

Your 2026 Cost For Coverage:

Classified

Anthem Medical Coverage:

Per paycheck (10thly)	Plan A: Anthem PPO 250 90/70	Plan B: Anthem PPO 1000 80/60	Plan C: Anthem HSA PPO
Yourself only	\$918.60	\$699.98	\$0
Yourself + spouse	\$918.60	\$699.98	N/A
Yourself + child(ren)	\$918.60	\$699.98	\$16.85
Yourself + family	\$918.60	\$699.98	N/A

Dental coverage:

Per paycheck (10thly)	Dental Plan (Dental GuardPreferred)
Yourself only	\$0
Yourself + spouse	\$52.05
Yourself + child(ren)	\$90.58
Yourself+ family	\$90.58

Vision coverage:

Per paycheck (10thly)	Vision Plan (VSP Signature)
Yourself only	\$0
Yourself + 1 dependent	\$10.28
Yourself + 2+ dependents	\$22.80



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