

# Your 2026 Cost For Coverage:

**Certificated**

## Anthem Medical Coverage:

| <b>Per paycheck (10thly)</b> | <b>Plan A: Anthem<br/>PPO 250 90/70</b> | <b>Plan B: Anthem<br/>PPO 1000 80/60</b> | <b>Plan C: Anthem<br/>HSA PPO</b> |
|------------------------------|-----------------------------------------|------------------------------------------|-----------------------------------|
| Yourself only                | \$968.60                                | \$749.98                                 | \$0                               |
| Yourself + spouse            | \$968.60                                | \$749.98                                 | N/A                               |
| Yourself + child(ren)        | \$968.60                                | \$749.98                                 | \$66.85                           |
| Yourself + family            | \$968.60                                | \$749.98                                 | N/A                               |

## Dental coverage:

| <b>Per paycheck (10thly)</b> | <b>Dental Plan (Dental GuardPreferred)</b> |
|------------------------------|--------------------------------------------|
| Yourself only                | \$0                                        |
| Yourself + spouse            | \$52.05                                    |
| Yourself + child(ren)        | \$90.58                                    |
| Yourself+ family             | \$90.58                                    |

## Vision coverage:

| <b>Per paycheck (10thly)</b> | <b>Vision Plan (VSP Signature)</b> |
|------------------------------|------------------------------------|
| Yourself only                | \$0                                |
| Yourself + 1 dependent       | \$10.28                            |
| Yourself + 2+ dependents     | \$22.80                            |



**Santa Maria-Bonita  
School District**  
CULTIVATING BRIGHT FUTURES