



13461 Ramona Avenue • Chino, CA 91710 • 909.628.1201 • [www.chino.k12.ca.us](http://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 Medical Benefits Open Enrollment for Retired Certificated and Management Employees.

Dear Retiree:

The 2025-2026 Open Enrollment for benefit eligible retired employees will be held **Monday, April 28 through Friday, May 9, 2025.**

Please note: The attached information will contain your new monthly out of pocket amount based on the medical plan you are enrolled in, effective July 1, 2025. As a reminder, payments for benefit coverage must be received in the Payroll/Benefits office by the 1<sup>st</sup> of each month. Payments that are received late may result in cancellation of coverage.

Enrollment Information:

- If you are NOT making changes to your medical benefits, NO ACTION IS REQUIRED ON YOUR PART. Your current medical benefits will continue through June 30, 2025. If no changes are made to your current medical benefits, they will remain in place for the 2025-2026 fiscal year.
- If you are making a change for yourself and/or your dependent(s), please contact the Benefits Team.
- All newly added dependents will require proof of eligibility to complete open enrollment, (2023 or 2024 tax return, additional options include marriage certificate for spouse and birth certificates for children). These documents can be submitted to the CVUSD Benefit Team no later than May 9, 2025.

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](https://calendly.com/bsc_jn/2022-open-enrollment-individual-consultation-clone?month=2024-04)

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](mailto:Vanessa_Melo@chino.k12.ca.us), services last names A – F, ext. 1244
  - Rosemarie Cuevas, [Rosemarie\\_Cuevas@chino.k12.ca.us](mailto:Rosemarie_Cuevas@chino.k12.ca.us), services last names G-M, ext. 1238
  - Gabrielle Casasola, [Gabrielle\\_Casasola@chino.k12.ca.us](mailto:Gabrielle_Casasola@chino.k12.ca.us), services last names N-O, ext. 1236
  - David Valdivia, [David\\_Valdivia@chino.k12.ca.us](mailto:David_Valdivia@chino.k12.ca.us), services last names P – Z, ext. 1246

**CHINO VALLEY UNIFIED SCHOOL DISTRICT  
RETIREE PLANS AND RATES 2025-2026**

<b>2025 - 2026 A.C.T. Retirees (Under 65)</b>						
Type	Provider	Plans		Monthly (12)	Monthly Benefit Allowance	Monthly Out of Pocket Expense
HMO	KAISER	Kaiser \$20 (CSEBA Plan 8)	Single	\$888.94	\$945.83	\$0.00
			Employee + Spouse	\$1,937.32	\$945.83	\$991.49
			Employee + Children	\$1,762.59	\$945.83	\$816.76
			Family	\$2,636.24	\$945.83	\$1,690.41
		Kaiser DHMO \$20 (CSEBA Plan 11)	Single	\$762.06	\$945.83	\$0.00
			Employee + Spouse	\$1,658.18	\$945.83	\$712.35
			Employee + Children	\$1,508.83	\$945.83	\$563.00
			Family	\$2,255.60	\$945.83	\$1,309.77
	BLUE SHIELD	Blue Shield Access + HMO \$20 Plan 3	Single	\$800.00	\$945.83	\$0.00
			Employee + Spouse	\$1,682.00	\$945.83	\$736.17
			Employee + Children	\$1,441.00	\$945.83	\$495.17
			Family	\$2,362.00	\$945.83	\$1,416.17
		Blue Shield Trio ACO HMO \$20 Plan 3	Single	\$705.00	\$945.83	\$0.00
			Employee + Spouse	\$1,481.00	\$945.83	\$535.17
			Employee + Children	\$1,269.00	\$945.83	\$323.17
			Family	\$2,080.00	\$945.83	\$1,134.17
PPO	BLUE SHIELD	Blue Shield ASO PPO Plan 2	Single	\$1,714.00	\$945.83	\$768.17
			Employee + Spouse	\$3,599.00	\$945.83	\$2,653.17
			Employee + Children	\$3,085.00	\$945.83	\$2,139.17
			Family	\$5,055.00	\$945.83	\$4,109.17
	BLUE SHIELD	Blue Shield <b>TANDEM</b> PPO Plan 2 <b>CALIFORNIA ONLY</b>	Single	\$1,611.00	\$945.83	\$665.17
			Employee + Spouse	\$3,383.00	\$945.83	\$2,437.17
			Employee + Children	\$2,899.00	\$945.83	\$1,953.17
			Family	\$4,752.00	\$945.83	\$3,806.17
H.S.A.	BLUE SHIELD	Blue Shield ASO PPO Saving Plan 1 (HSA/HDHP)	Single	\$1,045.00	\$945.83	\$99.17
			Employee + Spouse	\$2,194.00	\$945.83	\$1,248.17
			Employee + Children	\$1,881.00	\$945.83	\$935.17
			Family	\$3,083.00	\$945.83	\$2,137.17
	BLUE SHIELD	Blue Shield <b>TANDEM</b> (HSA/HDHP) (PPO SAVINGS PLAN 1) <b>CALIFORNIA ONLY</b>	Single	\$982.00	\$945.83	\$36.17
			Employee + Spouse	\$2,063.00	\$945.83	\$1,117.17
			Employee + Children	\$1,769.00	\$945.83	\$823.17
			Family	\$2,898.00	\$945.83	\$1,952.17

<b>MEDICARE COORDINATED PLAN</b>						
Type	Provider	Plans		Monthly (12)	Monthly Benefit Allowance	Monthly Out of Pocket Expense
HMO	KAISER	Senior Advantage Kaiser 20 (CSEBA Plan 8)	2-Party Spouse w/Medicare	\$1,106.08	\$945.83	\$160.25

<b>BLUE SHIELD OUT OF STATE PLANS</b>						
Type	Provider	Plans		Monthly (12)	Monthly Benefit Allowance	Monthly Out of Pocket Expense
PPO	BLUE SHIELD	Blue Shield ASO PPO Plan 2	Single	\$1,714.00	\$945.83	\$768.17
			Employee + Spouse	\$3,599.00	\$945.83	\$2,653.17
			Employee + Children	\$3,085.00	\$945.83	\$2,139.17
			Family	\$5,055.00	\$945.83	\$4,109.17
H.S.A.	BLUE SHIELD	Blue Shield ASO PPO Saving Plan 1 <b>(HSA)</b>	Single	\$1,045.00	\$945.83	\$99.17
			Employee + Spouse	\$2,194.00	\$945.83	\$1,248.17
			Employee + Children	\$1,881.00	\$945.83	\$935.17
			Family	\$3,083.00	\$945.83	\$2,137.17

**CHINO VALLEY UNIFIED SCHOOL DISTRICT  
RETIREE PLANS AND RATES 2025-2026**

**2025 - 2026 CHAMP Retirees (Under 65)**

Type	Provider	Plans		Monthly (12)	Monthly Benefit Allowance	Monthly Out of Pocket Expense
HMO	KAISER	Kaiser \$20 (CSEBA Plan 8)	Single	\$888.94	\$945.83	\$0.00
			Employee + Spouse	\$1,937.32	\$945.83	\$991.49
			Employee + Children	\$1,762.59	\$945.83	\$816.76
			Family	\$2,636.24	\$945.83	\$1,690.41
		Kaiser DHMO \$20 (CSEBA Plan 11)	Single	\$762.06	\$945.83	\$0.00
			Employee + Spouse	\$1,658.18	\$945.83	\$712.35
			Employee + Children	\$1,508.83	\$945.83	\$563.00
			Family	\$2,255.60	\$945.83	\$1,309.77
	BLUE SHIELD	Blue Shield Access + HMO \$20 Plan 3	Single	\$800.00	\$945.83	\$0.00
			Employee + Spouse	\$1,682.00	\$945.83	\$736.17
			Employee + Children	\$1,441.00	\$945.83	\$495.17
			Family	\$2,362.00	\$945.83	\$1,416.17
		Blue Shield Trio ACO HMO \$20 Plan 3	Single	\$705.00	\$945.83	\$0.00
			Employee + Spouse	\$1,481.00	\$945.83	\$535.17
			Employee + Children	\$1,269.00	\$945.83	\$323.17
			Family	\$2,080.00	\$945.83	\$1,134.17
PPO	BLUE SHIELD	Blue Shield ASO PPO Plan 2	Single	\$1,714.00	\$945.83	\$768.17
			Employee + Spouse	\$3,599.00	\$945.83	\$2,653.17
			Employee + Children	\$3,085.00	\$945.83	\$2,139.17
			Family	\$5,055.00	\$945.83	\$4,109.17
	BLUE SHIELD	Blue Shield <b>TANDEM</b> PPO Plan 2 <b>CALIFORNIA ONLY</b>	Single	\$1,611.00	\$945.83	\$665.17
			Employee + Spouse	\$3,383.00	\$945.83	\$2,437.17
			Employee + Children	\$2,899.00	\$945.83	\$1,953.17
			Family	\$4,752.00	\$945.83	\$3,806.17
H.S.A.	BLUE SHIELD	Blue Shield ASO PPO Saving Plan 1 (HSA/HDHP)	Single	\$1,045.00	\$945.83	\$99.17
			Employee + Spouse	\$2,194.00	\$945.83	\$1,248.17
			Employee + Children	\$1,881.00	\$945.83	\$935.17
			Family	\$3,083.00	\$945.83	\$2,137.17
	BLUE SHIELD	Blue Shield <b>TANDEM</b> (HSA/HDHP) (PPO SAVINGS PLAN 1) <b>CALIFORNIA ONLY</b>	Single	\$982.00	\$945.83	\$36.17
			Employee + Spouse	\$2,063.00	\$945.83	\$1,117.17
			Employee + Children	\$1,769.00	\$945.83	\$823.17
			Family	\$2,898.00	\$945.83	\$1,952.17

**MEDICARE COORDINATED PLAN**

Type	Provider	Plans		Monthly (12)	Monthly Benefit Allowance	Monthly Out of Pocket Expense
HMO	KAISER	Senior Advantage Kaiser 20 (CSEBA Plan 8)	2-Party Spouse w/Medicare	\$1,106.08	\$945.83	\$160.25

**BLUE SHIELD OUT OF STATE PLANS**

Type	Provider	Plans		Monthly (12)	Monthly Benefit Allowance	Monthly Out of Pocket Expense
PPO	BLUE SHIELD	Blue Shield ASO PPO Plan 2	Single	\$1,714.00	\$945.83	\$768.17
			Employee + Spouse	\$3,599.00	\$945.83	\$2,653.17
			Employee + Children	\$3,085.00	\$945.83	\$2,139.17
			Family	\$5,055.00	\$945.83	\$4,109.17
H.S.A.	BLUE SHIELD	Blue Shield ASO PPO Saving Plan 1 (HSA)	Single	\$1,045.00	\$945.83	\$99.17
			Employee + Spouse	\$2,194.00	\$945.83	\$1,248.17
			Employee + Children	\$1,881.00	\$945.83	\$935.17
			Family	\$3,083.00	\$945.83	\$2,137.17