

**2024-25 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	\$ 14,964.00
Metlife PDP Plus	\$ 1,402.92
Vision	\$ 224.40
Total	\$ 16,591.32
District Contribution (\$5000+50%)	\$ 10,795.66
Employee	\$ 5,795.66
11 month pays	\$ 526.88
12 months pays	\$ 482.97

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	\$ 19,392.00
Metlife PDP Plus	\$ 1,402.92
Vision	\$ 224.40
Total	\$ 21,019.32
District Contribution (\$5000+50%)	\$ 13,009.66
Employee	\$ 8,009.66
11 month pays	\$ 728.15
12 months pays	\$ 667.47

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	\$ 22,284.00
Metlife PDP Plus	\$ 1,402.92
Vision	\$ 224.40
Total	\$ 23,911.32
District Contribution (\$5000+50%)	\$ 14,455.66
Employee	\$ 9,455.66
11 month pays	\$ 859.61
12 months pays	\$ 787.97

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	\$ 24,108.00
Metlife PDP Plus	\$ 1,402.92
Vision	\$ 224.40
Total	\$ 25,735.32
District Contribution (\$5000+50%)	\$ 15,367.66
Employee	\$ 10,367.66
11 month pays	\$ 942.51
12 months pays	\$ 863.97

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	\$ 14,964.00
Metlife PDP Plus/Ortho	\$ 1,711.56
Vision	\$ 224.40
Total	\$ 16,899.96
District Contribution (\$5000+50%)	\$ 10,949.98
Employee	\$ 5,949.98
11 month pays	\$ 540.91
12 months pays	\$ 495.83

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	\$ 19,392.00
Metlife PDP Plus/Ortho	\$ 1,711.56
Vision	\$ 224.40
Total	\$ 21,327.96
District Contribution (\$5000+50%)	\$ 13,163.98
Employee	\$ 8,163.98
11 month pays	\$ 742.18
12 months pays	\$ 680.33

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	\$ 22,284.00
Metlife PDP Plus/Ortho	\$ 1,711.56
Vision	\$ 224.40
Total	\$ 24,219.96
District Contribution (\$5000+50%)	\$ 14,609.98
Employee	\$ 9,609.98
11 month pays	\$ 873.63
12 months pays	\$ 800.83

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	\$ 24,108.00
Metlife PDP Plus/Ortho	\$ 1,711.56
Vision	\$ 224.40
Total	\$ 26,043.96
District Contribution (\$5000+50%)	\$ 15,521.98
Employee	\$ 10,521.98
11 month pays	\$ 956.54
12 months pays	\$ 876.83

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.

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

HSA (Package 9) with PDP Plus

Blue Cross PPO	90%	
Group #	40393D-single / 40393C-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 (\$5000+50%)	\$	11,785.66
Employee	\$	6,785.66
11 month pays	\$	616.88
12 months pays	\$	565.47

HSA (Package 10) with PPO Plus/Ortho

Blue Cross PPO	90%	
Group #	40393D-single / 40393C-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 (\$5000+50%)	\$	11,939.98
Employee	\$	6,939.98
11 month pays	\$	630.91
12 months pays	\$	578.33

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 (\$5000+50%)	\$	6,682.00
Employee Contribution	\$	1,682.00
11 month pays	\$	152.91
12 months pays	\$	140.17

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 (\$5000+50%)	\$	9,172.00
Employee Contribution	\$	4,172.00
11 month pays	\$	379.27
12 months pays	\$	347.67

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.