

**BURBANK UNIFIED SCHOOL DISTRICT
HEALTH AND WELFARE PREMIUMS
EFFECTIVE JANUARY 1, 2026**

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	\$1,155.22	\$1,155.22	\$0.00
Two Party	\$2,310.43	\$1,675.00	\$635.43
Family	\$3,003.56	\$1,675.00	\$1,328.56
<u>PERS Anthem HMO Traditional</u>			
Employee only	\$1,354.24	\$1,354.24	\$0.00
Two Party	\$2,708.47	\$1,675.00	\$1,033.47
Family	\$3,521.02	\$1,675.00	\$1,846.02
<u>PERS Blue Shield Access+ HMO</u>			
Employee only	\$1,101.49	\$1,101.49	\$0.00
Two Party	\$2,202.98	\$1,675.00	\$527.98
Family	\$2,863.88	\$1,675.00	\$1,188.88
<u>PERS Blue Shield Trio</u>			
Employee only	\$1,023.07	\$1,023.07	\$0.00
Two Party	\$2,046.14	\$1,675.00	\$371.14
Family	\$2,659.99	\$1,675.00	\$984.99
<u>PERS Health Net Salud y Mas</u>			
Employee only	\$888.13	\$888.13	\$0.00
Two Party	\$1,776.26	\$1,675.00	\$101.26
Family	\$2,309.15	\$1,675.00	\$634.15
<u>PERS Kaiser</u>			
Employee only	\$1,162.86	\$1,162.86	\$0.00
Two Party	\$2,325.72	\$1,675.00	\$650.72
Family	\$3,023.44	\$1,675.00	\$1,348.44
<u>PERS UnitedHealthcare Signature Value Alliance</u>			
Employee only	\$1,044.91	\$1,044.91	\$0.00
Two Party	\$2,089.82	\$1,675.00	\$414.82
Family	\$2,716.78	\$1,675.00	\$1,041.78
<u>PERS UnitedHealthcare Signature Value Harmony</u>			
Employee only	\$918.61	\$918.61	\$0.00
Two Party	\$1,837.22	\$1,675.00	\$162.22
Family	\$2,388.40	\$1,675.00	\$713.40

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PPO Plans

	Monthly Premium	Monthly District Contribution	Monthly Employee Deduction
<u>PERS Gold PPO 80/20</u>			
Employee only	\$1,152.04	\$1,152.04	\$0.00
Two Party	\$2,304.07	\$1,675.00	\$629.07
Family	\$2,995.30	\$1,675.00	\$1,320.30
<u>PERS Platinum PPO 90/10</u>			
Employee only	\$1,718.17	\$1,675.00	\$43.17
Two Party	\$3,436.34	\$1,675.00	\$1,761.34
Family	\$4,467.25	\$1,675.00	\$2,792.25

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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>			
Employees are automatically enrolled			
Composite	\$1.89	\$1.89	\$0.00