BURBANK UNIFIED SCHOOL DISTRICT
HEALTH AND WELFARE PREMIUMS
EFFECTIVE JANUARY 1, 2024

These rates reflect a 10thly premium
Please note - Your employee deduction amount will be larger if you work less than full time.

HMO Plans

	Monthly Premium	Monthly District Contribution	Monthly Employee Deduction
PERS Anthem HMO Select			
Employee only	$1,009.36	$1,009.36	$0.00
Two Party	$2,018.71	$1,713.89	$304.82
Family	$2,624.33	$1,713.89	$910.44
PERS Anthem HMO Traditional			
Employee only	$1,215.20	$1,215.20	$0.00
Two Party	$2,430.41	$1,713.89	$716.52
Family	$3,159.53	$1,713.89	$1,445.64
PERS Blue Shield Access+ HMO			
Employee only	$907.98	$907.98	$0.00
Two Party	$1,815.96	$1,713.89	$102.07
Family	$2,360.75	$1,713.89	$646.86
PERS Blue Shield Trio			
Employee only	$845.63	$845.63	$0.00
Two Party	$1,691.26	$1,691.26	$0.00
Family	$2,198.63	$1,713.89	$484.74
PERS Health Net Salud y Mas			
Employee only	$756.16	$756.16	$0.00
Two Party	$1,512.31	$1,512.31	$0.00
Family	$1,966.01	$1,713.89	$252.12
PERS Kaiser			
Employee only	$1,038.49	$1,038.49	$0.00
Two Party	$2,076.98	$1,713.89	$363.09
Family	$2,700.08	$1,713.89	$986.19
PERS UnitedHealthcare Signature Value Alliance			
Employee only	$991.73	$991.73	$0.00
Two Party	$1,983.46	$1,713.89	$269.57
Family	$2,578.49	$1,713.89	$864.60
PERS UnitedHealthcare Signature Value Harmony			
Employee only	$881.71	$881.71	$0.00
Two Party	$1,763.42	$1,713.89	$49.53
Family	$2,292.46	$1,713.89	$578.57

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PPO Plans

		Monthly Premium	Monthly District Contribution	Monthly Employee Deduction
PERS Gold PPO 80/20				
	Employee only	$942.34	$942.34	$0.00
	Two Party	$1,884.67	$1,713.89	$170.78
	Family	$2,450.08	$1,713.89	$736.19
PERS Platinum PPO 90/10				
	Employee only	$1,357.76	$1,357.76	$0.00
	Two Party	$2,715.53	$1,713.89	$1,001.64
	Family	$3,530.18	$1,713.89	$1,816.29

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	Monthly Premium	Monthly District Contribution	Monthly Employee Deduction
DELTA DENTAL PPO			
Employee only	$68.28	$68.28	$0.00
Two Party	$141.58	$68.28	$73.30
Family	$221.62	$68.28	$153.34
DELTA CARE HMO			
Employee or Family Composite	$45.45	$45.45	$0.00
VISION SERVICE PLAN (VSP)			
Employee only	$12.98	$12.98	$0.00
Two Party	$28.10	$12.98	$15.12
Family	$28.10	$12.98	$15.12
MUTUAL OF OMAHA			
Certificated	$7.20	$7.20	$0.00
Management	$4.80	$4.80	$0.00
Classified	$4.80	$4.80	$0.00
CIGNA BEHAVIORAL **Employee Assistance Plan (district paid)** Employees are automatically enrolled			
Composite	$1.89	$1.89	$0.00