

**CHINO VALLEY UNIFIED SCHOOL DISTRICT**  
**EMPLOYEE BENEFIT PLANS AND RATES WITH CSEBA**  
(Jul 1, 2024 - June 30, 2025)

<b>CSEA (CLASSIFIED)</b>					
Type	Provider	Plans		Monthly	7/1/24-6/30/25
HMO	KAISER	Kaiser 20	Single	\$795.18	\$9,542.16
			2-Party	\$1,571.26	\$18,855.12
			Family	\$2,215.40	\$26,584.80
	BLUE SHIELD ACCESS+	HMO 20	Single	\$761.00	\$9,132.00
			2-Party	\$1,499.00	\$17,988.00
			Family	\$2,114.00	\$25,368.00
	BLUE SHIELD TRIO	HMO 20	Single	\$628.00	\$7,536.00
			2-Party	\$1,237.00	\$14,844.00
			Family	\$1,744.00	\$20,928.00
PPO	BLUE SHIELD PPO	PPO 1	Single	\$1,697.00	\$20,364.00
			2-Party	\$3,342.00	\$40,104.00
			Family	\$4,712.00	\$56,544.00
DENTAL	DELTA		Composite	\$108.62	\$1,303.44
	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 (\$26,584.80) + Delta (\$1,303.44) + VSP (\$271.20) + Life (\$65.40) =	<b>\$28,224.84</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>\$7,500.00</b>
#3 Employee annual share: #1 total is \$28,224.84 minus #2 District contribution \$7,500.00 =	<b>\$20,724.84</b>
#4 Monthly Out-of-Pocket (OOP) Employee Payment: #3 total \$20,724.84 divided by 10 months =	<b>\$2,072.48</b>

Hours/Day	% FTE	District's Contribution 7/1/24-6/30/25
4.00	50.00%	\$5,000.00
4.50	56.25%	\$5,625.00
5.00	62.50%	\$6,250.00
5.50	68.75%	\$6,875.00
6.00	75.00%	\$7,500.00
6.50	81.25%	\$8,125.00
7.00	87.50%	\$8,750.00
7.50	93.75%	\$9,375.00
8.00	100.00%	\$10,000.00