

**CHINO VALLEY UNIFIED SCHOOL DISTRICT**  
**EMPLOYEE BENEFIT PLANS AND RATES WITH CSEBA**  
(Jul 1, 2025 - June 30, 2026)

<b>CSEA (CLASSIFIED / CONFIDENTIAL)</b>					
Type	Provider	Plans		Monthly (12)	7/1/25-6/30/26
HMO	KAISER	Kaiser 20	Single	\$830.96	\$9,971.52
			2-Party	\$1,641.97	\$19,703.64
			Family	\$2,315.09	\$27,781.08
	BLUE SHIELD ACCESS+	HMO 20	Single	\$814.00	\$9,768.00
			2-Party	\$1,604.00	\$19,248.00
			Family	\$2,262.00	\$27,144.00
	BLUE SHIELD TRIO	HMO 20	Single	\$672.00	\$8,064.00
			2-Party	\$1,323.00	\$15,876.00
			Family	\$1,866.00	\$22,392.00
PPO	BLUE SHIELD PPO	PPO 1	Single	\$1,816.00	\$21,792.00
			2-Party	\$3,576.00	\$42,912.00
			Family	\$5,041.00	\$60,492.00
DENTAL	DELTA		Composite	\$108.60	\$1,303.20
	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	\$22.60	\$271.20
LIFE	VOYA		Composite	\$5.45	\$65.40

<b>Instructions for Calculating Your Monthly Out-Of-Pocket Payroll Deductions</b>	
#1 Add the annual costs (from the chart above) of benefits you have chosen Example: Kaiser Family (\$27,781.08) + Delta (\$1,303.20) + VSP (\$271.20) + Life (\$65.40) =	<b>\$29,420.88</b>
#2 Look on the chart below to determine District's annual share for the number of hours you work Example: An employee who works 6 hour/day has a 75%, District contribution =	<b>\$8,512.50</b>
#3 Employee annual share: #1 total is \$29,420.88 minus #2 District contribution \$8,512.50 =	<b>\$20,908.38</b>
#4 Monthly Out-of-Pocket (OOP) Employee Payment: #3 total \$20,908.38 divided by 10 months =	<b>\$2,090.84</b>

Hours/Day	% FTE	District's Contribution 7/1/25-6/30/26
4.00	50.00%	\$5,675.00
4.50	56.25%	\$6,384.38
5.00	62.50%	\$7,093.75
5.50	68.75%	\$7,803.13
6.00	75.00%	\$8,512.50
6.50	81.25%	\$9,221.88
7.00	87.50%	\$9,931.25
7.50	93.75%	\$10,640.63
8.00	100.00%	\$11,350.00