

**BURBANK UNIFIED SCHOOL DISTRICT
HEALTH AND WELFARE PREMIUMS
EFFECTIVE JANUARY 1, 2023**

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	\$885.49	\$885.49	\$0.00
Two Party	\$1,770.98	\$1,225.00	\$545.98
Family	\$2,302.28	\$1,225.00	\$1,077.28
<u>PERS Anthem HMO Traditional</u>			
Employee only	\$1,131.28	\$1,131.28	\$0.00
Two Party	\$2,262.55	\$1,225.00	\$1,037.55
Family	\$2,941.32	\$1,225.00	\$1,716.32
<u>PERS Blue Shield Access+ HMO</u>			
Employee only	\$885.95	\$885.95	\$0.00
Two Party	\$1,771.90	\$1,225.00	\$546.90
Family	\$2,303.46	\$1,225.00	\$1,078.46
<u>PERS Blue Shield Trio</u>			
Employee only	\$793.79	\$793.79	\$0.00
Two Party	\$1,587.58	\$1,225.00	\$362.58
Family	\$2,063.84	\$1,225.00	\$838.84
<u>PERS Health Net Salud y Mas</u>			
Employee only	\$727.61	\$727.61	\$0.00
Two Party	\$1,455.22	\$1,225.00	\$230.22
Family	\$1,891.78	\$1,225.00	\$666.78
<u>PERS Health Net SmartCare</u>			
Employee only	\$906.35	\$906.35	\$0.00
Two Party	\$1,812.70	\$1,225.00	\$587.70
Family	\$2,356.50	\$1,225.00	\$1,131.50
<u>PERS Kaiser</u>			
Employee only	\$905.57	\$905.57	\$0.00
Two Party	\$1,811.14	\$1,225.00	\$586.14
Family	\$2,354.47	\$1,225.00	\$1,129.47
<u>PERS UnitedHealthcare Signature Value Alliance</u>			
Employee only	\$948.55	\$948.55	\$0.00
Two Party	\$1,897.10	\$1,225.00	\$672.10
Family	\$2,466.24	\$1,225.00	\$1,241.24

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<u>PERS Gold PPO 80/20</u>			
Employee only	\$816.44	\$816.44	\$0.00
Two Party	\$1,632.89	\$1,225.00	\$407.89
Family	\$2,122.75	\$1,225.00	\$897.75
<u>PERS Platinum PPO 90/10</u>			
Employee only	\$1,191.11	\$1,191.11	\$0.00
Two Party	\$2,382.22	\$1,225.00	\$1,157.22
Family	\$3,096.88	\$1,225.00	\$1,871.88

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<u>DELTA DENTAL PPO</u>			
Employee only	\$66.94	\$66.94	\$0.00
Two Party	\$138.80	\$66.94	\$71.86
Family	\$217.27	\$66.94	\$150.33
<u>DELTA CARE HMO</u>			
Employee or Family Composite	\$45.45	\$45.45	\$0.00
<u>VISION SERVICE PLAN (VSP)</u>			
Employee only	\$12.98	\$12.98	\$0.00
Two Party	\$28.10	\$12.98	\$15.12
Family	\$28.10	\$12.98	\$15.12
<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