



Health Care Per Pay Premiums

Effective September 1, 2018

Employees who **work at least 30 hours per week** in a budgeted position are eligible for the below Board subsidized medical, dental, and vision rates. If you are a part-time employee, please the back side of this page.

FY2019 Health Care Rates

Plan Option	Individual	Parent & Child	Employee & Spouse	Parent & Children	Family
Medical Opt-Out Credit	(\$45.45)	N/A	N/A	N/A	N/A
Aetna HDHP & HSA	\$32.85	\$61.51	\$67.76	\$81.90	\$95.06
Aetna Select Open Access	\$49.77	\$93.17	\$102.64	\$124.06	\$143.99
CareFirst Core PPO	\$49.10	\$93.30	\$105.57	\$122.76	\$139.94
CareFirst Plus PPO	\$151.81	\$288.45	\$326.40	\$379.53	\$434.84
Delta Dental with Medical	\$2.40	\$4.56	\$4.80	\$6.00	\$7.20
Standard Vision with Medical	\$0.28	\$0.47	\$0.52	\$0.69	\$0.77
Custom Vision with Medical	\$1.86	\$3.17	\$3.56	\$4.67	\$5.23

Current FY2018 Health Care Rates

Plan Option	Individual	Parent & Child	Employee & Spouse	Parent & Children	Family
Medical Opt-Out Credit	(\$45.45)	N/A	N/A	N/A	N/A
Aetna HDHP & HSA	\$32.21	\$60.30	\$66.43	\$80.30	\$93.20
Aetna Select Open Access	\$48.79	\$91.34	\$100.62	\$121.63	\$141.17
CareFirst Core PPO	\$48.14	\$91.46	\$103.50	\$120.35	\$137.20
CareFirst Plus PPO	\$132.92	\$252.56	\$285.80	\$332.32	\$378.84
Delta Dental with Medical	\$2.40	\$4.56	\$4.80	\$6.00	\$7.20
Standard Vision with Medical	\$0.28	\$0.47	\$0.52	\$0.69	\$0.77
Custom Vision with Medical	\$1.86	\$3.17	\$3.56	\$4.67	\$5.23



Health Care Per Pay Premiums

Effective September 1, 2018

Employees who **work more than 17.5 hours per week and less than 30 hours per week** in a budgeted position and want to enroll in benefits, can do so at the full premium rate. Additionally, employees who waive medical coverage through CCPS, but choose to enroll in dental and vision are responsible for the full premium rates listed below. If you are a full-time employee, please see the back side of this page.

FY2019 Health Care Rates

Plan Option	Individual	Parent & Child	Employee & Spouse	Parent & Children	Family
Aetna HDHP & HSA	\$219.03	\$410.07	\$451.73	\$546.03	\$633.75
Aetna Select Open Access	\$331.78	\$621.14	\$684.25	\$827.07	\$959.94
CareFirst Core PPO	\$327.35	\$621.96	\$703.79	\$818.36	\$932.94
CareFirst Plus PPO	\$430.06	\$817.12	\$924.63	\$1,075.14	\$1,227.84
Delta Dental Full Premium	\$16.01	\$30.41	\$32.01	\$40.02	\$48.02
Standard Vision Full Premium	\$1.84	\$3.12	\$3.49	\$4.59	\$5.13
Custom Vision Full Premium	\$3.43	\$5.83	\$6.52	\$8.57	\$9.59

Current FY2018 Health Care Rates

Plan Option	Individual	Parent & Child	Employee & Spouse	Parent & Children	Family
Aetna HDHP & HSA	\$214.74	\$402.03	\$442.88	\$535.33	\$621.32
Aetna Select Open Access	\$325.27	\$608.96	\$670.83	\$810.86	\$941.12
CareFirst Core PPO	\$320.93	\$609.76	\$689.99	\$802.31	\$914.65
CareFirst Plus PPO	\$405.71	\$770.86	\$872.29	\$1,014.28	\$1,156.29
Delta Dental Full Premium	\$16.01	\$30.41	\$32.01	\$40.02	\$48.02
Standard Vision Full Premium	\$1.84	\$3.12	\$3.49	\$4.59	\$5.13
Custom Vision Full Premium	\$3.43	\$5.83	\$6.52	\$8.57	\$9.59