

BURBANK UNIFIED SCHOOL DISTRICT
RETIREE
DENTAL and VISION PREMIUMS EFFECTIVE 1/1/2025

<u>DELTA DENTAL PPO</u>	<u>Monthly Premium</u>	<u>Annual Premium</u>
Employee only	\$58.61	\$703.32
Two Party	\$121.52	\$1,458.24
Family	\$190.22	\$2,282.64
<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.**