



*****PLEASE DO NOT DISREGARD THIS IMPORTANT INFORMATION*****

2023 Retiree Dental and Vision Payment Information

Greetings!

I have outlined a few reminders regarding your dental and vision premium payments below. Please read this carefully. If you have questions, please feel free to contact me at KellieDiPiazza@BurbankUSD.org or 818-729-4454.

- The new rate sheet for 2023 is on the reverse side of this sheet.
- **Please put this in a safe place and mark your calendar for your reference.**
- Payment is due on the first of the month. You will **not** receive a bill or a reminder.
- It is highly recommended that you pay for the full year, if you can. If you are unable to do so, you have the option of paying bi-annually, quarterly or monthly.
- Accounts not kept current are subject to termination of coverage. Coverage that is terminated due to late or non-payment will not be reinstated.
- Please do make payments beyond December 2023.
- Please do not staple or tape your check to anything else and do not fold it.
- If you are using an automatic bill pay feature at your bank, please be sure your name appears on the check. Be sure to contact your bank to adjust your payment to the new premium.
- Your check payable to BUSD should be mailed to the address below:

BUSD
Attn: Benefits
1900 West Olive Avenue
Burbank, CA 91506

- We are unable to process checks for the incorrect amount. Checks received for the incorrect amount will be destroyed or returned to you, unprocessed. If this results in a late payment, your coverage may be terminated.
- Visit our Retiree Health and Welfare Benefits page on the www.BurbankUSD.org website for carrier contact information and dental and vision rates.

BURBANK UNIFIED SCHOOL DISTRICT
RETIREE
DENTAL and VISION PREMIUMS EFFECTIVE 1/1/2023

| <u>DELTA DENTAL PPO</u> | <u>Monthly Premium</u> | <u>Annual Premium</u> |
|---|----------------------------|---------------------------|
| Employee only | \$55.78 | \$669.36 |
| Two Party | \$115.67 | \$1,388.04 |
| Family | \$181.06 | \$2,172.72 |
| | | |
| <u>DELTA CARE HMO</u> | | |
| Employee only | \$20.82 | \$249.84 |
| Two Party | \$34.45 | \$413.40 |
| Family | \$50.71 | \$608.52 |
| | | |
| <u>VISION SERVICE PLAN (VSP)*All retirees non district paid</u> | | |
| Employee only | \$10.82 | \$129.84 |
| Two Party | \$23.42 | \$281.04 |
| Family | \$23.42 | \$281.04 |
| | | |
| <u>VISION SERVICE PLAN (VSP)*Classified & Management district paid retirees</u> | | |
| Employee only | \$0.00 | \$0.00 |
| Two Party | \$12.60 | \$151.20 |
| Family | \$12.60 | \$151.20 |

**** If you have automatic payments set up with your bank, please be sure to update the amount to be sent to BUSD each month. Thank you.**