

2026-27 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, 2026

***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:	\$ 712.24
12 pay:	\$ 593.53

☐ **80G (Pkg 2)**

Blue Cross PB 80% \$30	
Metlife	PDP Plus
VSP	
Cost	
10 pay:	\$ 978.64
12 pay:	\$ 815.53

☐ **90C (Pkg 3)**

Blue Cross PB 90% \$20	
Metlife	PDP Plus
VSP	
Cost	
10 pay:	\$ 1,155.64
12 pay:	\$ 963.03

☐ **100A (Pkg 4)**

Blue Cross PB 100% \$20	
Metlife	PDP Plus
VSP	
Cost	
10 pay:	\$ 1,267.84
12 pay:	\$ 1,056.53

☐ **80M (Pkg 5)**

Blue Cross PB 80% \$40	
Metlife	PDP Plus/Ortho
VSP	
Cost	
10 pay:	\$ 729.58
12 pay:	\$ 607.98

☐ **80G (Pkg 6)**

Blue Cross PB 80% \$30	
Metlife	PDP Plus/Ortho
VSP	
Cost	
10 pay:	\$ 995.98
12 pay:	\$ 829.98

☐ **90C (Pkg 7)**

Blue Cross PB 90% \$20	
Metlife	PDP Plus/Ortho
VSP	
Cost	
10 pay:	\$ 1,172.98
12 pay:	\$ 977.48

☐ **100A (Pkg 8)**

Blue Cross PB 100% \$20	
Metlife	PDP Plus/Ortho
VSP	
Cost	
10 pay:	\$ 1,285.18
12 pay:	\$ 1,070.98

Affordable Care Act Plans - HSA compatible**HSA-A (Pkg 9)**

☐ Single	☐ Family
Blue Cross PB 80% \$40	
Metlife	PDP Plus
VSP	
Cost	
10 pay:	\$ 829.24
12 pay:	\$ 691.03

HSA-A (Pkg 10)

☐ Single	☐ Family
Blue Cross PB 80% \$40	
Metlife	PDP Plus/Ortho
VSP	
Cost	
10 pay:	\$ 846.58
12 pay:	\$ 705.48

☐ **Anchor Bronze-A**

Blue Cross PB 70%	
Employee Only	
Cost	
10 pay	\$ 208.80
12 pay:	\$ 174.00

☐ **Anchor Bronze-B**

Blue Cross PB 70%	
Employee +Child(ren)	
Cost	
10 pay	\$ 511.20
12 pay:	\$ 426.00

☐ **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.