Bonita Unified School District

2027 RETIREE BENEFIT RATES

The District will contribute $162.00 towards the cost of insurance. Rates below already reflect this contribution.

Medical Plans	*Single*	*2-Party*	*Family*
Anthem HMO Select	$897.06	$1,956.12	$2,591.56
Anthem Traditional HMO	$1,077.02	$2,316.04	$3,059.45
Blue Shield Access + HMO	$813.19	$1,788.38	$2,373.49
Blue Shield TRIO ACO	$746.01	$1,654.02	$2,198.83
Health Net Salud y Mas HMO	$639.75	$1,441.50	$1,922.55
Kaiser HMO	$849.28	$1,860.56	$2,467.33
PERS Gold PPO 80/20	$852.50	$1,867.00	$2,475.70
PERS Platinum PPO 90/10	$1,387.00	$2,936.00	$3,865.40

Dental Plans			
Delta Dental PPO	$58.26	$119.45	$172.14
Delta Dental PPO w/Ortho	$65.15	$133.60	$192.52
Delta Care HMO	$21.12	$38.34	$63.86

Vision Plan			
Vision Service Plan (VSP)	$8.12	$16.40	$23.85

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.*