

**BURBANK UNIFIED SCHOOL DISTRICT  
HEALTH AND WELFARE PREMIUMS  
EFFECTIVE JANUARY 1, 2020**

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	\$743.92	\$743.92	\$0.00
Two Party	\$1,487.83	\$1,200.00	\$287.83
Family	\$1,934.18	\$1,200.00	\$734.18
<b><u>PERS Anthem HMO Traditional</u></b>			
Employee only	\$1,083.16	\$1,083.16	\$0.00
Two Party	\$2,166.31	\$1,200.00	\$966.31
Family	\$2,816.21	\$1,200.00	\$1,616.21
<b><u>PERS Blue Shield Access+ HMO</u></b>			
Employee only	\$975.80	\$975.80	\$0.00
Two Party	\$1,951.61	\$1,200.00	\$751.61
Family	\$2,537.09	\$1,200.00	\$1,337.09
<b><u>PERS Blue Shield Trio</u></b>			
Employee only	\$749.92	\$749.92	\$0.00
Two Party	\$1,499.83	\$1,200.00	\$299.83
Family	\$1,949.78	\$1,200.00	\$749.78
<b><u>PERS Health Net Salud y Mas</u></b>			
(*Minimal Providers & Locations)			
Employee only	\$470.77	\$470.77	\$0.00
Two Party	\$941.54	\$941.54	\$0.00
Family	\$1,224.01	\$1,200.00	\$24.01
<b><u>PERS Health Net SmartCare</u></b>			
Employee only	\$778.10	\$778.10	\$0.00
Two Party	\$1,556.21	\$1,200.00	\$356.21
Family	\$2,023.07	\$1,200.00	\$823.07
<b><u>PERS Kaiser</u></b>			
Employee only	\$797.27	\$797.27	\$0.00
Two Party	\$1,594.54	\$1,200.00	\$394.54
Family	\$2,072.89	\$1,200.00	\$872.89
<b><u>PERS Unitedhealthcare</u></b>			
Employee only	\$801.97	\$801.97	\$0.00
Two Party	\$1,603.94	\$1,200.00	\$403.94
Family	\$2,085.13	\$1,200.00	\$885.13

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<b><u>PERS Choice 80/20</u></b>			
Employee only	\$852.35	\$852.35	\$0.00
Two Party	\$1,704.70	\$1,200.00	\$504.70
Family	\$2,216.10	\$1,200.00	\$1,016.10
<b><u>PERS Select 80/20</u></b>			
Employee only	\$522.89	\$522.89	\$0.00
Two Party	\$1,045.78	\$1,045.78	\$0.00
Family	\$1,359.50	\$1,200.00	\$159.50
<b><u>PERS Care 90/10</u></b>			
Employee only	\$1,117.34	\$1,117.34	\$0.00
Two Party	\$2,234.69	\$1,200.00	\$1,034.69
Family	\$2,905.09	\$1,200.00	\$1,705.09

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<b><u>DELTA DENTAL PPO</u></b>			
Employee only	\$66.33	\$66.33	\$0.00
Two Party	\$137.54	\$66.33	\$71.21
Family	\$215.29	\$66.33	\$148.96
<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	\$2.27	\$2.27	\$0.00