



13461 Ramona Avenue • Chino, CA 91710 • 909.628.1201 • www.chino.k12.ca.us
Student Achievement • Safe Schools • Positive School Climate • Humility • Civility • Service

BOARD OF EDUCATION: John Cervantes • Andrew Cruz • Jonathan E. Monroe • James Na • Sonja Shaw • SUPERINTENDENT: Norm Enfield, Ed.D.

April 28, 2025

Re: 2025-2026 Health and Welfare Open Enrollment for:

- Certificated
- Psychologists
- Certificated and Classified Management
- Board Members

Dear Benefit Eligible Employee:

The 2025-2026 open enrollment for benefit eligible employees will be held **Monday, April 28 through Friday, May 9, 2025** by 4:30pm.

Enrollment Information:

- If you are NOT making changes to your health and welfare benefits, NO ACTION IS REQUIRED ON YOUR PART. Your current health and welfare benefits will continue through June 30, 2025. If no changes are made to your current health and welfare benefits, they will remain in place for the 2025-2026 fiscal year.
- If you are making a change for yourself and/or your dependents, you must log in during open enrollment to access the Benefitfocus website at <https://chinovaleley.hrntouch.com>. Benefitfocus online enrollment detailed instructions are provided in this packet. For Benefitfocus technical questions, please call 877.336.8082, Monday through Friday, 5:00am to 6:00pm, Pacific Standard Time.
- All newly added dependents will require proof of eligibility to complete open enrollment, (2023 or 2024 tax return for spouses and birth certificates for children). These documents can be uploaded on the website or submitted to the CVUSD Benefit Team no later than Friday May 9, 2025.
- If you are opting out of medical benefits, you **MUST** sign a Waiver of Participation form and provide proof of other insurance coverage. The Waiver of Participation form is included in this packet. Please submit the form and proof of coverage to the CVUSD Benefit Team no later than Friday, May 9, 2025.

In-Person Open Enrollment Support:

- Location: Professional Development Center II (PDC II), 4545 Danito Ct, Chino
- Dates/Times:
 - Tuesday, April 29, 2025, 9:00am to 4:30pm
 - Tuesday, May 6, 2025, 9:00am to 4:30pm
- Representatives from CSEBA, Kaiser, Blue Shield, American Fidelity, VOYA and Schools First Federal Credit Union will be on hand.

Medical Benefit Questions:

- For Kaiser specific questions, please contact a Kaiser licensed agent at 800.514.0985 or use the chat live option at the following link: <http://kp.org/choosekp> and click on “Chat with a Specialist” at the bottom right corner of the page.
- For Blue Shield specific questions, please contact Blue Shield Concierge at 855.747.5800. You may schedule a one on one virtual appointment with a Blue Shield licensed agent by visiting https://calendly.com/bsc_jn/2022-open-enrollment-individual-consultation-clone?month=2024-04.

Dental or Vision Questions:

- For Delta Dental specific questions, please contact Delta Dental customer service at 800.765.6003.
- For VSP specific questions, please contact VSP customer service at 800.877.7195.
- For EyeMed specific questions, please contact EyeMed customer service at 844.409.3401.

VOYA Group Life Insurance:

- Employees who do not have the District Group Life Insurance policy may enroll during open enrollment on the Benefitfocus website at <https://chinovalley.hrintouch.com>. Benefitfocus online enrollment detailed instructions are provided in this packet.

CVUSD Benefits Team:

- For general questions, please email or call 909.628.1202, for one of the team members below.
 - Vanessa Melo, Vanessa_Melo@chino.k12.ca.us, services last names A – F, ext. 1244
 - Rosemarie Cuevas, Rosemarie_Cuevas@chino.k12.ca.us, services last names G - M, ext. 1238
 - Gabrielle Casasola, Gabrielle_Casasola@chino.k12.ca.us, services last names N - O, ext. 1236
 - David Valdivia, David_Valdivia@chino.k12.ca.us, services last names P – Z, ext. 1246

**CHINO VALLEY UNIFIED SCHOOL DISTRICT
EMPLOYEE PLANS AND RATES**

ACT (CERTIFICATED) 2025 - 2026					
Type	Provider	Plans		Monthly (12)	Annual
HMO	KAISER	Kaiser \$20 CSEBA Plan 8	Single	\$888.94	\$10,667.28
			Employee + Spouse	\$1,937.32	\$23,247.84
			Employee + Children	\$1,762.59	\$21,151.08
			Family	\$2,636.24	\$31,634.88
	KAISER	Kaiser DHMO \$20 CSEBA Plan 11	Single	\$762.06	\$9,144.72
			Employee + Spouse	\$1,658.18	\$19,898.16
			Employee + Children	\$1,508.83	\$18,105.96
			Family	\$2,255.60	\$27,067.20
	BLUE SHIELD	Blue Shield Access+ HMO \$20 Plan 3	Single	\$800.00	\$9,600.00
			Employee + Spouse	\$1,682.00	\$20,184.00
			Employee + Children	\$1,441.00	\$17,292.00
			Family	\$2,362.00	\$28,344.00
	BLUE SHIELD	Blue Shield Trio ACO HMO \$20 Plan 3	Single	\$705.00	\$8,460.00
			Employee + Spouse	\$1,481.00	\$17,772.00
			Employee + Children	\$1,269.00	\$15,228.00
			Family	\$2,080.00	\$24,960.00
PPO	BLUE SHIELD	Blue Shield ASO PPO PLAN 2	Single	\$1,714.00	\$20,568.00
			Employee + Spouse	\$3,599.00	\$43,188.00
			Employee + Children	\$3,085.00	\$37,020.00
			Family	\$5,055.00	\$60,660.00
	BLUE SHIELD	Blue Shield TANDEM PPO PLAN 2	Single	\$1,611.00	\$19,332.00
			Employee + Spouse	\$3,383.00	\$40,596.00
			Employee + Children	\$2,899.00	\$34,788.00
			Family	\$4,752.00	\$57,024.00
HSA	BLUE SHIELD	Blue Shield HSA (ASO PPO Savings Plan 1)	Single	\$1,045.00	\$12,540.00
			Employee + Spouse	\$2,194.00	\$26,328.00
			Employee + Children	\$1,881.00	\$22,572.00
			Family	\$3,083.00	\$36,996.00
	BLUE SHIELD	Blue Shield HSA TANDEM (ASO PPO Savings Plan 1)	Single	\$982.00	\$11,784.00
			Employee + Spouse	\$2,063.00	\$24,756.00
			Employee + Children	\$1,769.00	\$21,228.00
			Family	\$2,898.00	\$34,776.00
DENTAL	DELTA	Delta Dental PPO	Composite	\$118.50	\$1,422.00
	SAFEGUARD	Plan Closed To New Enrollees	Single	\$29.02	\$348.24
			2-Party	\$52.17	\$626.04
			Family	\$69.56	\$834.72
VISION	VSP		Composite	\$23.00	\$276.00
	EYE MED		Composite	\$12.20	\$146.40
LIFE	VOYA		Composite	\$5.45	\$65.40

Instructions for Calculating Your Monthly Out-Of-Pocket Payroll Deductions:		
(1) Add the annual costs (from the chart above) of benefits you have chosen example: Kaiser Plan 8 (employee + children) + Delta + VSP + Life =		\$22,914.48
(2) Look on the chart below to determine District's annual share for the number of hours you work example: An 7 hour/day employee works 100%, District contribution =		\$11,350.00
(3) Employee annual share: (1) minus (2) =		\$11,564.48
(4) Monthly Out-of-Pocket: (3) divided by 10 months =		\$1,156.45

8.00 Hours/Day	% FTE	District's Annual Contribution for 7/01/25 thru 6/30/26	7.00 Hours/Day	% FTE	District's Annual Contribution for 7/01/25 thru 6/30/26
4.00	0.50	\$5,675.00	2.80	0.40	\$4,540.00
6.00	0.75	\$8,512.50	4.20	0.60	\$6,810.00
8.00	1.00	\$11,350.00	7.00	1.00	\$11,350.00

**CHINO VALLEY UNIFIED SCHOOL DISTRICT
EMPLOYEE PLANS AND RATES**

MANAGEMENT / BOARD MEMBERS 2025-2026					
Type	Provider	Plans		Monthly (12)	Annual
HMO	KAISER	Kaiser \$20 CSEBA Plan 8	Single	\$888.94	\$10,667.28
			Employee + Spouse	\$1,937.32	\$23,247.84
			Employee + Children	\$1,762.59	\$21,151.08
			Family	\$2,636.24	\$31,634.88
	KAISER DHMO \$20 CSEBA Plan 11		Single	\$762.06	\$9,144.72
			Employee + Spouse	\$1,658.18	\$19,898.16
			Employee + Children	\$1,508.83	\$18,105.96
			Family	\$2,255.60	\$27,067.20
	BLUE SHIELD	Blue Shield Access+ HMO \$20 Plan 3	Single	\$800.00	\$9,600.00
			Employee + Spouse	\$1,682.00	\$20,184.00
			Employee + Children	\$1,441.00	\$17,292.00
			Family	\$2,362.00	\$28,344.00
	Blue Shield Trio ACO HMO \$20 Plan 3		Single	\$705.00	\$8,460.00
			Employee + Spouse	\$1,481.00	\$17,772.00
			Employee + Children	\$1,269.00	\$15,228.00
			Family	\$2,080.00	\$24,960.00
PPO	BLUE SHIELD	Blue Shield ASO PPO PLAN 2	Single	\$1,714.00	\$20,568.00
			Employee + Spouse	\$3,599.00	\$43,188.00
			Employee + Children	\$3,085.00	\$37,020.00
			Family	\$5,055.00	\$60,660.00
	BLUE SHIELD	Blue Shield TANDEM PPO PLAN 2	Single	\$1,611.00	\$19,332.00
			Employee + Spouse	\$3,383.00	\$40,596.00
			Employee + Children	\$2,899.00	\$34,788.00
			Family	\$4,752.00	\$57,024.00
HSA	BLUE SHIELD	Blue Shield HSA (ASO PPO Savings Plan 1)	Single	\$1,045.00	\$12,540.00
			Employee + Spouse	\$2,194.00	\$26,328.00
			Employee + Children	\$1,881.00	\$22,572.00
			Family	\$3,083.00	\$36,996.00
	BLUE SHIELD	Blue Shield HSA TANDEM (ASO PPO Savings Plan 1)	Single	\$982.00	\$11,784.00
			Employee + Spouse	\$2,063.00	\$24,756.00
			Employee + Children	\$1,769.00	\$21,228.00
			Family	\$2,898.00	\$34,776.00
DENTAL	DELTA	Delta Dental PPO	Composite	\$118.50	\$1,422.00
	SAFEGUARD	Plan Closed To New Enrollees	Single	\$29.02	\$348.24
			2-Party	\$52.17	\$626.04
			Family	\$69.56	\$834.72
VISION	VSP		Composite	\$23.00	\$276.00
	EYE MED		Composite	\$12.20	\$146.40
LIFE	VOYA		Composite	\$5.45	\$65.40

Instructions for Calculating Your Monthly Out-Of-Pocket Payroll Deductions:

(1) Add the annual costs (from the chart above) of benefits you have chosen example: Kaiser Plan 8 (employee + children) + Delta + VSP + Life =	\$22,914.48
(2) Look on the chart below to determine District's annual share for the number of hours you work example: An 8 hour/day employee works 100%, District contribution =	\$11,350.00
(3) Employee annual share: (1) minus (2) =	\$11,564.48
(4) Monthly Out-of-Pocket: (3) divided by 10 months =	\$1,156.45

Hours/Day	% FTE	District's Annual Contribution for 7/01/25 thru 6/30/26
4.00	0.50	\$5,675.00
6.00	0.75	\$8,512.50
8.00	1.00	\$11,350.00

Kaiser \$20 Plan 8 / Delta / VSP / Life									
Hrs/day	Tier	Kaiser	Delta	VSP	Life	Total Cost	District	Employee	Tenthly
7.00	Single	10,667.28	1,422.00	276.00	65.40	12,430.68	11,350.00	1,080.68	108.07
7.00	EE + Sp	23,247.84	1,422.00	276.00	65.40	25,011.24	11,350.00	13,661.24	1,366.12
7.00	EE + Ch	21,151.08	1,422.00	276.00	65.40	22,914.48	11,350.00	11,564.48	1,156.45
7.00	Family	31,634.88	1,422.00	276.00	65.40	33,398.28	11,350.00	22,048.28	2,204.83
Kaiser DHMO \$20 Plan 11 / Delta / VSP / Life									
Hrs/day	Tier	Kaiser	Delta	VSP	Life	Total Cost	District	Employee	Tenthly
7.00	Single	9,144.72	1,422.00	276.00	65.40	10,908.12	11,350.00	under cap	0.00
7.00	EE + Sp	19,898.16	1,422.00	276.00	65.40	21,661.56	11,350.00	10,311.56	1,031.16
7.00	EE + Ch	18,105.96	1,422.00	276.00	65.40	19,869.36	11,350.00	8,519.36	851.94
7.00	Family	27,067.20	1,422.00	276.00	65.40	28,830.60	11,350.00	17,480.60	1,748.06
Blue Shield Access / Delta / VSP / Life									
Hrs/day	Tier	Access	Delta	VSP	Life	Total Cost	District	Employee	Tenthly
7.00	Single	9,600.00	1,422.00	276.00	65.40	11,363.40	11,350.00	13.40	1.34
7.00	EE + Sp	20,184.00	1,422.00	276.00	65.40	21,947.40	11,350.00	10,597.40	1,059.74
7.00	EE + Ch	17,292.00	1,422.00	276.00	65.40	19,055.40	11,350.00	7,705.40	770.54
7.00	Family	28,344.00	1,422.00	276.00	65.40	30,107.40	11,350.00	18,757.40	1,875.74
Blue Shield TRIO / Delta / VSP / Life									
Hrs/day	Tier	TRIO	Delta	VSP	Life	Total Cost	District	Employee	Tenthly
7.00	Single	8,460.00	1,422.00	276.00	65.40	10,223.40	11,350.00	under cap	0.00
7.00	EE + Sp	17,772.00	1,422.00	276.00	65.40	19,535.40	11,350.00	8,185.40	818.54
7.00	EE + Ch	15,228.00	1,422.00	276.00	65.40	16,991.40	11,350.00	5,641.40	564.14
7.00	Family	24,960.00	1,422.00	276.00	65.40	26,723.40	11,350.00	15,373.40	1,537.34
Blue Shield PPO / Delta / VSP / Life									
Hrs/day	Tier	PPO	Delta	VSP	Life	Total Cost	District	Employee	Tenthly
7.00	Single	20,568.00	1,422.00	276.00	65.40	22,331.40	11,350.00	10,981.40	1,098.14
7.00	EE + Sp	43,188.00	1,422.00	276.00	65.40	44,951.40	11,350.00	33,601.40	3,360.14
7.00	EE + Ch	37,020.00	1,422.00	276.00	65.40	38,783.40	11,350.00	27,433.40	2,743.34
7.00	Family	60,660.00	1,422.00	276.00	65.40	62,423.40	11,350.00	51,073.40	5,107.34
Blue Shield TANDEM PPO /Delta / VSP / Life									
Hrs/day	Tier	Tandem PPO	Delta	VSP	Life	Total Cost	District	Employee	Tenthly
7.00	Single	19,332.00	1,422.00	276.00	65.40	21,095.40	11,350.00	9,745.40	974.54
7.00	EE + Sp	40,596.00	1,422.00	276.00	65.40	42,359.40	11,350.00	31,009.40	3,100.94
7.00	EE + Ch	34,788.00	1,422.00	276.00	65.40	36,551.40	11,350.00	25,201.40	2,520.14
7.00	Family	57,024.00	1,422.00	276.00	65.40	58,787.40	11,350.00	47,437.40	4,743.74
Blue Shield HSA (Savings Plan 1) / Delta / VSP / Life									
Hrs/day	Tier	BS HSA	Delta	VSP	Life	Total Cost	District	Employee	Tenthly
7.00	Single	12,540.00	1,422.00	276.00	65.40	14,303.40	11,350.00	2,953.40	295.34
7.00	EE + Sp	26,328.00	1,422.00	276.00	65.40	28,091.40	11,350.00	16,741.40	1,674.14
7.00	EE + Ch	22,572.00	1,422.00	276.00	65.40	24,335.40	11,350.00	12,985.40	1,298.54
7.00	Family	36,996.00	1,422.00	276.00	65.40	38,759.40	11,350.00	27,409.40	2,740.94
Blue Shield TANDEM HSA / Delta / VSP / Life									
Hrs/day	Tier	PPO	Delta	VSP	Life	Total Cost	District	Employee	Tenthly
7.00	Single	11,784.00	1,422.00	276.00	65.40	13,547.40	11,350.00	2,197.40	219.74
7.00	EE + Sp	24,756.00	1,422.00	276.00	65.40	26,519.40	11,350.00	15,169.40	1,516.94
7.00	EE + Ch	21,228.00	1,422.00	276.00	65.40	22,991.40	11,350.00	11,641.40	1,164.14
7.00	Family	34,776.00	1,422.00	276.00	65.40	36,539.40	11,350.00	25,189.40	2,518.94



Kaiser \$20 Plan 8 / Delta / VSP / Life									
Hrs/day	Tier	Kaiser	Delta	VSP	Life	Total Cost	District	Employee	Tenthly
8.00	Single	10,667.28	1,422.00	276.00	65.40	12,430.68	11,350.00	1,080.68	108.07
8.00	EE + Sp	23,247.84	1,422.00	276.00	65.40	25,011.24	11,350.00	13,661.24	1,366.12
8.00	EE + Ch	21,151.08	1,422.00	276.00	65.40	22,914.48	11,350.00	11,564.48	1,156.45
8.00	Family	31,634.88	1,422.00	276.00	65.40	33,398.28	11,350.00	22,048.28	2,204.83

Kaiser DHMO \$20 Plan 11 / Delta / VSP / Life									
Hrs/day	Tier	Kaiser	Delta	VSP	Life	Total Cost	District	Employee	Tenthly
8.00	Single	9,144.72	1,422.00	276.00	65.40	10,908.12	11,350.00	under cap	0.00
8.00	EE + Sp	19,898.16	1,422.00	276.00	65.40	21,661.56	11,350.00	10,311.56	1,031.16
8.00	EE + Ch	18,105.96	1,422.00	276.00	65.40	19,869.36	11,350.00	8,519.36	851.94
8.00	Family	27,067.20	1,422.00	276.00	65.40	28,830.60	11,350.00	17,480.60	1,748.06

Blue Shield Access / Delta / VSP / Life									
Hrs/day	Tier	Access	Delta	VSP	Life	Total Cost	District	Employee	Tenthly
8.00	Single	9,600.00	1,422.00	276.00	65.40	11,363.40	11,350.00	13.40	1.34
8.00	EE + Sp	20,184.00	1,422.00	276.00	65.40	21,947.40	11,350.00	10,597.40	1,059.74
8.00	EE + Ch	17,292.00	1,422.00	276.00	65.40	19,055.40	11,350.00	7,705.40	770.54
8.00	Family	28,344.00	1,422.00	276.00	65.40	30,107.40	11,350.00	18,757.40	1,875.74

Blue Shield TRIO / Delta / VSP / Life									
Hrs/day	Tier	TRIO	Delta	VSP	Life	Total Cost	District	Employee	Tenthly
8.00	Single	8,460.00	1,422.00	276.00	65.40	10,223.40	11,350.00	under cap	0.00
8.00	EE + Sp	17,772.00	1,422.00	276.00	65.40	19,535.40	11,350.00	8,185.40	818.54
8.00	EE + Ch	15,228.00	1,422.00	276.00	65.40	16,991.40	11,350.00	5,641.40	564.14
8.00	Family	24,960.00	1,422.00	276.00	65.40	26,723.40	11,350.00	15,373.40	1,537.34

Blue Shield PPO / Delta / VSP / Life									
Hrs/day	Tier	PPO	Delta	VSP	Life	Total Cost	District	Employee	Tenthly
8.00	Single	20,568.00	1,422.00	276.00	65.40	22,331.40	11,350.00	10,981.40	1,098.14
8.00	EE + Sp	43,188.00	1,422.00	276.00	65.40	44,951.40	11,350.00	33,601.40	3,360.14
8.00	EE + Ch	37,020.00	1,422.00	276.00	65.40	38,783.40	11,350.00	27,433.40	2,743.34
8.00	Family	60,660.00	1,422.00	276.00	65.40	62,423.40	11,350.00	51,073.40	5,107.34

Blue Shield TANDEM PPO /Delta / VSP / Life									
Hrs/day	Tier	Tandem PPO	Delta	VSP	Life	Total Cost	District	Employee	Tenthly
8.00	Single	19,332.00	1,422.00	276.00	65.40	21,095.40	11,350.00	9,745.40	974.54
8.00	EE + Sp	40,596.00	1,422.00	276.00	65.40	42,359.40	11,350.00	31,009.40	3,100.94
8.00	EE + Ch	34,788.00	1,422.00	276.00	65.40	36,551.40	11,350.00	25,201.40	2,520.14
8.00	Family	57,024.00	1,422.00	276.00	65.40	58,787.40	11,350.00	47,437.40	4,743.74

Blue Shield HSA (Savings Plan 1) / Delta / VSP / Life									
Hrs/day	Tier	BS HSA	Delta	VSP	Life	Total Cost	District	Employee	Tenthly
8.00	Single	12,540.00	1,422.00	276.00	65.40	14,303.40	11,350.00	2,953.40	295.34
8.00	EE + Sp	26,328.00	1,422.00	276.00	65.40	28,091.40	11,350.00	16,741.40	1,674.14
8.00	EE + Ch	22,572.00	1,422.00	276.00	65.40	24,335.40	11,350.00	12,985.40	1,298.54
8.00	Family	36,996.00	1,422.00	276.00	65.40	38,759.40	11,350.00	27,409.40	2,740.94

Blue Shield TANDEM HSA / Delta / VSP / Life									
Hrs/day	Tier	PPO	Delta	VSP	Life	Total Cost	District	Employee	Tenthly
8.00	Single	11,784.00	1,422.00	276.00	65.40	13,547.40	11,350.00	2,197.40	219.74
8.00	EE + Sp	24,756.00	1,422.00	276.00	65.40	26,519.40	11,350.00	15,169.40	1,516.94
8.00	EE + Ch	21,228.00	1,422.00	276.00	65.40	22,991.40	11,350.00	11,641.40	1,164.14
8.00	Family	34,776.00	1,422.00	276.00	65.40	36,539.40	11,350.00	25,189.40	2,518.94



Kaiser \$20 Plan 8 / Delta / VSP / Life									
Hrs/day	Tier	Kaiser	Delta	VSP	Life	Total Cost	District	Employee	Tenthly
8.00	Single	10,667.28	1,422.00	276.00	65.40	12,430.68	11,350.00	1,080.68	108.07
8.00	EE + Sp	23,247.84	1,422.00	276.00	65.40	25,011.24	11,350.00	13,661.24	1,366.12
8.00	EE + Ch	21,151.08	1,422.00	276.00	65.40	22,914.48	11,350.00	11,564.48	1,156.45
8.00	Family	31,634.88	1,422.00	276.00	65.40	33,398.28	11,350.00	22,048.28	2,204.83

Kaiser DHMO \$20 Plan 11 / Delta / VSP / Life									
Hrs/day	Tier	Kaiser	Delta	VSP	Life	Total Cost	District	Employee	Tenthly
8.00	Single	9,144.72	1,422.00	276.00	65.40	10,908.12	11,350.00	under cap	0.00
8.00	EE + Sp	19,898.16	1,422.00	276.00	65.40	21,661.56	11,350.00	10,311.56	1,031.16
8.00	EE + Ch	18,105.96	1,422.00	276.00	65.40	19,869.36	11,350.00	8,519.36	851.94
8.00	Family	27,067.20	1,422.00	276.00	65.40	28,830.60	11,350.00	17,480.60	1,748.06

Blue Shield Access / Delta / VSP / Life									
Hrs/day	Tier	Access	Delta	VSP	Life	Total Cost	District	Employee	Tenthly
8.00	Single	9,600.00	1,422.00	276.00	65.40	11,363.40	11,350.00	13.40	1.34
8.00	EE + Sp	20,184.00	1,422.00	276.00	65.40	21,947.40	11,350.00	10,597.40	1,059.74
8.00	EE + Ch	17,292.00	1,422.00	276.00	65.40	19,055.40	11,350.00	7,705.40	770.54
8.00	Family	28,344.00	1,422.00	276.00	65.40	30,107.40	11,350.00	18,757.40	1,875.74

Blue Shield TRIO / Delta / VSP / Life									
Hrs/day	Tier	TRIO	Delta	VSP	Life	Total Cost	District	Employee	Tenthly
8.00	Single	8,460.00	1,422.00	276.00	65.40	10,223.40	11,350.00	under cap	0.00
8.00	EE + Sp	17,772.00	1,422.00	276.00	65.40	19,535.40	11,350.00	8,185.40	818.54
8.00	EE + Ch	15,228.00	1,422.00	276.00	65.40	16,991.40	11,350.00	5,641.40	564.14
8.00	Family	24,960.00	1,422.00	276.00	65.40	26,723.40	11,350.00	15,373.40	1,537.34

Blue Shield PPO / Delta / VSP / Life									
Hrs/day	Tier	PPO	Delta	VSP	Life	Total Cost	District	Employee	Tenthly
8.00	Single	20,568.00	1,422.00	276.00	65.40	22,331.40	11,350.00	10,981.40	1,098.14
8.00	EE + Sp	43,188.00	1,422.00	276.00	65.40	44,951.40	11,350.00	33,601.40	3,360.14
8.00	EE + Ch	37,020.00	1,422.00	276.00	65.40	38,783.40	11,350.00	27,433.40	2,743.34
8.00	Family	60,660.00	1,422.00	276.00	65.40	62,423.40	11,350.00	51,073.40	5,107.34

Blue Shield TANDEM PPO /Delta / VSP / Life									
Hrs/day	Tier	Tandem PPO	Delta	VSP	Life	Total Cost	District	Employee	Tenthly
8.00	Single	19,332.00	1,422.00	276.00	65.40	21,095.40	11,350.00	9,745.40	974.54
8.00	EE + Sp	40,596.00	1,422.00	276.00	65.40	42,359.40	11,350.00	31,009.40	3,100.94
8.00	EE + Ch	34,788.00	1,422.00	276.00	65.40	36,551.40	11,350.00	25,201.40	2,520.14
8.00	Family	57,024.00	1,422.00	276.00	65.40	58,787.40	11,350.00	47,437.40	4,743.74

Blue Shield HSA (Savings Plan 1) / Delta / VSP / Life									
Hrs/day	Tier	BS HSA	Delta	VSP	Life	Total Cost	District	Employee	Tenthly
8.00	Single	12,540.00	1,422.00	276.00	65.40	14,303.40	11,350.00	2,953.40	295.34
8.00	EE + Sp	26,328.00	1,422.00	276.00	65.40	28,091.40	11,350.00	16,741.40	1,674.14
8.00	EE + Ch	22,572.00	1,422.00	276.00	65.40	24,335.40	11,350.00	12,985.40	1,298.54
8.00	Family	36,996.00	1,422.00	276.00	65.40	38,759.40	11,350.00	27,409.40	2,740.94

Blue Shield TANDEM HSA / Delta / VSP / Life									
Hrs/day	Tier	Tandem HSA	Delta	VSP	Life	Total Cost	District	Employee	Tenthly
8.00	Single	11,784.00	1,422.00	276.00	65.40	13,547.40	11,350.00	2,197.40	219.74
8.00	EE + Sp	24,756.00	1,422.00	276.00	65.40	26,519.40	11,350.00	15,169.40	1,516.94
8.00	EE + Ch	21,228.00	1,422.00	276.00	65.40	22,991.40	11,350.00	11,641.40	1,164.14
8.00	Family	34,776.00	1,422.00	276.00	65.40	36,539.40	11,350.00	25,189.40	2,518.94

Employee Benefit Online Enrollment Instructions

What is Benefitfocus?

Benefitfocus is CSEBA's health benefits self-service website.

Benefitfocus Online Access

Benefitfocus provides you with secure and easy access to important benefit information.

Access Benefitfocus Online

1. First, access the portal at <https://chinovalley.hrintouch.com> to create your online account.
2. Select the *Create an Account* link to begin the account creation process. Enter the following required information into the corresponding fields:
 - Last Name
 - Date of Birth
 - Last 4 Digits of your SSN
3. Complete the *Security Check* and click *Next*
4. Create your *Username* and *Password*. All required fields are indicated by an asterisk. After you enter all required information, please enter your email address and phone number (home/cell).
5. Create a *Secret Question* and *Answer*. You will be asked to provide multiple questions/answers.
6. Select *Save*.

Navigating the System

Once you log into the system, you can easily access your information from the Home Page.

Viewing the Home Page

The first time you log in, you will see benefit enrollment information. You can also access other information, such as your Dependents and your Login information. You can explore the links on the Home page either before or after you enroll in benefits.

Guiding You Through the Process

1. The Home page shows you the information you need to complete. Select the *Get Started* button to begin *or select the View to do list and follow the link there to navigate to the enrollment page*
2. Navigate from page to page by selecting the *Next* or *Previous* buttons.
3. Select *Cancel* on any screen to return to the Home page.
4. Save your elections on each benefit *Summary* page when you have entered all required information. Look over your information closely. If you need to change any information, select the *Edit* links next to the corresponding section. Select *Save* once you have made all necessary changes.
5. *Dependents*: If adding a new dependent, you will be asked to upload a *Proof of Eligibility* document directly to the platform (if applicable).
6. Review your benefit election information. Select *Complete Enrollment* once you have finished with your benefit enrollment process.

Note: If you have not completed and saved your benefit elections, you will receive a warning message, which allows you to return to your benefit elections to complete and save them before leaving the current screen.

You will be returned to the Home page and receive the *Congratulations* message at the top of the screen. Please review and print your *Employee Detail Report* for your records. You may make any changes online anytime during the Enrollment period.



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WAIVER OF PARTICIPATION

CERTIFICATED _____

CLASSIFIED _____

Employee Name: _____ LAST 4 of SS#: XXX-XX- _____

Benefit Plan Year: _____

- I am aware that the medical plans offered to me meet the Affordable Care Act (ACA) actuarial minimum value requirements of 60% or greater.
- I am also aware that my required contribution toward the cost of single coverage in the lowest cost plan offered, that meets the minimum value test, does not exceed 9.5% of my W-2 income with the District.
- I further understand that if I am waiving coverage to participate in the State or Federal Exchange, I am not eligible for any cash in lieu benefits or any district contribution whatsoever.

At this time, after careful review, I elect not to enroll in the major medical coverage.

Or

I AM COORDINATING WITH CVUSD SPOUSE: _____ (NAME)

Employee Signature: _____

Date: _____

**PLEASE PROVIDE PROOF OF OTHER COVERAGE IF WAIVING COVERAGE AT THIS TIME
(i.e., copy of current medical card)**

NOTE: BY DECLINING THIS GROUP MEDICAL COVERAGE (UNLESS EMPLOYEE AND/OR DEPENDENTS HAVE GROUP MEDICAL COVERAGE ELSEWHERE) I ACKNOWLEDGE THAT MY DEPENDENTS AND I MAY HAVE TO WAIT UP TO TWELVE (12) MONTHS TO BE ENROLLED IN THIS GROUP MEDICAL UNLESS I HAVE A QUALIFYING EVENT THAT MEETS THE EMPLOYER'S ELIGIBILITY REQUIREMENT.