

BURBANK UNIFIED SCHOOL DISTRICT
RETIREE
DENTAL and VISION PREMIUMS EFFECTIVE 1/1/2024

	Monthly Premium	Annual Premium
DELTA DENTAL PPO		
Employee only	\$56.90	\$682.80
Two Party	\$117.98	\$1,415.76
Family	\$184.68	\$2,216.16
DELTA CARE HMO		
Employee only	\$20.82	\$249.84
Two Party	\$34.45	\$413.40
Family	\$50.71	\$608.52
VISION SERVICE PLAN (VSP)*All retirees non district paid		
Employee only	\$10.82	\$129.84
Two Party	\$23.42	\$281.04
Family	\$23.42	\$281.04
VISION SERVICE PLAN (VSP)*Classified & Management district paid retirees		
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.**