

CHINO VALLEY UNIFIED SCHOOL DISTRICT
EMPLOYEE BENEFIT PLANS AND RATES WITH CSEBA
(Jul 1, 2023 - Jun 30, 2024)

PLAYGROUND SUPERVISOR					
Type	Provider	Plans		Monthly	7/1/23-6/30/24
HMO	KAISER	Kaiser 20	Single	\$719.17	\$8,630.04
			2-Party	\$1,421.07	\$17,052.84
			Family	\$2,003.64	\$24,043.68
	BLUE SHIELD ACCESS+	HMO 20	Single	\$739.54	\$8,874.48
			2-Party	\$1,456.18	\$17,474.16
			Family	\$2,053.02	\$24,636.24
	BLUE SHIELD TRIO	HMO 20	Single	\$610.28	\$7,323.36
			2-Party	\$1,201.67	\$14,420.04
			Family	\$1,694.18	\$20,330.16
PPO	BLUE SHIELD PPO	PPO 1	Single	\$1,648.82	\$19,785.84
			2-Party	\$3,246.54	\$38,958.48
			Family	\$4,577.21	\$54,926.52
DENTAL	DELTA		Composite	\$109.60	\$1,315.20
	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	\$22.38	\$268.56
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 Family (\$24,043.68) + Delta (\$1,315.20) + VSP (\$268.56) + Life (\$65.40) =	\$25,692.84
#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 =	\$7,500.00
#3 Employee annual share: #1 total is \$25,692.84 minus #2 District contribution \$7,500.00 =	\$18,192.84
#4 Monthly Out-of-Pocket (OOP) Employee Payment: #3 total \$18,192.84 divided by 10 months =	\$1,819.28

Hours/Day	% FTE	District's Contribution 7/1/23-6/30/24
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