



Bonita Unified School District

# 2023 BENEFIT RATES

*The District will contribute \$1,300 tenthly towards benefits for full time employees. Pro-rated for part time.*

Medical Plans	Single	2-Party	Family
Anthem HMO Select	\$885.49	\$1,770.98	\$2,302.28
Anthem Traditional HMO	\$1,131.28	\$2,262.55	\$2,941.32
Blue Shield Access + HMO	\$885.95	\$1,771.90	\$2,303.46
Blue Shield TRIO ACO	\$793.79	\$1,587.58	\$2,063.84
Health Net Salud y Mas HMO	\$727.61	\$1,455.22	\$1,891.78
Health Net SmartCare HMO	\$906.35	\$1,812.70	\$2,356.50
Kaiser HMO	\$905.57	\$1,811.14	\$2,354.47
United Healthcare HMO	\$948.55	\$1,897.10	\$2,466.24
United Healthcare Harmony	\$856.26	\$1,712.52	\$2,226.28
PERS Gold PPO 80/20	\$816.44	\$1,632.89	\$2,122.75
PERS Platinum PPO 90/10	\$1,191.11	\$2,382.22	\$3,096.88
<b>Dental Plans</b>			
Dental Plans	Single	2-Party	Family
Delta Dental PPO	\$70.62	\$144.82	\$208.67
Delta Dental PPO w/Ortho	\$78.98	\$161.94	\$233.33
Delta Dental PPO Max <i>*new!</i>	\$76.83	\$157.56	\$227.03
Delta Dental PPO Max w/Ortho <i>*new!</i>	\$85.30	\$174.90	\$252.00
Delta Care HMO	\$25.35	\$46.03	\$76.65
<b>Vision Plan</b>			
Vision Plan	Single	2-Party	Family
Vision Service Plan (VSP)	\$10.06	\$20.35	\$29.52
<b>Group Life Insurance</b>			
Voya Group Life	\$50,000.00		

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