

**2025-26 EMPLOYEE INSURANCE
CLASSIFIED/MEC 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 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.