

2020 Health Plan Premiums

(All PSASA are 21 pays for bi-weekly premiums)

Shown as 21 Biweekly Deductions

2020	Individual			2 Person Family Unit			Parent & Child			Family		
Health Plan	Employee (your Share)	City Schools Pays	Total Cost	Employee (your Share)	City Schools Pays	Total Cost	Employee (your Share)	City Schools Pays	Total Cost	Employee (your Share)	City Schools Pays	Total Cost
CareFirst PPN	75.02	319.82	394.84	166.62	710.34	876.96	144.85	617.50	762.35	180.85	771.00	951.85
CareFirst POS	22.86	274.83	297.69	49.65	611.25	660.90	43.40	513.31	556.71	67.34	804.93	872.27
Kaiser Signature	21.30	250.41	271.71	46.34	559.28	605.62	40.55	468.66	509.21	62.77	733.37	796.14
Prescription (CUB, L44, PSRP)	2.00	177.22	179.22	2.00	177.22	179.22	2.00	177.22	179.22	2.00	177.22	179.22
Prescription (BTU & PSASA)	8.00	171.22	179.22	8.00	171.22	179.22	8.00	171.22	179.22	8.00	171.22	179.22
Vision	0	1.31	1.31	0	2.37	2.37	0	2.37	2.37	0	3.43	3.43
Vision Buy-Up	1.79	1.31	3.10	3.23	2.37	5.60	3.23	2.37	5.60	4.69	3.43	8.12
Vision (PSASA)	0	1.64	1.64	0	2.85	2.85	0	2.85	2.85	0	4.07	4.07
Vision Buy-Up (PSASA)	1.47	1.64	3.11	2.75	2.85	5.60	2.75	2.85	5.60	4.05	4.07	8.12
Dental	0	7.40	7.40	0	14.80	14.80	0	12.57	12.57	0	20.71	20.71
Dental PPO (Buy-Up)	12.10	7.40	19.50	24.21	14.80	39.01	20.55	12.57	33.12	33.87	20.71	54.58

Shown as 26 Biweekly Deductions

2020	Individual			2 Person Family Unit			Parent & Child			Family		
Health Plan	Employee (your Share)	City Schools Pays	Total Cost	Employee (your Share)	City Schools Pays	Total Cost	Employee (your Share)	City Schools Pays	Total Cost	Employee (your Share)	City Schools Pays	Total Cost
CareFirst PPN	60.59	258.32	318.91	134.58	573.73	708.31	116.99	498.75	615.74	146.07	622.73	768.80
CareFirst POS	18.47	221.98	240.45	40.11	493.70	533.81	35.06	414.59	449.65	54.39	650.14	704.53
Kaiser Signature	17.21	202.25	219.46	37.43	451.73	489.16	32.75	378.53	411.28	50.70	592.34	643.04
Prescription (CUB, FOP, L44)	1.62	143.14	144.76	1.62	143.14	144.76	1.62	143.14	144.76	1.62	143.14	144.76
Prescription (GSS)	6.46	138.30	144.76	6.46	138.30	144.76	6.46	138.3	144.76	6.46	138.3	144.76
Vision	0	1.06	1.06	0	1.92	1.92	0	1.92	1.92	0	2.77	2.77
Vision Buy-Up	1.45	1.06	2.51	2.61	1.92	4.53	2.61	1.92	4.53	3.79	2.77	6.56
Vision (GSS)	0	1.32	1.32	0	2.30	2.30	0	2.30	2.30	0	3.29	3.29
Vision Buy-Up (GSS)	1.19	1.32	2.51	2.22	2.30	4.52	2.22	2.30	4.52	3.27	3.29	6.56
Dental	0	5.98	5.98	0	11.95	11.95	0	10.15	10.15	0	16.73	16.73
Dental PPO (Buy-Up)	9.78	5.98	15.76	19.55	11.95	31.50	16.60	10.15	26.75	27.36	16.73	44.09

Prescription A rates apply to PSRP, L44, CUB, and FOP members

Prescription B rates apply to BTU, and PSASA members, as well as unaffiliated City Schools employees

Effective January 1, 2012 the bundled dental option in the CareFirst POS and Kaiser HMO plans is no longer available.