

Talbot County Public Schools
Health Care Rates
September 1, 2017 - August 31, 2018

Board & Employee Cost Sharing for Medical, Prescription, Dental, and Vision Coverage

Board: 85% contribution for EPO Plans 80% contribution for PPO Plans
Employee: 15% contribution for EPO Plans 20% contribution for PPO Plans

CareFirst BlueCross BlueShield

	Total Monthly Cost	Board Per Pay 24 Pays/Yr	Employee Per Pay 24 Pays/Yr	Board Per Pay 20 Pays/Yr	Employee Per Pay 20 Pays/Yr
EPO, Medical, Prescription, and Dental Insurance					
Individual	570.78	242.58	42.81	291.10	51.37
Parent/Child	1,111.72	472.48	83.38	566.98	100.05
Husband/Wife	1,365.05	580.15	102.38	696.18	122.85
Family	1,566.63	665.82	117.50	798.98	141.00

PPN, Medical, Prescription, and Dental Insurance					
Individual	640.58	256.23	64.06	307.48	76.87
Parent/Child	1,227.15	490.86	122.72	589.03	147.26
Husband/Wife	1,513.75	605.50	151.38	726.60	181.65
Family	1,751.94	700.78	175.19	840.93	210.23

Vision Plan* 100% paid by Board/Negotiated Agreements

Individual	3.33
Parent/Child	4.87
Husband/Wife	6.44
Family	8.44

For your informational purposes, the total annual cost of the health, prescription (RX), dental, and vision plan per employee:

EPO, RX, Dental Pkg.		Vision	Total Annual Cost	Board	Employee
Individual	6,849.36	39.96	6,889.32	5,861.92	1,027.40
Parent/Child	13,340.64	58.44	13,399.08	11,397.98	2,001.10
Husband/Wife	16,380.60	77.28	16,457.88	14,000.79	2,457.09
Family	18,799.56	101.28	18,900.84	16,080.91	2,819.93

PPN, RX, Dental Pkg.		Vision	Total Annual Cost	Board	Employee
Individual	7,686.96	39.96	7,726.92	6,189.53	1,537.39
Parent/Child	14,725.80	58.44	14,784.24	11,839.08	2,945.16
Husband/Wife	18,165.00	77.28	18,242.28	14,609.28	3,633.00
Family	21,023.28	101.28	21,124.56	16,919.90	4,204.66

* cents difference due to rounding