1.30	\$ 0.90	\$ 1.06
	Parent & Child	3.18	0.63	0.74	1.82	1.26	1.49
	Employee & 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

AACPS' Healthcare Costs for 2013

Units III & IV (Full-Time) – Tier 1

Effective January 1, 2013

				Your Bi-Weekly Payroll Deduction	
Healthcare Options		Total Monthly Premium*	Board's Monthly Share	26 Pays	22 Pays
<i>Medical Options</i>					
CareFirst BlueChoice HMO	Individual	\$ 432.61	\$ 415.31	\$ 7.98	\$ 9.44
	Parent & Child	676.10	649.06	12.48	14.75
	Employee & Spouse	1,041.87	1,000.20	19.23	22.73
	Family	1,249.62	1,199.64	23.07	27.26
CareFirst BlueCross BlueShield Triple Option	Individual	\$ 536.15	\$ 493.26	\$ 19.80	\$ 23.39
	Parent & Child	983.00	904.36	36.30	42.89
	Employee & Spouse	1,280.29	1,177.87	47.27	55.87
	Family	1,535.74	1,412.88	56.70	67.01
CareFirst BlueCross BlueShield ** PPN	Individual	\$ 567.74	\$ 425.81	\$ 65.51	\$ 77.42
	Parent & Child	1,044.37	783.28	120.50	142.41
	Employee & Spouse	1,359.58	1,019.69	156.87	185.39
	Family	1,626.24	1,219.68	187.64	221.76
<i>Dental Options</i>					
CareFirst BlueCross BlueShield Traditional Dental	Individual	\$ 33.89	\$ 27.11	\$ 3.13	\$ 3.70
	Parent & Child	55.57	44.45	5.13	6.06
	Employee & Spouse	70.16	56.12	6.48	7.65
	Family	106.09	84.87	9.79	11.57
CareFirst BlueCross BlueShield PPO Dental	Individual	\$ 31.68	\$ 25.34	\$ 2.92	\$ 3.46
	Parent & Child	51.94	41.55	4.79	5.67
	Employee & Spouse	65.54	52.43	6.05	7.15
	Family	99.13	79.31	9.15	10.81
United Concordia Dental POS	Individual	\$ 16.18	\$ 12.94	\$ 1.49	\$ 1.77
	Parent & Child	26.97	21.58	2.49	2.94
	Employee & Spouse	32.36	25.89	2.99	3.53
	Family	43.15	34.52	3.98	4.71
<i>Vision Option</i>					
CareFirst BlueCross BlueShield 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 consists of your medical and CVS Caremark premium

** Grandfathered plan; no new enrollments accepted.

AACPS' Healthcare Costs for 2013

Units III & IV (Part-Time) – Tiers 2&3

Effective January 1, 2013

Healthcare Options		Tier 2 (0.46-0.749 FTE)			Tier 3 (0.1-0.459 FTE)		
		Board Share	26 Pays	22 Pays	Board Share	26 Pays	22 Pays
Medical Options							
CareFirst BlueChoice HMO	Individual	\$ 363.40	\$ 31.94	\$ 37.75	\$ 207.66	\$ 103.83	\$ 122.70
	Parent & Child	567.93	49.93	59.00	324.53	162.26	191.77
	Employee & Spouse	875.18	76.94	90.92	500.10	250.05	295.51
	Family	1049.69	92.28	109.06	599.82	299.91	354.44
CareFirst BlueCross BlueShield Triple Option	Individual	\$ 431.60	\$ 48.25	\$ 57.03	\$ 246.63	\$ 133.62	\$ 157.92
	Parent & Child	791.32	88.47	104.56	452.18	244.99	289.54
	Employee & Spouse	1030.64	115.22	136.17	588.94	319.09	377.10
	Family	1236.27	138.22	163.35	706.44	382.75	452.35
CareFirst BlueCross BlueShield ** PPN	Individual	\$ 372.58	\$ 90.07	\$ 106.45	\$ 212.91	\$ 163.77	\$ 193.55
	Parent & Child	685.37	165.69	195.82	391.64	301.26	356.03
	Employee & Spouse	892.23	215.70	254.92	509.85	392.19	463.49
	Family	1067.22	258.01	304.92	609.84	469.11	554.40
Dental Options							
CareFirst BlueCross BlueShield Traditional Dental	Individual	\$ 23.72	\$ 4.69	\$ 5.55	\$ 13.56	\$ 9.38	\$ 11.09
	Parent & Child	38.90	7.69	9.09	22.23	15.39	18.19
	Employee & Spouse	49.11	9.71	11.48	28.06	19.43	22.96
	Family	74.26	14.69	17.36	42.43	29.38	34.72
CareFirst BlueCross BlueShield PPO Dental	Individual	\$ 22.17	\$ 4.39	\$ 5.18	\$ 12.67	\$ 8.77	\$ 10.37
	Parent & Child	36.36	7.19	8.50	20.77	14.38	17.00
	Employee & Spouse	45.88	9.08	10.73	26.22	18.15	21.45
	Family	69.39	13.73	16.22	39.65	27.45	32.44
United Concordia Dental POS	Individual	\$ 11.33	\$ 2.24	\$ 2.65	\$ 6.47	\$ 4.48	\$ 5.30
	Parent & Child	18.88	3.73	4.41	10.79	7.47	8.83
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	Family	30.21	5.97	7.06	17.26	11.95	14.12
Vision Option							
CareFirst BlueCross BlueShield Select Vision	Individual	\$ 2.27	\$ 0.45	\$ 0.53	\$ 1.30	\$ 0.90	\$ 1.06
	Parent & Child	3.18	0.63	0.74	1.82	1.26	1.49
	Employee & 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