COVINA-VALLEY UNIFIED SCHOOL DISTRICT

2026 Contributions

Hire Date Before July 1, 2022

FTE Status	Full Time Eligible		Part Time Eligible (20-30 hours)	
Classification	Classified School Psychologists Confidential Management		Classified School Psychologists Confidential Management	
	Employee	District	Employee	District
Medical Plan	10thly Contribution	10thly Contribution	10thly Contribution	10thly Contribution
Kaiser HMO				
Employee Only	$0.00	$989.86	$0.00	$989.86
Employee+ Child(ren)	$35.00	$1,677.65	$722.79	$989.86
Employee + Spouse	$55.00	$2,284.05	$1,349.19	$989.86
Employee + Family	$70.00	$2,895.46	$1,975.60	$989.86
Blue Shield Trio HMO				
Employee Only	$0.00	$897.60	$0.00	$897.60
Employee+ Child(ren)	$17.50	$1,546.10	$666.00	$897.60
Employee + Spouse	$27.50	$2,114.50	$1,244.40	$897.60
Employee + Family	$35.00	$2,684.20	$1,821.60	$897.60
Blue Shield Access+ HMO				
Employee Only	$0.00	$1,017.60	$0.00	$1,017.60
Employee+ Child(ren)	$35.00	$1,741.00	$758.40	$1,017.60
Employee + Spouse	$55.00	$2,376.20	$1,413.60	$1,017.60
Employee + Family	$70.00	$3,017.60	$2,070.00	$1,017.60
Blue Shield PPO				
Employee Only	$418.80	$1,017.60	Not Eligible	Not Eligible
Employee+ Child(ren)	$768.20	$1,741.00		
Employee + Spouse	$1,060.60	$2,376.20		
Employee + Family	$1,348.00	$3,017.60		

Hire Date July 1, 2022 and After

FTE Status	Full Time Eligible		Part Time Eligible (20-30 hours)	
Classification	Classified School Psychologists Confidential Management		Classified School Psychologists Confidential Management	
	Employee	District	Employee	District
Medical Plan	10thly Contribution	10thly Contribution	10thly Contribution	10thly Contribution
Kaiser HMO				
Employee Only	$0.00	$989.86	$0.00	$989.86
Employee+ Child(ren)	$163.55	$1,549.10	$827.41	$885.24
Employee + Spouse	$214.55	$2,124.50	$1,453.81	$885.24
Employee + Family	$265.58	$2,699.88	$2,080.22	$885.24
Blue Shield Trio HMO				
Employee Only	$0.00	$897.60	$0.00	$897.60
Employee+ Child(ren)	$14.50	$1,549.10	$678.36	$885.24
Employee + Spouse	$17.50	$2,124.50	$1,256.76	$885.24
Employee + Family	$19.32	$2,699.88	$1,833.96	$885.24
Blue Shield Access+ HMO				
Employee Only	$0.00	$1,017.60	$0.00	$1,017.60
Employee+ Child(ren)	$226.90	$1,549.10	$890.76	$885.24
Employee + Spouse	$306.70	$2,124.50	$1,545.96	$885.24
Employee + Family	$387.72	$2.699.88	$2,202.36	$885.24
Blue Shield PPO				
Employee Only	$551.16	$885.24	Not Eligible	Not Eligible
Employee+ Child(ren)	$960.10	$1,549.10		
Employee + Spouse	$1,312.30	$2,124.50		
Employee + Family	$1,665.72	$2,699.88		

Benefits Paid By District

- MetLife DHMO Dental
- Delta Dental PPO (30+ Hours)
- VSP Vision
- Voya Basic Life and AD&D