

**2024-25 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	\$ 14,964.00
Metlife PDP Plus	\$ 1,402.92
Vision	\$ 224.40
Total	\$ 16,591.32
District Contribution (\$6000+50%)	\$ 11,295.66
Employee	\$ 5,295.66
10 month pays	\$ 529.57
12 months pays	\$ 441.31

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	\$ 19,392.00
Metlife PDP Plus	\$ 1,402.92
Vision	\$ 224.40
Total	\$ 21,019.32
District Contribution (\$6000+50%)	\$ 13,509.66
Employee	\$ 7,509.66
10 month pays	\$ 750.97
12 months pays	\$ 625.81

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	\$ 22,284.00
Metlife PDP Plus	\$ 1,402.92
Vision	\$ 224.40
Total	\$ 23,911.32
District Contribution (\$6000+50%)	\$ 14,955.66
Employee	\$ 8,955.66
10 month pays	\$ 895.57
12 months pays	\$ 746.31

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	\$ 24,108.00
Metlife PDP Plus	\$ 1,402.92
Vision	\$ 224.40
Total	\$ 25,735.32
District Contribution (\$6000+50%)	\$ 15,867.66
Employee	\$ 9,867.66
10 month pays	\$ 986.77
12 months pays	\$ 822.31

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	\$ 14,964.00
Metlife PDP Plus/Ortho	\$ 1,711.56
Vision	\$ 224.40
Total	\$ 16,899.96
District Contribution (\$6000+50%)	\$ 11,449.98
Employee	\$ 5,449.98
10 month pays	\$ 545.00
12 months pays	\$ 454.17

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	\$ 19,392.00
Metlife PDP Plus/Ortho	\$ 1,711.56
Vision	\$ 224.40
Total	\$ 21,327.96
District Contribution (\$6000+50%)	\$ 13,663.98
Employee	\$ 7,663.98
10 month pays	\$ 766.40
12 months pays	\$ 638.67

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	\$ 22,284.00
Metlife PDP Plus/Ortho	\$ 1,711.56
Vision	\$ 224.40
Total	\$ 24,219.96
District Contribution (\$6000+50%)	\$ 15,109.98
Employee	\$ 9,109.98
10 month pays	\$ 911.00
12 months pays	\$ 759.17

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	\$ 24,108.00
Metlife PDP Plus/Ortho	\$ 1,711.56
Vision	\$ 224.40
Total	\$ 26,043.96
District Contribution (\$6000+50%)	\$ 16,021.98
Employee	\$ 10,021.98
10 month pays	\$ 1,002.20
12 months pays	\$ 835.17

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.

**2024-25 EMPLOYEE INSURANCE
CLASSIFIED FULL-TIME RATES
Affordable Care Act Plans - HSA compatible**

HSA (Package 9)		
Blue Cross PPO	90%	
Group #	40393G-single / 40393F-family	
Deductible - single	\$1,700	
Deductible - family	\$3400/\$3400	
Max Out of Pocket	\$3,400/\$6,800	
Rx w/medical deductible	After meeting deductible	
	\$9 generic/\$35 brand	
		Annually
Medical	\$	16,944.00
Metlife PDP Plus	\$	1,402.92
Vision	\$	224.40
Total	\$	18,571.32
District Contribution (\$6000+50%)	\$	12,285.66
Employee	\$	6,285.66
10 month pays	\$	628.57
12 months pays	\$	523.81

HSA (Package 10)		
Blue Cross PPO	90%	
Group #	40393G-single / 40393F-family	
Deductible - single	\$1,700	
Deductible - family	\$3400/\$3400	
Max Out of Pocket	\$3,400/\$6,800	
Rx w/medical deductible	After meeting deductible	
	\$9 generic/\$35 brand	
		Annually
Medical	\$	16,944.00
Metlife PDP Plus/Ortho	\$	1,711.56
Vision	\$	224.40
Total	\$	18,879.96
District Contribution (\$6000+50%)	\$	12,439.98
Employee	\$	6,439.98
10 month pays	\$	644.00
12 months pays	\$	536.67

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	\$	8,364.00
District Contribution (\$6000+50%)	\$	7,182.00
Employee Contribution	\$	1,182.00
10 month pays	\$	118.20
12 months pays	\$	98.50

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	\$	13,344.00
District Contribution (\$6000+50%)	\$	9,672.00
Employee Contribution	\$	3,672.00
10 month pays	\$	367.20
12 months pays	\$	306.00

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.