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 *w/Ortho*	$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 *w/Ortho*	$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.