

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

**80M (Package 1)**

Blue Cross PPO	80% \$40 Copay
Group #	40393A/B
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 (\$5000+50%)	\$ 10,382.20
Employee	\$ 5,382.20
11 month pays	\$ 489.29
12 months pays	\$ 448.52

**80G (Package 2)**

Blue Cross PPO	80% \$30 Copay
Group #	40317H/J
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 (\$5000+50%)	\$ 12,578.20
Employee	\$ 7,578.20
11 month pays	\$ 688.93
12 months pays	\$ 631.52

**90C (Package 3)**

Blue Cross PPO	90% \$20 Copay
Group #	40332A/C
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 (\$5000+50%)	\$ 13,976.20
Employee	\$ 8,976.20
11 month pays	\$ 816.02
12 months pays	\$ 748.02

**100A (Package 4)**

Blue Cross PPO	100% \$20 Copay
Group #	40332E/F
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 (\$5000+50%)	\$ 14,858.20
Employee	\$ 9,858.20
11 month pays	\$ 896.20
12 months pays	\$ 821.52

**80M (Package 5)**

Blue Cross PPO	80% \$40 Copay
Group #	40393A/B
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 (\$5000+50%)	\$ 10,468.00
Employee	\$ 5,468.00
11 month pays	\$ 497.09
12 months pays	\$ 455.67

**80G (Package 6)**

Blue Cross PPO	80% \$30 Copay
Group #	40317H/J
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 (\$5000+50%)	\$ 12,664.00
Employee	\$ 7,664.00
11 month pays	\$ 696.73
12 months pays	\$ 638.67

**90C (Package 7)**

Blue Cross PPO	90% \$20 Copay
Group #	40332A/C
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 (\$5000+50%)	\$ 14,062.00
Employee	\$ 9,062.00
11 month pays	\$ 823.82
12 months pays	\$ 755.17

**100A (Package 8)**

Blue Cross PPO	100% \$20 Copay
Group #	40332E/F
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 (\$5000+50%)	\$ 14,944.00
Employee	\$ 9,944.00
11 month pays	\$ 904.00
12 months pays	\$ 828.67

*Deductibles have a 4th quarter carryover.*

*Out of Packet 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.*

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

**HSA (Package 9) with Incentive Dental**

Blue Cross PPO	90%	
Group #	40393D-single / 40393C-family	
Deductible - single	\$1,500	
Deductible - family	\$3000/\$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 (\$5000+50%)	\$	11,378.20
Employee		\$ 6,378.20
11 month pays		\$ 579.84
12 months pays		\$ 531.52

**HSA (Package 10) with PPO Dental**

Blue Cross PPO	90%	
Group #	40393D-single / 40393C-family	
Deductible - single	\$1,500	
Deductible - family	\$3000/\$3,000	
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 (\$5000+50%)	\$	11,464.00
Employee		\$ 6,464.00
11 month pays		\$ 587.64
12 months pays		\$ 538.67

**ACA Bronze-A Medical Only**

<b>Employee Only</b>		
<b>No Dental, No Vision, No Spouses</b>		
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 (\$5000+50%)	\$	6,616.00
<b>Employee Contribution</b>		<b>\$ 1,616.00</b>
<b>11 month pays</b>		<b>\$ 146.91</b>
<b>12 months pays</b>		<b>\$ 134.67</b>

**ACA Bronze-B-Medical Only**

<b>Employee + Child(ren)</b>		
<b>No Dental, No Vision, No Spouses</b>		
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
<b>Employee + Child(ren)</b>		<b>Annually</b>
<b>No spouses allowed on this plan</b>		
Medical only	\$	13,116.00
District Contribution (\$5000+50%)	\$	9,058.00
<b>Employee Contribution</b>		<b>\$ 4,058.00</b>
<b>11 month pays</b>		<b>\$ 368.91</b>
<b>12 months pays</b>		<b>\$ 338.17</b>

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.