

**BURBANK UNIFIED SCHOOL DISTRICT
HEALTH AND WELFARE PREMIUMS
EFFECTIVE JANUARY 1, 2019**

These rates reflect a 10thly premium

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

	Monthly Premium	Monthly District Contribution	Monthly Employee Deduction
<u>PERS Anthem HMO Select</u>			
Employee only	\$752.48	\$752.48	\$0.00
Two Party	\$1,504.97	\$1,200.00	\$304.97
Family	\$1,956.46	\$1,200.00	\$756.46
<u>PERS Anthem HMO Traditional</u>			
Employee only	\$1,054.18	\$1,054.18	\$0.00
Two Party	\$2,108.35	\$1,200.00	\$908.35
Family	\$2,740.86	\$1,200.00	\$1,540.86
<u>PERS Blue Shield Access+ HMO</u>			
Employee only	\$803.70	\$803.70	\$0.00
Two Party	\$1,607.40	\$1,200.00	\$407.40
Family	\$2,089.62	\$1,200.00	\$889.62
<u>PERS Health Net Salud y Mas</u> (*Minimal Providers & Locations)			
Employee only	\$427.80	\$427.80	\$0.00
Two Party	\$855.60	\$855.60	\$0.00
Family	\$1,112.28	\$1,112.28	\$0.00
<u>PERS Health Net SmartCare</u>			
Employee only	\$701.12	\$701.12	\$0.00
Two Party	\$1,402.25	\$1,200.00	\$202.25
Family	\$1,822.92	\$1,200.00	\$622.92
<u>PERS Kaiser</u>			
Employee only	\$742.37	\$742.37	\$0.00
Two Party	\$1,484.74	\$1,200.00	\$284.74
Family	\$1,930.15	\$1,200.00	\$730.15
<u>PERS Unitedhealthcare</u>			
Employee only	\$803.53	\$803.53	\$0.00
Two Party	\$1,607.06	\$1,200.00	\$407.06
Family	\$2,089.19	\$1,200.00	\$889.19

**BURBANK UNIFIED SCHOOL DISTRICT
HEALTH AND WELFARE PREMIUMS
EFFECTIVE JANUARY 1, 2019**

These rates reflect a 10thly premium

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

	Monthly Premium	Monthly District Contribution	Monthly Employee Deduction
<u>PERS Choice 80/20</u>			
Employee only	\$785.40	\$785.40	\$0.00
Two Party	\$1,570.80	\$1,200.00	\$370.80
Family	\$2,042.04	\$1,200.00	\$842.04
<u>PERS Select 80/20</u>			
Employee only	\$504.92	\$504.92	\$0.00
Two Party	\$1,009.85	\$1,009.85	\$0.00
Family	\$1,312.80	\$1,200.00	\$112.80
<u>PERS Care 90/10</u>			
Employee only	\$1,012.54	\$1,012.54	\$0.00
Two Party	\$2,025.07	\$1,200.00	\$825.07
Family	\$2,632.60	\$1,200.00	\$1,432.60

**BURBANK UNIFIED SCHOOL DISTRICT
HEALTH AND WELFARE PREMIUMS
EFFECTIVE JANUARY 1, 2019**

These rates reflect a 10thly premium

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

	Monthly Premium	Monthly District Contribution	Monthly Employee Deduction
<u>DELTA DENTAL PPO</u>			
Employee only	\$67.68	\$67.68	\$0.00
Two Party	\$140.35	\$67.68	\$72.67
Family	\$219.68	\$67.68	\$152.00
<u>DELTA CARE HMO</u>			
Employee or Family Composite	\$44.56	\$44.56	\$0.00
<u>VISION SERVICE PLAN (VSP)</u>			
Employee only	\$13.87	\$13.87	\$0.00
Two Party	\$30.03	\$13.87	\$16.16
Family	\$30.03	\$13.87	\$16.16
<u>MUTUAL OF OMAHA</u>			
Certificated	\$8.10	\$8.10	\$0.00
Management	\$5.40	\$5.40	\$0.00
Classified	\$5.40	\$5.40	\$0.00
<u>CIGNA BEHAVIORAL Employee Assistance Plan (district paid)</u>			
<small>Employees are automatically enrolled</small>			
Composite	\$2.36	\$2.36	\$0.00