

**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