

**2025-26 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	\$ 16,272.00
Metlife PDP Plus	\$ 1,487.04
Vision	\$ 224.40
Total	\$ 17,983.44
District Contribution (\$5000+50%)	\$ 11,491.72
Employee	\$ 6,491.72
11 month pays	\$ 590.16
12 months pays	\$ 540.98

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	\$ 21,024.00
Metlife PDP Plus	\$ 1,487.04
Vision	\$ 224.40
Total	\$ 22,735.44
District Contribution (\$5000+50%)	\$ 13,867.72
Employee	\$ 8,867.72
11 month pays	\$ 806.16
12 months pays	\$ 738.98

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	\$ 24,144.00
Metlife PDP Plus	\$ 1,487.04
Vision	\$ 224.40
Total	\$ 25,855.44
District Contribution (\$5000+50%)	\$ 15,427.72
Employee	\$ 10,427.72
11 month pays	\$ 947.97
12 months pays	\$ 868.98

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	\$ 26,124.00
Metlife PDP Plus	\$ 1,487.04
Vision	\$ 224.40
Total	\$ 27,835.44
District Contribution (\$5000+50%)	\$ 16,417.72
Employee	\$ 11,417.72
11 month pays	\$ 1,037.97
12 months pays	\$ 951.48

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	\$ 16,272.00
Metlife PDP Plus/Ortho	\$ 1,814.28
Vision	\$ 224.40
Total	\$ 18,310.68
District Contribution (\$5000+50%)	\$ 11,655.34
Employee	\$ 6,655.34
11 month pays	\$ 605.03
12 months pays	\$ 554.61

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	\$ 21,024.00
Metlife PDP Plus/Ortho	\$ 1,814.28
Vision	\$ 224.40
Total	\$ 23,062.68
District Contribution (\$5000+50%)	\$ 14,031.34
Employee	\$ 9,031.34
11 month pays	\$ 821.03
12 months pays	\$ 752.61

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	\$ 24,144.00
Metlife PDP Plus/Ortho	\$ 1,814.28
Vision	\$ 224.40
Total	\$ 26,182.68
District Contribution (\$5000+50%)	\$ 15,591.34
Employee	\$ 10,591.34
11 month pays	\$ 962.85
12 months pays	\$ 882.61

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	\$ 26,124.00
Metlife PDP Plus/Ortho	\$ 1,814.28
Vision	\$ 224.40
Total	\$ 28,162.68
District Contribution (\$5000+50%)	\$ 16,581.34
Employee	\$ 11,581.34
11 month pays	\$ 1,052.85
12 months pays	\$ 965.11

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.

**2025-26 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	\$	18,384.00
Metlife PDP Plus	\$	1,487.04
Vision	\$	224.40
Total	\$	20,095.44
District Contribution (\$5000+50%)	\$	12,547.72
Employee		\$ 7,547.72
11 month pays		\$ 686.16
12 months pays		\$ 628.98

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	\$	18,384.00
Metlife PDP Plus/Ortho	\$	1,814.28
Vision	\$	224.40
Total	\$	20,422.68
District Contribution (\$5000+50%)	\$	12,711.34
Employee		\$ 7,711.34
11 month pays		\$ 701.03
12 months pays		\$ 642.61

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	
Employee Only		Annually
Medical only	\$	9,084.00
District Contribution (\$5000+50%)	\$	7,042.00
Employee Contribution	\$	2,042.00
11 month pays	\$	185.64
12 months pays	\$	170.17

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	
Employee + Child(ren)		Annually
No spouses allowed on this plan		
Medical only	\$	14,484.00
District Contribution (\$5000+50%)	\$	9,742.00
Employee Contribution	\$	4,742.00
11 month pays	\$	431.09
12 months pays	\$	395.17

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 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.