

**BURBANK UNIFIED SCHOOL DISTRICT
HEALTH AND WELFARE PREMIUMS
EFFECTIVE JANUARY 1, 2027**

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	\$1,270.87	\$1,270.87	\$0.00
Two Party	\$2,541.74	\$1,675.00	\$866.74
Family	\$3,304.27	\$1,675.00	\$1,629.27
<u>PERS Anthem HMO Traditional</u>			
Employee only	\$1,486.82	\$1,486.82	\$0.00
Two Party	\$2,973.65	\$1,675.00	\$1,298.65
Family	\$3,865.74	\$1,675.00	\$2,190.74
<u>PERS Blue Shield Access+ HMO</u>			
Employee only	\$1,170.22	\$1,170.22	\$0.00
Two Party	\$2,340.45	\$1,675.00	\$665.45
Family	\$3,042.58	\$1,675.00	\$1,367.58
<u>PERS Blue Shield Trio</u>			
Employee only	\$1,089.61	\$1,089.61	\$0.00
Two Party	\$2,179.22	\$1,675.00	\$504.22
Family	\$2,832.99	\$1,675.00	\$1,157.99
<u>PERS Health Net Salud y Mas</u>			
Employee only	\$962.10	\$962.10	\$0.00
Two Party	\$1,924.20	\$1,675.00	\$249.20
Family	\$2,501.46	\$1,675.00	\$826.46
<u>PERS Kaiser</u>			
Employee only	\$1,213.53	\$1,213.53	\$0.00
Two Party	\$2,427.07	\$1,675.00	\$752.07
Family	\$3,155.19	\$1,675.00	\$1,480.19
<u>PPO Plans</u>			
<u>PERS Gold PPO 80/20</u>			
Employee only	\$1,217.40	\$1,217.40	\$0.00
Two Party	\$2,434.80	\$1,675.00	\$759.80
Family	\$3,165.24	\$1,675.00	\$1,490.24
<u>PERS Platinum PPO 90/10</u>			
Employee only	\$1,858.80	\$1,675.00	\$183.80
Two Party	\$3,717.60	\$1,675.00	\$2,042.60
Family	\$4,832.88	\$1,675.00	\$3,157.88

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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</u>			
Employee Assistance Plan (district paid)			
Employees are automatically enrolled			
Composite	\$1.89	\$1.89	\$0.00