2025-26 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	$	16,272.00
Metlife PDP Plus	$	1,487.04
Vision	$	224.40
Total	$	17,983.44
District Contribution ($6000+50%)	$	11,991.72
Employee	$	5,991.72
10 month pays	$	599.17
12 months pays	$	499.31

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	$	21,024.00
Metlife PDP Plus	$	1,487.04
Vision	$	224.40
Total	$	22,735.44
District Contribution ($6000+50%)	$	14,367.72
Employee	$	8,367.72
10 month pays	$	836.77
12 months pays	$	697.31

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	$	24,144.00
Metlife PDP Plus	$	1,487.04
Vision	$	224.40
Total	$	25,855.44
District Contribution ($6000+50%)	$	15,927.72
Employee	$	9,927.72
10 month pays	$	992.77
12 months pays	$	827.31

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	$	26,124.00
Metlife PDP Plus	$	1,487.04
Vision	$	224.40
Total	$	27,835.44
District Contribution ($6000+50%)	$	16,917.72
Employee	$	10,917.72
10 month pays	$	1,091.77
12 months pays	$	909.81

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	$	16,272.00
Metlife PDP Plus/Ortho	$	1,814.28
Vision	$	224.40
Total	$	18,310.68
District Contribution ($6000+50%)	$	12,155.34
Employee	$	6,155.34
10 month pays	$	615.53
12 months pays	$	512.95

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	$	21,024.00
Metlife PDP Plus/Ortho	$	1,814.28
Vision	$	224.40
Total	$	23,062.68
District Contribution ($6000+50%)	$	14,531.34
Employee	$	8,531.34
10 month pays	$	853.13
12 months pays	$	710.95

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	$	24,144.00
Metlife PDP Plus/Ortho	$	1,814.28
Vision	$	224.40
Total	$	26,182.68
District Contribution ($6000+50%)	$	16,091.34
Employee	$	10,091.34
10 month pays	$	1,009.13
12 months pays	$	840.95

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	$	26,124.00
Metlife PDP Plus/Ortho	$	1,814.28
Vision	$	224.40
Total	$	28,162.68
District Contribution ($6000+50%)	$	17,081.34
Employee	$	11,081.34
10 month pays	$	1,108.13
12 months pays	$	923.45

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. It includes all deductibles, copays and coinsurance.

2025-26 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		$	18,384.00
Metlife PDP Plus		$	1,487.04
Vision		$	224.40
Total		$	20,095.44
District Contribution ($6000+50%)		$	13,047.72
Employee		$	7,047.72
10 month pays		$	704.77
12 months pays		$	587.31

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		$	18,384.00
Metlife PDP Plus/Ortho		$	1,814.28
Vision		$	224.40
Total		$	20,422.68
District Contribution ($6000+50%)		$	13,211.34
Employee		$	7,211.34
10 month pays		$	721.13
12 months pays		$	600.95

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 ($6000+50%)		$	7,542.00
Employee Contribution		**$**	**1,542.00**
10 month pays		**$**	**154.20**
12 months pays		**$**	**128.50**

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		
Employee + Child(ren)			Annually
No spouses allowed on this plan			
Medical only		$	14,484.00
District Contribution ($6000+50%)		$	10,242.00
Employee Contribution		**$**	**4,242.00**
10 month pays		**$**	**424.20**
12 months pays		**$**	**353.50**

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 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.