

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

ACT (CERTIFICATED) 2024 - 2025					
Type	Provider	Plans		Monthly (12)	Annual
HMO	KAISER	Kaiser \$20 CSEBA Plan 8	Single	\$851.57	\$10,218.84
			Employee + Spouse	\$1,854.88	\$22,258.56
			Employee + Children	\$1,687.66	\$20,251.92
			Family	\$2,523.75	\$30,285.00
	BLUE SHIELD	Kaiser DHMO \$20 CSEBA Plan 11	Single	\$730.16	\$8,761.92
			Employee + Spouse	\$1,587.77	\$19,053.24
			Employee + Children	\$1,444.84	\$17,338.08
			Family	\$2,159.52	\$25,914.24
PPO	BLUE SHIELD	Blue Shield Access+ HMO \$20 Plan 3	Single	\$748.00	\$8,976.00
			Employee + Spouse	\$1,572.00	\$18,864.00
			Employee + Children	\$1,347.00	\$16,164.00
			Family	\$2,208.00	\$26,496.00
	BLUE SHIELD	Blue Shield Trio ACO HMO \$20 Plan 3	Single	\$659.00	\$7,908.00
			Employee + Spouse	\$1,384.00	\$16,608.00
			Employee + Children	\$1,186.00	\$14,232.00
			Family	\$1,944.00	\$23,328.00
HSA	BLUE SHIELD	Blue Shield ASO PPO PLAN 2	Single	\$1,602.00	\$19,224.00
			Employee + Spouse	\$3,364.00	\$40,368.00
			Employee + Children	\$2,883.00	\$34,596.00
			Family	\$4,725.00	\$56,700.00
	BLUE SHIELD	Blue Shield TANDEM PPO PLAN 2	Single	\$1,506.00	\$18,072.00
			Employee + Spouse	\$3,162.00	\$37,944.00
			Employee + Children	\$2,710.00	\$32,520.00
			Family	\$4,442.00	\$53,304.00
DENTAL	BLUE SHIELD	Blue Shield HSA (ASO PPO Savings Plan 1)	Single	\$977.00	\$11,724.00
			Employee + Spouse	\$2,051.00	\$24,612.00
			Employee + Children	\$1,758.00	\$21,096.00
			Family	\$2,882.00	\$34,584.00
	BLUE SHIELD	Blue Shield HSA TANDEM (ASO PPO Savings Plan 1)	Single	\$918.00	\$11,016.00
			Employee + Spouse	\$1,928.00	\$23,136.00
			Employee + Children	\$1,653.00	\$19,836.00
			Family	\$2,709.00	\$32,508.00
VISION	DELTA	Delta Dental PPO	Composite	\$118.54	\$1,422.48
	SAFEGUARD	Plan Closed To New Enrollees	Single	\$29.02	\$348.24
			2-Party	\$52.17	\$626.04
			Family	\$69.56	\$834.72
LIFE	VSP		Composite	\$23.03	\$276.36
	EYE MED		Composite	\$12.18	\$146.16
	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 =		\$22,016.16
(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 =		\$10,000.00
(3) Employee annual share: (1) minus (2) =		\$12,016.16
(4) Monthly Out-of-Pocket: (3) divided by 10 months =		\$1,201.62

8.00 Hours/Day	% FTE	District's Annual Contribution for 7/01/24 thru 6/30/25	7.00 Hours/Day	% FTE	District's Annual Contribution for 7/01/24 thru 6/30/25
4.00	0.50	\$5,000.00	2.80	0.40	\$4,000.00
6.00	0.75	\$7,500.00	4.20	0.60	\$6,000.00
8.00	1.00	\$10,000.00	7.00	1.00	\$10,000.00