2025-26 INSURANCE PLAN REQUEST FORM
CLASSIFIED STAFF

Please use the Insurance Request form to make changes only.

Employee Name:_____

Position/Site:_____

Packages 1-10 include medical, dental and vision insurance.
Packages 1 - 4 and 9 include Metlife PDP Plus. Packages 5 - 8 and 10 include Metlife PDP Plus w/Ortho

The Anchor Bronze plans are medical plans only. Spouses cannot enroll in Anchor Bronze plans.
There is no dental, no vision and no life insurance included with the Anchor Bronze plans.

MONTHLY Rates efective October 1, 2025
These are full time rates based on an 8 hour day for CSEA & SEIU
Employees working .9 - 1.0 FTE are required to enroll in Health Benefits

☐ **80M (Pkg 1)**

Blue Cross PB 80% $40	
Metlife	***PDP Plus***
VSP	
Cost	
10 pay:	$ 599.17
12 pay:	$ 499.31

☐ **80G (Pkg 2)**

Blue Cross PB 80% $30	
Metlife	***PDP Plus***
VSP	
Cost	
10 pay:	$ 836.77
12 pay:	$ 697.31

☐ **90C (Pkg 3)**

Blue Cross PB 90% $20	
Metlife	***PDP Plus***
VSP	
Cost	
10 pay:	$ 992.77
12 pay	$ 827.31

☐ **100A (Pkg 4)**

Blue Cross PB 100% $20	
Metlife	***PDP Plus***
VSP	
Cost	
10 pay:	$ 1,091.77
12 pay:	$ 909.81

☐ **80M (Pkg 5)**

Blue Cross PB 80% $40	
Metlife	***PDP Plus/Ortho***
VSP	
Cost	
10 pay:	$ 615.53
12 pay:	$ 512.95

☐ **80G (Pkg 6)**

Blue Cross PB 80% $30	
Metlife	***PDP Plus/Ortho***
VSP	
Cost	
10 pay:	$ 853.13
12 pay:	$ 710.95

☐ **90C (Pkg 7)**

Blue Cross PB 90% $20	
Metlife	***PDP Plus/Ortho***
VSP	
Cost	
10 pay:	$ 1,009.13
12 pay:	$ 840.95

☐ **100A (Pkg 8)**

Blue Cross PB 100% $20	
Metlife	***PDP Plus/Ortho***
VSP	
Cost	
10 pay:	$ 1,108.13
12 pay:	$ 923.45

Affodable Care Act Plans - HSA compatible

HSA-A (Pkg 9)

☐ Single	☐ Family
Blue Cross PB 80% $40	
Metlife	***PDP Plus***
VSP	
Cost	
10 pay:	$ 704.77
12 pay:	$ 587.31

HSA-A (Pkg 10)

☐ Single	☐ Family
Blue Cross PB 80% $40	
Metlife	***PDP Plus/Ortho***
VSP	
Cost	
10 pay:	$ 721.13
12 pay:	$ 600.95

☐ **Anchor Bronze-A**

Blue Cross PB 70%	
Employee Only	
Cost	
10 pay	$ 154.20
12 pay:	$ 128.50

☐ **Anchor Bronze-B**

Blue Cross PB 70%	
Employee +Child(ren)	
Cost	
10 pay	$ 424.20
12 pay:	$ 353.50

☐ **WABE:Anchor Bronze-A**

WABE is an option for full time employees in place of a SISC medical plan. This is used only to satisfy the medical participation requirement of a FT employee and are not enrolled in a medical/Rx plan.

Note: If you are employed as of the first day of school, your insurance coverage begins September 1st. There will be two deductions taken for insurance coverage on your August paycheck; one deduction is for coverage for September at the current rate; the second deduction begins the eleven monthly payments at the new rate for insurance coverage from October 1 through September 30.