

**BURBANK UNIFIED SCHOOL DISTRICT
HEALTH AND WELFARE PREMIUMS
EFFECTIVE JANUARY 1, 2022**

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 | \$811.78 | \$811.78 | \$0.00 |
| Two Party | \$1,623.55 | \$1,212.00 | \$411.55 |
| Family | \$2,110.62 | \$1,212.00 | \$898.62 |
| <u>PERS Anthem HMO Traditional</u> | | | |
| Employee only | \$1,122.68 | \$1,122.68 | \$0.00 |
| Two Party | \$2,245.37 | \$1,212.00 | \$1,033.37 |
| Family | \$2,918.98 | \$1,212.00 | \$1,706.98 |
| <u>PERS Blue Shield Access+ HMO</u> | | | |
| Employee only | \$935.84 | \$935.84 | \$0.00 |
| Two Party | \$1,871.69 | \$1,212.00 | \$659.69 |
| Family | \$2,433.19 | \$1,212.00 | \$1,221.19 |
| <u>PERS Blue Shield Trio</u> | | | |
| Employee only | \$801.76 | \$801.76 | \$0.00 |
| Two Party | \$1,603.51 | \$1,212.00 | \$391.51 |
| Family | \$2,084.57 | \$1,212.00 | \$872.57 |
| <u>PERS Health Net Salud y Mas</u> | | | |
| (*Minimal Providers & Locations) | | | |
| Employee only | \$556.64 | \$556.64 | \$0.00 |
| Two Party | \$1,113.29 | \$1,113.29 | \$0.00 |
| Family | \$1,447.27 | \$1,212.00 | \$235.27 |
| <u>PERS Health Net SmartCare</u> | | | |
| Employee only | \$917.95 | \$917.95 | \$0.00 |
| Two Party | \$1,835.90 | \$1,212.00 | \$623.90 |
| Family | \$2,386.68 | \$1,212.00 | \$1,174.68 |
| <u>PERS Kaiser</u> | | | |
| Employee only | \$863.74 | \$863.74 | \$0.00 |
| Two Party | \$1,727.47 | \$1,212.00 | \$515.47 |
| Family | \$2,245.72 | \$1,212.00 | \$1,033.72 |
| <u>PERS Unitedhealthcare</u> | | | |
| Employee only | \$926.22 | \$926.22 | \$0.00 |
| Two Party | \$1,852.44 | \$1,212.00 | \$640.44 |
| Family | \$2,408.17 | \$1,212.00 | \$1,196.17 |

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| <u>PERS Gold 80/20</u> | | | |
| Employee only | \$690.67 | \$690.67 | \$0.00 |
| Two Party | \$1,381.34 | \$1,212.00 | \$169.34 |
| Family | \$1,795.75 | \$1,212.00 | \$583.75 |
| <u>PERS Platinum 90/10</u> | | | |
| Employee only | \$1,036.04 | \$1,036.04 | \$0.00 |
| Two Party | \$2,072.09 | \$1,212.00 | \$860.09 |
| Family | \$2,693.71 | \$1,212.00 | \$1,481.71 |

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|---|----------------------------|--|---|
| <u>DELTA DENTAL PPO</u> | | | |
| Employee only | \$65.63 | \$65.63 | \$0.00 |
| Two Party | \$136.08 | \$65.63 | \$70.45 |
| Family | \$213.01 | \$65.63 | \$147.38 |
| <u>DELTA CARE HMO</u> | | | |
| Employee or Family Composite | \$45.45 | \$45.45 | \$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 | \$7.20 | \$7.20 | \$0.00 |
| Management | \$4.80 | \$4.80 | \$0.00 |
| Classified | \$4.80 | \$4.80 | \$0.00 |
| <u>CIGNA BEHAVIORAL</u> | | | |
| Employee Assistance Plan (district paid) | | | |
| <small>Employees are automatically enrolled</small> | | | |
| Composite | \$2.27 | \$2.27 | \$0.00 |