

**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
<u>PERS Anthem HMO Select</u>			
Employee only	\$1,009.36	\$1,009.36	\$0.00
Two Party	\$2,018.71	\$1,325.00	\$693.71
Family	\$2,624.33	\$1,325.00	\$1,299.33
<u>PERS Anthem HMO Traditional</u>			
Employee only	\$1,215.20	\$1,215.20	\$0.00
Two Party	\$2,430.41	\$1,325.00	\$1,105.41
Family	\$3,159.53	\$1,325.00	\$1,834.53
<u>PERS Blue Shield Access+ HMO</u>			
Employee only	\$907.98	\$907.98	\$0.00
Two Party	\$1,815.96	\$1,325.00	\$490.96
Family	\$2,360.75	\$1,325.00	\$1,035.75
<u>PERS Blue Shield Trio</u>			
Employee only	\$845.63	\$845.63	\$0.00
Two Party	\$1,691.26	\$1,325.00	\$366.26
Family	\$2,198.63	\$1,325.00	\$873.63
<u>PERS Health Net Salud y Mas</u>			
Employee only	\$756.16	\$756.16	\$0.00
Two Party	\$1,512.31	\$1,325.00	\$187.31
Family	\$1,966.01	\$1,325.00	\$641.01
<u>PERS Kaiser</u>			
Employee only	\$1,038.49	\$1,038.49	\$0.00
Two Party	\$2,076.98	\$1,325.00	\$751.98
Family	\$2,700.08	\$1,325.00	\$1,375.08
<u>PERS UnitedHealthcare Signature Value Alliance</u>			
Employee only	\$991.73	\$991.73	\$0.00
Two Party	\$1,983.46	\$1,325.00	\$658.46
Family	\$2,578.49	\$1,325.00	\$1,253.49
<u>PERS UnitedHealthcare Signature Value Harmony</u>			
Employee only	\$881.71	\$881.71	\$0.00
Two Party	\$1,763.42	\$1,325.00	\$438.42
Family	\$2,292.46	\$1,325.00	\$967.46

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PPO Plans

	Monthly Premium	Monthly District Contribution	Monthly Employee Deduction
<u>PERS Gold PPO 80/20</u>			
Employee only	\$942.34	\$942.34	\$0.00
Two Party	\$1,884.67	\$1,325.00	\$559.67
Family	\$2,450.08	\$1,325.00	\$1,125.08
<u>PERS Platinum PPO 90/10</u>			
Employee only	\$1,357.76	\$1,325.00	\$32.76
Two Party	\$2,715.53	\$1,325.00	\$1,390.53
Family	\$3,530.18	\$1,325.00	\$2,205.18

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<u>DELTA DENTAL PPO</u>			
Employee only	\$68.28	\$68.28	\$0.00
Two Party	\$141.58	\$68.28	\$73.30
Family	\$221.62	\$68.28	\$153.34
<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	\$1.89	\$1.89	\$0.00