

Bonita Unified School District

2024 RETIREE BENEFIT RATES

The District will contribute \$157.00 towards the cost of insurance. Rates below already reflect this contribution.

Medical Plans	Single	2-Party	Family
<i>Anthem HMO Select</i>	\$684.13	\$1,525.26	\$2,029.94
<i>Anthem Traditional HMO</i>	\$855.67	\$1,868.34	\$2,475.94
<i>Blue Shield Access + HMO</i>	\$599.65	\$1,356.30	\$1,810.29
<i>Blue Shield TRIO ACO</i>	\$547.69	\$1,252.38	\$1,675.19
<i>Health Net Salud y Mas HMO</i>	\$473.13	\$1,103.26	\$1,481.34
<i>Kaiser HMO</i>	\$708.41	\$1,573.82	\$2,093.07
<i>United Healthcare HMO</i>	\$669.44	\$1,495.88	\$1,991.74
<i>United Healthcare Harmony</i>	\$577.76	\$1,312.52	\$1,753.38
<i>PERS Gold PPO 80/20</i>	\$628.28	\$1,413.56	\$1,884.73
<i>PERS Platinum PPO 90/10</i>	\$974.47	\$2,105.94	\$2,784.82
Dental Plans			
<i>Delta Dental PPO</i>	\$58.85	\$120.68	\$173.89
<i>Delta Dental PPO w/Ortho</i>	\$65.81	\$134.95	\$194.46
<i>Delta Care HMO</i>	\$21.12	\$38.34	\$63.86
Vision Plan			
<i>Vision Service Plan (VSP)</i>	\$8.65	\$17.46	\$25.38

Medical rates apply to retirees under the age of 65 **only. Retirees **over** 65 contact CalPERS to enroll into a Medicare Supplement plan. Other rates apply.*