

AACPS Healthcare Costs for 2017: 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	\$482.75	\$448.96	\$15.60	\$18.43
	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	N/A	N/A
	Spouse	\$383.60**	\$0	N/A	N/A
	Family	\$605.04**	\$0		
CareFirst BlueChoice Triple Option "Open Access"	Individual	\$598.29	\$538.46	\$27.61	\$32.63
	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 PPN***	Individual	\$633.54	\$443.48	\$87.72	\$103.67
	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 Traditional Dental	Individual	\$33.70	\$25.28	\$3.89	\$4.60
	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

Coverage Options	Tier 2 (0.46-0.749 FTE)				Tier 3 (0.1-0.459 FTE)			
	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	\$482.75	\$377.13	\$48.75	\$57.61	\$224.48	\$119.20	\$140.87
	Parent & Child	\$754.45	\$589.38	\$76.19	\$90.04	\$350.82	\$186.29	\$220.16
	Employee & Spouse	\$1,162.61	\$908.23	\$117.40	\$138.75	\$540.62	\$287.07	\$339.27
	Family	\$1,394.43	\$1089.33	\$140.82	\$166.42	\$648.41	\$344.32	\$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 additional cost for dependents paid on monthly basis directly to Discovery Benefits							
	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 BlueChoice Triple Option "Open Access"	Individual	\$598.29	\$452.31	\$67.38	\$79.63	\$269.23	\$151.87	\$179.49
	Parent & Child	\$1,096.91	\$829.26	\$123.53	\$145.99	\$493.61	\$278.45	\$329.07
	Employee & Spouse	\$1,428.67	\$1080.07	\$160.89	\$190.14	\$642.90	\$362.66	\$428.60
	Family	\$1,713.71	\$1295.57	\$192.99	\$228.08	\$771.17	\$435.02	\$514.11
CareFirst BlueCross Blue Shield PPN**	Individual	\$633.54	\$372.52	\$120.47	\$142.37	\$221.74	\$190.06	\$224.62
	Parent & Child	\$1,165.40	\$685.26	\$221.61	\$261.90	\$407.89	\$349.62	\$413.19
	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 OPTIONS								
United Concordia Dental POS	Individual	\$16.18	\$10.19	\$2.76	\$3.27	\$6.07	\$4.67	\$5.52
	Parent & Child	\$26.97	\$16.99	\$4.61	\$5.44	\$10.11	\$7.78	\$9.19
	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 BlueChoice PPO Dental	Individual	\$31.50	\$19.84	\$5.38	\$6.36	\$11.81	\$9.09	\$10.74
	Parent & Child	\$51.65	\$32.54	\$8.82	\$10.42	\$19.37	\$14.90	\$17.61
	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 BlueCross BlueShield Traditional Dental	Individual	\$33.70	\$21.23	\$5.76	\$6.80	\$12.64	\$9.72	\$11.49
	Parent & Child	\$55.26	\$34.82	\$9.44	\$11.15	\$20.72	\$15.94	\$18.84
	Employee & Spouse	\$69.77	\$43.95	\$11.91	\$14.08	\$26.16	\$20.13	\$23.78
	Family	\$105.50	\$66.46	\$18.02	\$21.29	\$39.56	\$30.43	\$35.97
VISION OPTION								
CareFirst Select Vision	Individual	\$3.24	\$2.18	\$0.49	\$0.58	\$1.30	\$0.90	\$1.06
	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.

AACPS Healthcare Costs for 2017: 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	\$482.75	\$458.61	\$11.14	\$13.17
	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 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 "Open Access"	Individual	\$598.29	\$550.43	\$22.09	\$26.11
	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 PPN**	Individual	\$633.54	\$443.48	\$87.72	\$103.67
	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 Traditional Dental	Individual	\$33.70	\$25.28	\$3.89	\$4.60
	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

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Coverage Options	Tier 2 (0.46-0.749 FTE)				Tier 3 (0.1-0.459 FTE)			
	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	\$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
	Employee & Spouse	\$1,162.61	\$927.76	\$108.39	\$128.10	\$552.24	\$281.71	\$332.93
	Family	\$1,394.43	\$1112.76	\$130.00	\$153.64	\$662.36	\$337.88	\$399.31
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 additional cost for dependents paid on monthly basis directly to Discovery Benefits							
	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 BlueChoice Triple Option "Open Access"	Individual	\$598.29	\$462.36	\$62.74	\$74.14	\$275.22	\$149.11	\$176.22
	Parent & Child	\$1,096.91	\$847.69	\$115.02	\$135.94	\$504.58	\$273.38	\$323.09
	Employee & Spouse	\$1,428.67	\$1104.08	\$149.81	\$177.05	\$657.19	\$356.07	\$420.81
	Family	\$1,713.71	\$1324.35	\$179.70	\$212.38	\$788.31	\$427.11	\$504.77
CareFirst BlueCross Blue Shield PPN**	Individual	\$633.54	\$372.52	\$120.47	\$142.37	\$221.74	\$190.06	\$224.62
	Parent & Child	\$1,165.40	\$685.26	\$221.61	\$261.90	\$407.89	\$349.62	\$413.19
	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 OPTIONS								
United Concordia Dental POS	Individual	\$16.18	\$10.19	\$2.76	\$3.27	\$6.07	\$4.67	\$5.52
	Parent & Child	\$26.97	\$16.99	\$4.61	\$5.44	\$10.11	\$7.78	\$9.19
	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 BlueChoice PPO Dental	Individual	\$31.50	\$19.84	\$5.38	\$6.36	\$11.81	\$9.09	\$10.74
	Parent & Child	\$51.65	\$32.54	\$8.82	\$10.42	\$19.37	\$14.90	\$17.61
	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 BlueCross BlueShield Traditional Dental	Individual	\$33.70	\$21.23	\$5.76	\$6.80	\$12.64	\$9.72	\$11.49
	Parent & Child	\$55.26	\$34.82	\$9.44	\$11.15	\$20.72	\$15.94	\$18.84
	Employee & Spouse	\$69.77	\$43.95	\$11.91	\$14.08	\$26.16	\$20.13	\$23.78
	Family	\$105.50	\$66.46	\$18.02	\$21.29	\$39.56	\$30.43	\$35.97
VISION OPTION								
CareFirst Select Vision	Individual	\$3.24	\$2.18	\$0.49	\$0.58	\$1.30	\$0.90	\$1.06
	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.

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*** Grandfathered plan, no new enrollments accepted.