



## Bonita Unified School District

# 2022 / 2023 BENEFITS COMPARISON RATES

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

MEDICAL	SINGLE		2-PARTY		FAMILY		Change
	2022	2023	2022	2023	2022	2023	%
Anthem HMO Select	\$811.78	<b>\$885.49</b>	\$1,623.55	<b>\$1,770.98</b>	\$2,110.62	<b>\$2,302.28</b>	9.08%
Anthem Traditional HMO	\$1,122.68	<b>\$1,131.28</b>	\$2,245.37	<b>\$2,262.55</b>	\$2,918.98	<b>\$2,941.32</b>	0.77%
Blue Shield Access + HMO	\$935.84	<b>\$885.95</b>	\$1,871.69	<b>\$1,771.90</b>	\$2,433.19	<b>\$2,303.46</b>	-5.33%
Blue Shield TRIO ACO	\$801.76	<b>\$793.79</b>	\$1,603.51	<b>\$1,587.58</b>	\$2,084.57	<b>\$2,063.84</b>	-0.99%
Health Net Salud y Mas HMO	\$556.64	<b>\$727.61</b>	\$1,113.29	<b>\$1,455.22</b>	\$1,447.27	<b>\$1,891.78</b>	30.71%
Health Net SmartCare HMO	\$917.95	<b>\$906.35</b>	\$1,835.90	<b>\$1,812.70</b>	\$2,386.68	<b>\$2,356.50</b>	-1.26%
Kaiser HMO	\$863.74	<b>\$905.57</b>	\$1,727.47	<b>\$1,811.14</b>	\$2,245.72	<b>\$2,354.47</b>	4.84%
United Healthcare HMO	\$926.22	<b>\$948.55</b>	\$1,852.44	<b>\$1,897.10</b>	\$2,408.17	<b>\$2,466.24</b>	2.41%
United Healthcare Harmony	\$857.14	<b>\$856.26</b>	\$1,714.27	<b>\$1,712.52</b>	\$2,228.56	<b>\$2,226.28</b>	-0.10%
PERS Gold PPO 80/20	\$690.67	<b>\$816.44</b>	\$1,381.34	<b>\$1,632.89</b>	\$1,795.75	<b>\$2,122.75</b>	18.21%
PERS Platinum PPO 90/10	\$1,036.04	<b>\$1,191.11</b>	\$2,072.09	<b>\$2,382.22</b>	\$2,693.71	<b>\$3,096.88</b>	14.97%

DENTAL	SINGLE		2-PARTY		FAMILY		Change
Delta Dental PPO	\$70.62	<b>\$70.62</b>	\$144.82	<b>\$144.82</b>	\$208.67	<b>\$208.67</b>	0.00%
Delta Dental PPO <i>w/Ortho</i>	\$78.98	<b>\$78.98</b>	\$161.94	<b>\$161.94</b>	\$233.33	<b>\$233.33</b>	0.00%
Delta Dental PPO Max <i>*new!</i>	~	<b>\$76.83</b>	~	<b>\$157.56</b>	~	<b>\$227.03</b>	n/a
Delta Dental PPO Max <i>w/Ortho *new!</i>	~	<b>\$85.30</b>	~	<b>\$174.90</b>	~	<b>\$252.00</b>	n/a
Delta Care HMO	\$25.35	<b>\$25.35</b>	\$46.03	<b>\$46.03</b>	\$76.65	<b>\$76.65</b>	0.00%

VISION	SINGLE		2-PARTY		FAMILY		Change
Vision Service Plan - VSP	\$10.37	<b>\$10.06</b>	\$20.98	<b>\$20.35</b>	\$30.43	<b>\$29.52</b>	-3.0%

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