

**BURBANK UNIFIED SCHOOL DISTRICT
HEALTH AND WELFARE PREMIUMS
EFFECTIVE JANUARY 1, 2025**

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	\$1,100.26	\$1,100.26	\$0.00
Two Party	\$2,200.51	\$1,675.00	\$525.51
Family	\$2,860.67	\$1,675.00	\$1,185.67
<u>PERS Anthem HMO Traditional</u>			
Employee only	\$1,278.55	\$1,278.55	\$0.00
Two Party	\$2,557.10	\$1,675.00	\$882.10
Family	\$3,324.24	\$1,675.00	\$1,649.24
<u>PERS Blue Shield Access+ HMO</u>			
Employee only	\$994.18	\$994.18	\$0.00
Two Party	\$1,988.35	\$1,675.00	\$313.35
Family	\$2,584.86	\$1,675.00	\$909.86
<u>PERS Blue Shield Trio</u>			
Employee only	\$885.73	\$885.73	\$0.00
Two Party	\$1,771.46	\$1,675.00	\$96.46
Family	\$2,302.91	\$1,675.00	\$627.91
<u>PERS Health Net Salud y Mas</u>			
Employee only	\$857.28	\$857.28	\$0.00
Two Party	\$1,714.56	\$1,675.00	\$39.56
Family	\$2,228.93	\$1,675.00	\$553.93
<u>PERS Kaiser</u>			
Employee only	\$1,111.82	\$1,111.82	\$0.00
Two Party	\$2,223.65	\$1,675.00	\$548.65
Family	\$2,890.74	\$1,675.00	\$1,215.74
<u>PERS UnitedHealthcare Signature Value Alliance</u>			
Employee only	\$1,039.68	\$1,039.68	\$0.00
Two Party	\$2,079.36	\$1,675.00	\$404.36
Family	\$2,703.17	\$1,675.00	\$1,028.17
<u>PERS UnitedHealthcare Signature Value Harmony</u>			
Employee only	\$907.54	\$907.54	\$0.00
Two Party	\$1,815.07	\$1,675.00	\$140.07
Family	\$2,359.60	\$1,675.00	\$684.60

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PPO Plans

	Monthly Premium	Monthly District Contribution	Monthly Employee Deduction
<u>PERS Gold PPO 80/20</u>			
Employee only	\$1,041.78	\$1,041.78	\$0.00
Two Party	\$2,083.56	\$1,675.00	\$408.56
Family	\$2,708.63	\$1,675.00	\$1,033.63
<u>PERS Platinum PPO 90/10</u>			
Employee only	\$1,516.48	\$1,516.48	\$0.00
Two Party	\$3,032.95	\$1,675.00	\$1,357.95
Family	\$3,942.84	\$1,675.00	\$2,267.84

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<u>DELTA DENTAL PPO</u>			
Employee only	\$70.33	\$70.33	\$0.00
Two Party	\$145.83	\$70.33	\$75.50
Family	\$228.27	\$70.33	\$157.94
<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 Employee Assistance Plan (district paid)</u>			
<small>Employees are automatically enrolled</small>			
Composite	\$1.89	\$1.89	\$0.00