

**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
	BLUE SHIELD	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	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	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
VISION	VSP		Family	\$69.56	\$834.72
VISION	EYE MED		Composite	\$23.00	\$276.00
	LIFE	VOYA	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