

**2023-24 EMPLOYEE INSURANCE
CLASSIFIED FULL-TIME RATES**

80M (Package 1)

Blue Cross PPO	80% \$40 Copay
Group #	40393B
Deductible	\$3,000/\$6,000
Max Out of Pocket	\$4,000/\$8,000
Rx (w/deductible)	\$200/\$500 for brand drugs \$10 generic/\$35 brand
	Annually
Medical	\$ 14,424.00
Dental - Incentive	\$ 1,116.00
Vision	\$ 224.40
Total	\$ 15,764.40
District Contribution (\$6000+50%)	\$ 10,882.20
Employee	\$ 4,882.20
10 month pays	\$ 488.22
12 months pays	\$ 406.85

80G (Package 2)

Blue Cross PPO	80% \$30 Copay
Group #	40317J
Deductible	\$500/\$1,000
Max Out of Pocket	\$2,000/\$4,000
Rx (no deductible)	\$9 generic/\$35 brand
	Annually
Medical	\$ 18,816.00
Dental - Incentive	\$ 1,116.00
Vision	\$ 224.40
Total	\$ 20,156.40
District Contribution (\$6000+50%)	\$ 13,078.20
Employee	\$ 7,078.20
10 month pays	\$ 707.82
12 months pays	\$ 589.85

90C (Package 3)

Blue Cross PPO	90% \$20 Copay
Group #	40332C
Deductible	\$200/\$500
Max Out of Pocket	\$1,000/\$3,000
Rx (no deductible)	\$9 generic/\$35 brand
	Annually
Medical	\$ 21,612.00
Dental - Incentive	\$ 1,116.00
Vision	\$ 224.40
Total	\$ 22,952.40
District Contribution (\$6000+50%)	\$ 14,476.20
Employee	\$ 8,476.20
10 month pays	\$ 847.62
12 months pays	\$ 706.35

100A (Package 4)

Blue Cross PPO	100% \$20 Copay
Group #	40332F
Deductible	NA
Max Out of Pocket	\$1,000/\$3,000
Rx (no deductible)	\$9 generic/\$35 brand
	Annually
Medical	\$ 23,376.00
Dental - Incentive	\$ 1,116.00
Vision	\$ 224.40
Total	\$ 24,716.40
District Contribution (\$6000+50%)	\$ 15,358.20
Employee	\$ 9,358.20
10 month pays	\$ 935.82
12 months pays	\$ 779.85

80M (Package 5)

Blue Cross PPO	80% \$40 Copay
Group #	40393B
Deductible	\$3,000/\$6,000
Max Out of Pocket	\$4,000/\$8,000
Rx (w/deductible)	\$200/\$500 for brand drugs \$10 generic/\$35 brand
	Annually
Medical	\$ 14,424.00
Dental - PPO	\$ 1,287.60
Vision	\$ 224.40
Total	\$ 15,936.00
District Contribution (\$6000+50%)	\$ 10,968.00
Employee	\$ 4,968.00
10 month pays	\$ 496.80
12 months pays	\$ 414.00

80G (Package 6)

Blue Cross PPO	80% \$30 Copay
Group #	40317J
Deductible	\$500/\$1,000
Max Out of Pocket	\$2,000/\$4,000
Rx (no deductible)	\$9 generic/\$35 brand
	Annually
Medical	\$ 18,816.00
Dental - PPO	\$ 1,287.60
Vision	\$ 224.40
Total	\$ 20,328.00
District Contribution (\$6000+50%)	\$ 13,164.00
Employee	\$ 7,164.00
10 month pays	\$ 716.40
12 months pays	\$ 597.00

90C (Package 7)

Blue Cross PPO	90% \$20 Copay
Group #	40332C
Deductible	\$200/\$500
Max Out of Pocket	\$1,000/\$3,000
Rx (no deductible)	\$9 generic/\$35 brand
	Annually
Medical	\$ 21,612.00
Dental - PPO	\$ 1,287.60
Vision	\$ 224.40
Total	\$ 23,124.00
District Contribution (\$6000+50%)	\$ 14,562.00
Employee	\$ 8,562.00
10 month pays	\$ 856.20
12 months pays	\$ 713.50

100A (Package 8)

Blue Cross PPO	100% \$20 Copay
Group #	40332F
Deductible	NA
Max Out of Pocket	\$1,000/\$3,000
Rx (no deductible)	\$9 generic/\$35 brand
	Annually
Medical	\$ 23,376.00
Dental - PPO	\$ 1,287.60
Vision	\$ 224.40
Total	\$ 24,888.00
District Contribution (\$6000+50%)	\$ 15,444.00
Employee	\$ 9,444.00
10 month pays	\$ 944.40
12 months pays	\$ 787.00

Deductibles have a 4th quarter carryover.

Out of Pocket maximum does not have a 4th quarter carryover.

The Out of Pocket limit is the most you could pay during a coverage period for your share of the cost for covered services. It includes all deductibles, copays and coinsurance.

**2023-24 EMPLOYEE INSURANCE
CLASSIFIED FULL-TIME RATES
Affordable Care Act Plans - HSA compatible**

HSA (Package 9) Incentive Dental		
Blue Cross PPO	90%	
Group #	40393G-single / 40393F-family	
Deductible - single	\$1,500	
Deductible - family	\$3,000/\$3000	
Max Out of Pocket	\$3,000/\$6,000	
Rx w/medical deductible	After meeting deductible	
	\$9 generic/\$35 brand	
		Annually
Medical	\$	16,416.00
Dental - Incentive	\$	1,116.00
Vision	\$	224.40
Total	\$	17,756.40
District Contribution (\$6000+50%)	\$	11,878.20
Employee	\$	5,878.20
10 month pays	\$	587.82
12 months pays	\$	489.85

HSA (Package 10) PPO Dental		
Blue Cross PPO	90%	
Group #	40393G-single / 40393F-family	
Deductible - single	\$1,500	
Deductible - family	\$3,000/\$3000	
Max Out of Pocket	\$3,000/\$6,000	
Rx w/medical deductible	After meeting deductible	
	\$9 generic/\$35 brand	
		Annually
Medical	\$	16,416.00
Dental - PPO	\$	1,287.60
Vision	\$	224.40
Total	\$	17,928.00
District Contribution (\$6000+50%)	\$	11,964.00
Employee	\$	5,964.00
10 month pays	\$	596.40
12 months pays	\$	497.00

ACA Bronze-A Medical Only		
Employee Only		
No Dental, No Vision, No Spouses		
Blue Cross PPO	70%	
Group # 70393B	then subject deductible and	
	co-insurance	
Deductible	\$5,000	
Max Out of Pocket	\$6,350	
Rx w/medical deductible	After meeting deductible,	
	\$9 for generics and \$35 for brand	
		Annually
Medical only	\$	8,232.00
District Contribution (\$6000+50%)	\$	7,116.00
Employee Contribution	\$	1,116.00
10 month pays	\$	111.60
12 months pays	\$	93.00

ACA Bronze-B-Medical Only		
Employee + Child(ren)		
No Dental, No Vision, No Spouses		
Blue Cross PPO	70%	
Group #70393B	then subject deductible and	
	co-insurance	
Deductible	\$5,000/\$10,000	
Max Out of Pocket	\$6,350/\$12,700	
Rx w/medical deductible	After meeting deductible,	
	\$9 for generics and \$35 for brand	
		Annually
Medical only	\$	13,116.00
District Contribution (\$6000+50%)	\$	9,558.00
Employee Contribution	\$	3,558.00
10 month pays	\$	355.80
12 months pays	\$	296.50

Life insurance is not available with the ACA Bronze plans.

Not eligible for the 75% rate for spouses actively employed with San Luis Coastal.

Retirees cannot enroll.

Deductibles have a 4th quarter carryover.

Out of Pocket maximum does not have a 4th quarter carryover.

The Out of Pocket limit is the most you could pay during a coverage period for your share of the cost for covered services.

Out of Pocket expenses include all deductibles, copays and coinsurance.