

**BURBANK UNIFIED SCHOOL DISTRICT  
HEALTH AND WELFARE PREMIUMS  
EFFECTIVE JANUARY 1, 2018**

These rates reflect a 10thly premium

Please note - Your employee deduction amount will be larger if you work less than full time.

	<b>Monthly Premium</b>	<b>Monthly District Contribution</b>	<b>Monthly Employee Deduction</b>
<b><u>PERS Anthem HMO Select</u></b>			
Employee only	\$792.20	\$792.20	\$0.00
Two Party	\$1,584.41	\$1,200.00	\$384.41
Family	\$2,059.73	\$1,200.00	\$859.73
<b><u>PERS Anthem HMO Traditional</u></b>			
Employee only	\$941.66	\$941.66	\$0.00
Two Party	\$1,883.33	\$1,200.00	\$683.33
Family	\$2,448.32	\$1,200.00	\$1,248.32
<b><u>PERS Blue Shield Access+ HMO</u></b>			
Employee only	\$735.95	\$735.95	\$0.00
Two Party	\$1,471.90	\$1,200.00	\$271.90
Family	\$1,913.46	\$1,200.00	\$713.46
<b><u>PERS Health Net Salud y Mas</u></b>			
(*Minimal Providers & Locations)			
Employee only	\$485.18	\$485.18	\$0.00
Two Party	\$970.37	\$970.37	\$0.00
Family	\$1,261.48	\$1,200.00	\$61.48
<b><u>PERS Health Net SmartCare</u></b>			
Employee only	\$692.58	\$692.58	\$0.00
Two Party	\$1,385.16	\$1,200.00	\$185.16
Family	\$1,800.71	\$1,200.00	\$600.71
<b><u>PERS Kaiser</u></b>			
Employee only	\$771.24	\$771.24	\$0.00
Two Party	\$1,542.48	\$1,200.00	\$342.48
Family	\$2,005.22	\$1,200.00	\$805.22
<b><u>PERS Unitedhealthcare</u></b>			
Employee only	\$723.34	\$723.34	\$0.00
Two Party	\$1,446.67	\$1,200.00	\$246.67
Family	\$1,880.68	\$1,200.00	\$680.68

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<b><u>PERS Choice 80/20</u></b>			
Employee only	\$744.47	\$744.47	\$0.00
Two Party	\$1,488.94	\$1,200.00	\$288.94
Family	\$1,935.61	\$1,200.00	\$735.61
<b><u>PERS Select 80/20</u></b>			
Employee only	\$687.85	\$687.85	\$0.00
Two Party	\$1,375.70	\$1,200.00	\$175.70
Family	\$1,788.42	\$1,200.00	\$588.42
<b><u>PERS Care 90/10</u></b>			
Employee only	\$808.48	\$808.48	\$0.00
Two Party	\$1,616.95	\$1,200.00	\$416.95
Family	\$2,102.04	\$1,200.00	\$902.04

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<b><u>DELTA DENTAL PPO</u></b>			
Employee only	\$69.77	\$69.77	\$0.00
Two Party	\$144.69	\$69.77	\$74.92
Family	\$226.47	\$69.77	\$156.70
<b><u>DELTA CARE HMO</u></b>			
Employee or Family Composite	\$44.56	\$44.56	\$0.00
<b><u>VISION SERVICE PLAN (VSP)</u></b>			
Employee only	\$13.87	\$13.87	\$0.00
Two Party	\$30.03	\$13.87	\$16.16
Family	\$30.03	\$13.87	\$16.16
<b><u>MUTUAL OF OMAHA</u></b>			
Certificated	\$8.10	\$8.10	\$0.00
Management	\$5.40	\$5.40	\$0.00
Classified	\$5.40	\$5.40	\$0.00
<b><u>CIGNA BEHAVIORAL</u></b>			
<b>Employee Assistance Plan (district paid)</b>			
<small>Employees are automatically enrolled</small>			
Composite	\$2.36	\$2.36	\$0.00