



Bonita Unified School District

2026 / 2027 BENEFITS COMPARISON RATES

The District will contribute \$1,400 tenthly towards benefits for full time employees. Pro-rated for part time.

MEDICAL	SINGLE		2-PARTY		FAMILY		Change
	2026	2027	2026	2027	2026	2027	%
Anthem HMO Select	\$1,155.22	\$1,270.87	\$2,310.43	\$2,541.74	\$3,003.56	\$3,304.27	10.01%
Anthem Traditional HMO	\$1,354.24	\$1,486.82	\$2,708.47	\$2,973.65	\$3,521.02	\$3,865.74	9.79%
Blue Shield Access + HMO	\$1,101.49	\$1,170.23	\$2,202.98	\$2,340.46	\$2,863.88	\$3,042.59	6.24%
Blue Shield TRIO ACO	\$1,023.07	\$1,089.61	\$2,046.14	\$2,179.22	\$2,659.99	\$2,833.00	6.50%
Health Net Salud y Mas HMO	\$888.13	\$962.10	\$1,776.26	\$1,924.20	\$2,309.15	\$2,501.46	8.33%
Kaiser HMO	\$1,162.86	\$1,213.54	\$2,325.72	\$2,427.07	\$3,023.44	\$3,155.20	4.36%
PERS Gold PPO 80/20	\$1,152.04	\$1,217.40	\$2,304.07	\$2,434.80	\$2,995.30	\$3,165.24	5.67%
PERS Platinum PPO 90/10	\$1,718.17	\$1,858.80	\$3,436.34	\$3,717.60	\$4,467.25	\$4,832.88	8.18%

DENTAL	SINGLE		2-PARTY		FAMILY		Change
Delta Dental PPO	\$69.91	\$69.91	\$143.37	\$143.37	\$206.58	\$206.58	0.00%
Delta Dental PPO <i>w/Ortho</i>	\$78.19	\$78.19	\$160.32	\$160.32	\$231.00	\$231.00	0.00%
Delta Dental PPO Max	\$76.06	\$76.06	\$155.98	\$155.98	\$224.76	\$224.76	0.00%
Delta Dental PPO Max <i>w/Ortho</i>	\$84.45	\$84.45	\$173.15	\$173.15	\$249.48	\$249.48	0.00%
Delta Care HMO	\$25.35	\$25.35	\$46.03	\$46.03	\$76.65	\$76.65	0.00%

VISION	SINGLE		2-PARTY		FAMILY		Change
Vision Service Plan - VSP	\$9.37	\$9.74	\$18.95	\$19.71	\$27.49	\$28.59	3.9%

Rates represent amounts based on a 10 month payroll deduction plan for 12 months of continuous coverage.