

**2026-27 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	\$ 18,444.00
Metlife PDP Plus	\$ 1,576.32
Vision	\$ 224.40
Total	\$ 20,244.72
District Contribution (\$6000+50%)	\$ 13,122.36
Employee	\$ 7,122.36
11 month pays	\$ 647.49
12 months pays	\$ 593.53

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	\$ 23,772.00
Metlife PDP Plus	\$ 1,576.32
Vision	\$ 224.40
Total	\$ 25,572.72
District Contribution (\$6000+50%)	\$ 15,786.36
Employee	\$ 9,786.36
11 month pays	\$ 889.67
12 months pays	\$ 815.53

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	\$ 27,312.00
Metlife PDP Plus	\$ 1,576.32
Vision	\$ 224.40
Total	\$ 29,112.72
District Contribution (\$6000+50%)	\$ 17,556.36
Employee	\$ 11,556.36
11 month pays	\$ 1,050.58
12 months pays	\$ 963.03

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	\$ 29,556.00
Metlife PDP Plus	\$ 1,576.32
Vision	\$ 224.40
Total	\$ 31,356.72
District Contribution (\$6000+50%)	\$ 18,678.36
Employee	\$ 12,678.36
11 month pays	\$ 1,152.58
12 months pays	\$ 1,056.53

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	\$ 18,444.00
Metlife PDP Plus/Ortho	\$ 1,923.12
Vision	\$ 224.40
Total	\$ 20,591.52
District Contribution (\$6000+50%)	\$ 13,295.76
Employee	\$ 7,295.76
11 month pays	\$ 663.25
12 months pays	\$ 607.98

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	\$ 23,772.00
Metlife PDP Plus/Ortho	\$ 1,923.12
Vision	\$ 224.40
Total	\$ 25,919.52
District Contribution (\$6000+50%)	\$ 15,959.76
Employee	\$ 9,959.76
11 month pays	\$ 905.43
12 months pays	\$ 829.98

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	\$ 27,312.00
Metlife PDP Plus/Ortho	\$ 1,923.12
Vision	\$ 224.40
Total	\$ 29,459.52
District Contribution (\$6000+50%)	\$ 17,729.76
Employee	\$ 11,729.76
11 month pays	\$ 1,066.34
12 months pays	\$ 977.48

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	\$ 29,556.00
Metlife PDP Plus/Ortho	\$ 1,923.12
Vision	\$ 224.40
Total	\$ 31,703.52
District Contribution (\$6000+50%)	\$ 18,851.76
Employee	\$ 12,851.76
11 month pays	\$ 1,168.34
12 months pays	\$ 1,070.98

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.

**2026-27 EMPLOYEE INSURANCE
FULL-TIME RATES
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	\$	20,784.00
Metlife PDP Plus	\$	1,576.32
Vision	\$	224.40
Total	\$	22,584.72
District Contribution (\$6000+50%)	\$	14,292.36
Employee		\$ 8,292.36
11 month pays		\$ 753.85
12 months pays		\$ 691.03

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	\$	20,784.00
Metlife PDP Plus/Ortho	\$	1,923.12
Vision	\$	224.40
Total	\$	22,931.52
District Contribution (\$6000+50%)	\$	14,465.76
Employee		\$ 8,465.76
11 month pays		\$ 769.61
12 months pays		\$ 705.48

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
Employee Only		
Medical only	\$	10,176.00
District Contribution (\$6000+50%)	\$	8,088.00
Employee Contribution		\$ 2,088.00
11 month pays		\$ 189.82
12 months pays		\$ 174.00

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
Employee + Child(ren)		
No spouses allowed on this plan		
Medical only	\$	16,224.00
District Contribution (\$6000+50%)	\$	11,112.00
Employee Contribution		\$ 5,112.00
11 month pays		\$ 464.73
12 months pays		\$ 426.00

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.