2026-27 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	$	18,444.00
Metlife PDP Plus	$	1,576.32
Vision	$	224.40
Total	$	20,244.72
District Contribution ($7000+50%)	$	13,622.36
Employee	$	6,622.36
10 month pays	$	662.24
12 months pays	$	551.86

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	$	23,772.00
Metlife PDP Plus	$	1,576.32
Vision	$	224.40
Total	$	25,572.72
District Contribution ($7000+50%)	$	16,286.36
Employee	$	9,286.36
10 month pays	$	928.64
12 months pays	$	773.86

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	$	27,312.00
Metlife PDP Plus	$	1,576.32
Vision	$	224.40
Total	$	29,112.72
District Contribution ($7000+50%)	$	18,056.36
Employee	$	11,056.36
10 month pays	$	1,105.64
12 months pays	$	921.36

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	$	29,556.00
Metlife PDP Plus	$	1,576.32
Vision	$	224.40
Total	$	31,356.72
District Contribution ($7000+50%)	$	19,178.36
Employee	$	12,178.36
10 month pays	$	1,217.84
12 months pays	$	1,014.86

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	$	18,444.00
Metlife PDP Plus/Ortho	$	1,923.12
Vision	$	224.40
Total	$	20,591.52
District Contribution ($7000+50%)	$	13,795.76
Employee	$	6,795.76
10 month pays	$	679.58
12 months pays	$	566.31

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	$	23,772.00
Metlife PDP Plus/Ortho	$	1,923.12
Vision	$	224.40
Total	$	25,919.52
District Contribution ($7000+50%)	$	16,459.76
Employee	$	9,459.76
10 month pays	$	945.98
12 months pays	$	788.31

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	$	27,312.00
Metlife PDP Plus/Ortho	$	1,923.12
Vision	$	224.40
Total	$	29,459.52
District Contribution ($7000+50%)	$	18,229.76
Employee	$	11,229.76
10 month pays	$	1,122.98
12 months pays	$	935.81

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	$	29,556.00
Metlife PDP Plus/Ortho	$	1,923.12
Vision	$	224.40
Total	$	31,703.52
District Contribution ($7000+50%)	$	19,351.76
Employee	$	12,351.76
10 month pays	$	1,235.18
12 months pays	$	1,029.31

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.

2026-27 EMPLOYEE INSURANCE
FULL-TIME RATES
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		$	20,784.00
Metlife PDP Plus		$	1,576.32
Vision		$	224.40
Total		$	22,584.72
District Contribution ($7000+50%)		$	14,792.36
Employee		$	7,792.36
10 month pays		$	779.24
12 months pays		$	649.36

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		$	20,784.00
Metlife PDP Plus/Ortho		$	1,923.12
Vision		$	224.40
Total		$	22,931.52
District Contribution ($7000+50%)		$	14,965.76
Employee		$	7,965.76
10 month pays		$	796.58
12 months pays		$	663.81

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		$	10,176.00
District Contribution ($7000+50%)		$	8,588.00
Employee Contribution		**$**	**1,588.00**
10 month pays		**$**	**158.80**
12 months pays		**$**	**132.33**

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		$	16,224.00
District Contribution ($7000+50%)		$	11,612.00
Employee Contribution		**$**	**4,612.00**
10 month pays		**$**	**461.20**
12 months pays		**$**	**384.33**

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.