



Bonita Unified School District

# 2022 BENEFIT RATES

The District will contribute \$1,200 tenthly towards benefits for full time employees. Pro-rated for part time.

Medical Plans	Single	2-Party	Family
<i>Anthem HMO Select</i>	\$811.78	\$1,623.55	\$2,110.62
<i>Anthem Traditional HMO</i>	\$1,122.68	\$2,245.37	\$2,918.98
<i>Blue Shield Access + HMO</i>	\$935.84	\$1,871.69	\$2,433.19
<i>Blue Shield TRIO ACO</i>	\$801.76	\$1,603.51	\$2,084.57
<i>Health Net Salud y Mas HMO</i>	\$556.64	\$1,113.29	\$1,447.27
<i>Health Net SmartCare HMO</i>	\$917.95	\$1,835.90	\$2,386.68
<i>Kaiser HMO</i>	\$863.74	\$1,727.47	\$2,245.72
<i>United Healthcare HMO</i>	\$926.22	\$1,852.44	\$2,408.17
<i>*New! United Healthcare Harmony</i>	\$857.14	\$1,714.27	\$2,228.56
<i>PERS Platinum PPO 90/10</i> <i>(Previously PERS Care 90/10)</i>	\$1,036.04	\$2,072.09	\$2,693.71
<i>PERS Gold PPO 80/20</i> <i>(Previously PERS Select 80/20)</i>	\$690.67	\$1,381.34	\$1,795.75
Dental Plans	Single	2-Party	Family
<i>Delta Dental PPO</i>	\$70.62	\$144.82	\$208.67
<i>Delta Dental PPO w/Ortho</i>	\$78.98	\$161.94	\$233.33
<i>Delta Care HMO</i>	\$25.35	\$46.03	\$76.65
Vision Plan	Single	2-Party	Family
<i>Vision Service Plan (VSP)</i>	\$10.37	\$20.98	\$30.43
Group Life Insurance			
<i>Voya Group Life</i>	\$50,000.00		

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