

2020 Premiums

Monthly Paid Employee

(deductions over 10 pay periods)¹

MEDICAL

Coverage	Aetna/ Innovation Health			CareFirst BlueChoice Advantage			Kaiser Permanente		
	YOU PAY	FCPS PAYS	Total Cost	YOU PAY	FCPS PAYS	Total Cost	YOU PAY	FCPS PAYS	Total Cost
Individual	\$147.84	\$837.77	\$985.61	\$109.44	\$620.16	\$729.60	\$120.39	\$682.22	\$802.61
Minifamily	\$492.81	\$1,478.42	\$1,971.23	\$364.80	\$1,094.39	\$1,459.19	\$401.31	\$1,203.93	\$1,605.24
Family	\$615.90	\$1,848.12	\$2,464.02	\$456.00	\$1,368.01	\$1,824.01	\$501.64	\$1,504.91	\$2,006.55
2 Employee: Family ²	\$492.81	\$1,971.21	\$2,464.02	\$364.80	\$1,459.21	\$1,824.01	\$401.31	\$1,605.24	\$2,006.55

Biweekly Paid Employee

(deductions over 20 pay periods)¹

Coverage	Aetna/ Innovation Health			CareFirst BlueChoice Advantage			Kaiser Permanente		
	YOU PAY	FCPS PAYS	Total Cost	YOU PAY	FCPS PAYS	Total Cost	YOU PAY	FCPS PAYS	Total Cost
Individual	\$73.92	\$418.89	\$492.81	\$54.72	\$310.08	\$364.80	\$60.20	\$341.11	\$401.31
Minifamily	\$246.40	\$739.21	\$985.61	\$182.40	\$547.20	\$729.60	\$200.65	\$601.96	\$802.61
Family	\$307.95	\$924.06	\$1,232.01	\$228.00	\$684.00	\$912.00	\$250.82	\$752.46	\$1,003.28
2 Employee: Family ²	\$246.40	\$985.61	\$1,232.01	\$182.40	\$729.61	\$912.01	\$200.65	\$802.62	\$1,003.27

DENTAL

Monthly Paid Employee¹

Biweekly Paid Employee¹

Coverage	Aetna DNO			Aetna PPO			Aetna DNO			Aetna PPO		
	YOU PAY	FCPS PAYS	Total Cost	YOU PAY	FCPS PAYS	Total Cost	YOU PAY	FCPS PAYS	Total Cost	YOU PAY	FCPS PAYS	Total Cost
Individual	\$7.65	\$17.85	\$25.50	\$18.66	\$43.56	\$62.22	\$3.83	\$8.93	\$12.76	\$9.33	\$21.78	\$31.11
Minifamily	\$13.01	\$30.36	\$43.37	\$31.73	\$74.04	\$105.77	\$6.51	\$15.18	\$21.69	\$15.87	\$37.02	\$52.89
Family	\$18.41	\$42.96	\$61.37	\$45.00	\$104.98	\$149.98	\$9.21	\$21.48	\$30.69	\$22.50	\$52.49	\$74.99
2 Employee: Minifamily ²	\$8.68	\$34.70	\$43.38	\$21.15	\$84.62	\$105.77	\$4.34	\$17.35	\$21.69	\$10.58	\$42.31	\$52.89
2 Employee: Family ²	\$12.27	\$49.10	\$61.37	\$29.99	\$119.99	\$149.98	\$6.14	\$24.55	\$30.69	\$15.00	\$59.99	\$74.99

COBRA Rates³

Coverage	Medical			Dental	
	Aetna/ Innovation Health	CareFirst	Kaiser Permanente	Aetna DNO	Aetna PPO
Individual	\$837.78	\$620.16	\$682.22	\$21.68	\$52.89
Minifamily	\$1,675.54	\$1,240.30	\$1,364.45	\$36.87	\$89.91
Family	\$2,094.42	\$1,550.41	\$1,705.57	\$52.16	\$127.49

¹ All benefits-eligible employees in active status pay the same rates, regardless if part-time or full-time. Employees have deductions taken September through June.

² **Employees and their spouses who both work for FCPS in benefits-eligible positions are eligible for a spousal discount on their health and dental insurance.** The FCPS Spousal Rates reflect an employee contribution of 20% of total premium for medical and dental coverage. If you are eligible but not currently receiving this discount, complete the FCPS Spouse Health Plan Deduction form (HR Form 134) and submit during Open Enrollment. As a reminder, employees are required to notify the Office of Benefit Services within **30 calendar days** of any event that would cause an employee to qualify for (or cease to be eligible for) the discounted rate; including marriage, divorce, termination of employment, or commencement/termination of a leave of absence.

³ COBRA premiums apply to employees/dependents who are eligible and have elected COBRA continuation coverage. Premiums are paid monthly (over 12 months) on a direct bill basis.

*You can estimate the impact of changes you make to health or dental coverage by using the paycheck modeling tool (available on UConnect or at www.fcps.edu search keyword "Paycheck Modeling").