

Monday, May 15, 2023
3:00 pm



California Schools Employee Benefits Organization (CSEBO)

OVERVIEW OF CSEBO

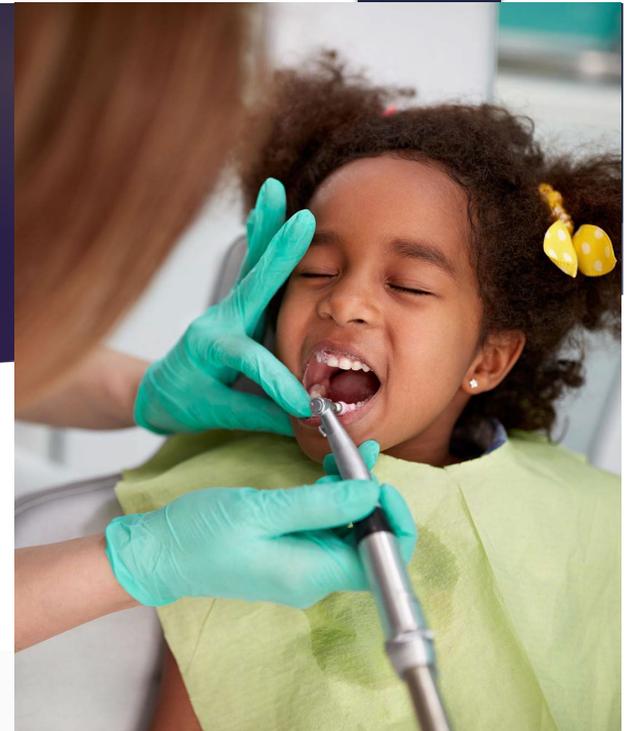
PLANS AVAILABLE TO EMPLOYEES

CONSUMER-DIRECTED HEALTH PLANS (CDHP)
OVERVIEW

CSEBO Overview

Our Purpose

- ▶ CSEBO is a Joint Powers Authority (JPA) established in 1991
- ▶ Providing affordable medical, dental, vision and life insurance benefits for employees and officers of public educational member agencies
 - ▶ Governed by its Member LEAs, including both labor and management representatives
 - ▶ Acts as a resource to its Member LEAs to help reduce, control, and/or eliminate risks, thereby saving money to use for educational purposes
- ▶ **CSEBO is not an insurance company**
 - ▶ Programs are created and administered by their Member LEAs to mutually provide what they could not obtain separately
 - ▶ Unlike an insurance company with a profit motive, CSEBO's self-insured plans typically have lower administration and risk charges, which are passed on directly to Members through its competitive premium rates



MEDICAL PLAN OVERVIEW

JULY 1, 2023, THROUGH
DECEMBER 31, 2023,
MEDICAL PLAN OFFERINGS

Medical Plans Offered & Automatic Enrollment in Existing Plans

Active Employees:

- Anthem Indemnity IV PPO *existing plan*
- Anthem Wellness PPO *new plan*
- Anthem CDHP PPO 90 *new plan*
- Kaiser Traditional HMO *existing plan*

District-Paid Retirees:

- Anthem Indemnity IV PPO *existing plan plus mental health benefits*
- Anthem Wellness PPO *new plan*
- Anthem CDHP PPO 90 *new plan*
- Kaiser Traditional HMO *existing plan*
- Kaiser Permanente Senior Advantage Plan *existing plan*

Self-Pay Retirees:

- Anthem Indemnity IV PPO *existing plan plus mental health benefits*
- Anthem Wellness PPO *new plan*
- Anthem CDHP PPO 90 *new plan*
- Kaiser Traditional HMO *existing plan*
- Kaiser Permanente Senior Advantage Plan *existing plan*

CARRIER		INDEMNITY IV PPO		ANTHEM BLUE CROSS WELLNESS PPO		CDHP PPO 90		KAISER PERMANENTE TRADITIONAL HMO
PLAN NAME		IN-NETWORK		OUT-OF-NETWORK ¹		IN-NETWORK		OUT-OF-NETWORK ¹
GENERAL PLAN INFORMATION		IN-NETWORK		OUT-OF-NETWORK ¹		IN-NETWORK		OUT-OF-NETWORK ¹
Annual Medical Out-of-Pocket Limit								
Individual/Individual in Family/Family	\$2,000/\$2,000/\$4,000 ²	Unlimited	\$5,000/\$5,000/\$12,700 ²	Unlimited	\$3,000/\$6,000/\$6,000 (Combined Medical & Rx Out-of-Pocket Max)	Unlimited	\$1,500/\$1,500/\$3,000 ⁴	
Annual Medical Deductible - Plan Deductible Applies Unless Otherwise Stated								
Individual/Individual in Family/Family	\$800/\$800/\$2,400 ²	\$800/\$800/\$2,400 ²	\$1,250/\$1,250/\$3,750 ^{2,3}	\$2,500/\$2,500/\$7,500 ^{2,3}	\$1,500/\$3,000/\$3,000 (Combined Medical & Rx Deductible)	\$4,000/\$8,000/\$8,000 (Combined Medical & Rx Deductible)	\$0	
Plan Information								
Type of Plan	Preferred Provider Organization (PPO)		Preferred Provider Organization (PPO)		Preferred Provider Organization (PPO)		Health Maintenance Organization (HMO)	
Your Network	Prudent Buyer PPO		Select Network		Prudent Buyer PPO		Kaiser HMO Network	
Referrals Required?	No		No		No		Yes	
Plan Coinsurance	Plan Pays 85% (After Deductible)	Plan Pays 50% Coinsurance (After Deductible)	Plan Pays 70% (After Deductible)	Plan Pays 50% Coinsurance (After Deductible)	Plan Pays 90% (After Deductible)	Plan Pays 50% Coinsurance (After Deductible)	N/A	
Health Savings Account (HSA) Compatibility:								
HSA-Compatible Plan?	No		No		Yes ⁶		No	
2023 Individual Maximum Contribution	N/A		N/A		\$3,850		N/A	
2023 Family Maximum Contribution	N/A		N/A		\$7,750		N/A	
Over 55 HSA Contribution Catch-Up	N/A		N/A		\$1,000		N/A	
Physician/Diagnostic Services								
Preventive Care	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered	No Charge	
Primary Care Office Visit	15% Coinsurance (After Deductible)	50% Coinsurance (After Deductible)	\$30 Copay (Deductible Waived)	50% Coinsurance (After Deductible)	10% Coinsurance (After Deductible)	50% Coinsurance (After Deductible)	\$30 Copay	
Specialist Office Visit	15% Coinsurance (After Deductible)	50% Coinsurance (After Deductible)	\$40 Copay (Deductible Waived)	50% Coinsurance (After Deductible)	10% Coinsurance (After Deductible)	50% Coinsurance (After Deductible)	\$30 Copay	
Diagnostic X-Ray and Lab Tests	15% Coinsurance (After Deductible)	50% Coinsurance (After Deductible)	30% Coinsurance (After Deductible)	50% Coinsurance (After Deductible)	10% Coinsurance (After Deductible)	50% Coinsurance (After Deductible)	No Charge	
Advanced Imaging (MRI/PET/CAT Scans)	15% Coinsurance (After Deductible)	50% Coinsurance (After Deductible) up to \$800 per Procedure Maximum	30% Coinsurance (After Deductible)	50% Coinsurance (After Deductible) up to \$800 per Procedure Maximum	10% Coinsurance (After Deductible)	50% Coinsurance (After Deductible) up to \$800 per Procedure Maximum	No Charge	
Inpatient Hospital Services								
Inpatient Hospitalization	15% ⁵ Coinsurance (After Deductible)	50% Coinsurance (After Deductible) ⁵ up to \$1,000 Maximum per Day	30% ⁵ Coinsurance (After Deductible)	50% Coinsurance (After Deductible) ⁵ up to \$1,000 Maximum per Day	10% Coinsurance (After Deductible)	50% Coinsurance (After Deductible) up to \$1,000 Maximum per Day	\$250 Copay (Per Admission)	

Medical Accumulator Transfer

- ▶ Anthem plans will have the accumulators, including deductibles, and out-of-pocket maximums, incurred January 1, 2023, through June 30, 2023, rolled over to the new plan effective July 1, 2023, automatically.
 - ▶ Your deductible does not reset July 1, 2023.

Change in Login for Anthem Plan

Prior to July 1, 2023

- ▶ Currently members login to Delta Health Systems to access claims, deductible accumulators, and out-of-pocket accumulators.

Effective July 1, 2023

- ▶ Members will now create and login directly to www.anthem.com to access:
 - ▶ Medical and pharmacy claims
 - ▶ Deductible accumulators
 - ▶ Out-of-pocket accumulators
 - ▶ In-network providers
 - ▶ Cost estimators by procedure

New Anthem ID Cards



New Anthem ID cards will be sent to members mid-June and must be utilized July 1, 2023, forward.

Please have providers bill your new CSEBO-branded ID card July 1, 2023, forward.



Your old ID card will be utilized for claims up through June 30, 2023.

New Anthem ID Card Sample





Member ID: [REDACTED]

XDP [REDACTED]

PPO Network

RxBIN: 020099

RxPCN: WG

RxGRP: WLHA

Plan Code: 040

Group No: 175092M [REDACTED]

Coverage(s):

Pharmacy - Medical

For detailed benefit information including Deductible and Out of Pocket maximums, please visit anthem.com/ca







MEMBERS: When submitting inquiries always include your member number from the face of this card. Possession or use of this card does not guarantee eligibility of benefits.

PROVIDERS: Please submit claims to your local Blue Cross and/or Blue Shield Plan. If Medicare is primary, please file claims with Medicare.

Anthem Providers submit claims at:
www.availity.com

Member Services **1-800-759-3030**

Provider Services **1-800-676-2563**

Help for Pharmacists **1-833-296-5039**

Pharmacy Member Services **1-833-261-2460**

24/7 NurseLine **1-800-977-0027**

Coverage While Traveling **1-800-810-2583**

Pre-Authorization Review **1-800-274-7767**

EAP* **1-888-444-8624**

01/27/23

*Contracts directly with group

Anthem Blue Cross Life and Health Insurance Company provides administrative services only and does not assume any financial risk or obligation with respect to claims. Blue Cross of California, using the trade name Anthem Blue Cross, administers claims on behalf of Anthem Blue Cross Life and Health Insurance Company and is not liable for benefits payable. Independent licensees of the Blue Cross Association.

For Members
Print ID cards, view claims, pay bills

For Employers
Manage your employees' benefits

For Producers
Find the tools to grow your business

For Providers
Request authorizations, submit claims, and access training

Return Shopper
Pick up where you left off

Please select your account type.

- Medicare, Individual & Family, and Employer Group Plans Medicaid

[Log In](#)

[Forgot Username or Password? >](#)

[Not signed up? Register now. >](#)

Click here to register

Welcome!

To register, please select your identification type.

Already registered? [Login Now](#)

Found on the Anthem ID card mailed directly to you

**Member ID**
If we sent you a member ID card, enter that ID number so we can find you in our system. [>](#)

**Activation Code**
Activation codes only apply to a very small percentage of our membership. If you have received one by email, use it to register. [>](#)

**Student ID**
For students at participating colleges, enter your student ID number exactly as it appears on your school ID card. [>](#)

**Employee ID**
Employee ID applies to a very small percentage of our membership. If your employer requires you to use your employee ID number to register, enter that number exactly as provided by your employer. [>](#)

Welcome! Please enter your information.

Member ID

First name

Last name

Date of birth

[Back](#)[Next](#)

Anthem logo and CSEBO logo are at the top. The card displays member information: Member ID: XDP [redacted], PPO Network, RxBIN: 020099, RxPCN: WG, RxGRP: WLHA, Plan Code: 040, Group No: 175092M [redacted], Coverage(s): Pharmacy - Medical. A link for detailed benefit information is provided. The PPO logo is at the bottom right.

WELCOME BACK



Member ID

Stay informed about COVID: [order at-home test kits and learn about vaccinations.](#)

YOUR ACTION ITEMS

[View All](#)



No Action Items Need Your Attention Today!

Spend time exploring personalized health and wellness content and programs.

[Explore now](#)



You have 0 unread messages in your inbox.

[View Message Center](#)

Connect With Care



Find Care & Cost

Find health services from doctors and hospitals. Get 24/7 virtual care for as little as \$0.



Chat With a Doctor 24/7

Immediate care based on your symptoms, including one-time prescription refills and lab orders.



Symptom Checker

Get an instant idea of what's wrong by viewing how others like you were diagnosed. View previous chats.



ID Card

View your plan information, including ID number, plan networks, and any medication lists.



Discounts

View member exclusive offers

Find Care

 Ventura, CA

 Search by doctor (name or specialty), hospital, procedure, and more

[Search by address](#)



Find a testing center near you with our [COVID-19 Test Site Finder](#)



Finding care in XDP Plan Network

 [Change Plan](#)

Search by Care Provider 



Primary Care



Behavioral Health



Lab (Blood Work)



Imaging (MRI or X-ray)



Hospital

Anthem Sydney Cell Phone Application Login

- ▶ Anthem also has Sydney Health, which is an app to keep track of your health and your benefits, including:
 - ▶ Access plan details
 - ▶ Member Services
 - ▶ Virtual Care
 - ▶ Wellness Resources
- ▶ Login with your Anthem login:



Download Sydney Health today

Use the app anytime to:

- Find care and compare costs
- See what's covered and check claims
- View and use digital ID cards



Use your smartphone camera to scan this QR code

Additional Anthem Medical Network Changes



Out-of-State Network:

Will now utilize Anthem's network for in and out-of-state providers, utilizing your Anthem login. Group number changes are no longer required.



Chiropractic Network:

Will now utilize Anthem's network for chiropractors, utilizing your Anthem login.



Virtual Care Network:

Will now utilize Anthem's LiveHealth Online, utilizing your Anthem login. Virtual care is no-cost, including primary care, specialty care, and psychiatric care.

Kaiser Permanente Members



Kaiser Permanente members will continue to access their Kaiser account online at: www.kp.org.



Kaiser members will **not** be receiving a new ID card.

Continue to use your existing Kaiser ID card and number.

Anthem Pharmacy Benefit Manager (PBM) Change

ACTIVES

DISTRICT-PAID RETIREES

SELF-PAY RETIREES

Anthem PPO Pharmacy Benefit Manager (PBM) Change

Prior to July 1, 2023

- ▶ Currently utilizes Express Scripts as the PBM.
- ▶ All prescriptions processed through Express Scripts.

Effective July 1, 2023

- ▶ Express Scripts will be replaced by CarelonRx
- ▶ Prescriptions can be filled at retail pharmacies using your new Anthem ID card, or on the Anthem website for mail order and specialty medications
- ▶ All prescription drug coverage information will be on the Anthem website

Anthem PPO Mail Order Pharmacy

Mail order prescriptions can be refilled directly on the Anthem login under the pharmacy page.

Specialty medications must be filled with the CarelonRx specialty pharmacy, also accessed via the Anthem login.

Pharmacy

Pharmacy Home

Prescriptions

Check Order Status

View Prescriptions

Manage Auto Refill &
Renew

Request a New Home
Delivery Prescription

Make a Payment

Tools & Resources

Find a Pharmacy

Price a Medication

Medication List

Drug Interaction Checker

Prescription Discount
Program

Pharmacy Claims



IngenioRx has a new name. We are now called CarelonRx. You can continue to fill your prescriptions with our home delivery and specialty pharmacies, or any in-network retail pharmacy.



Get started with CarelonRx Mail [Request a new home delivery prescription](#) today.

Order Status

Get updates on your orders and track shipping.

[Check order status](#)

Prescriptions

View your prescription history, check number of refills left, and more.

[View prescriptions](#)

Auto Refill & Renew

Review and manage your enrolled medications.

[Manage Auto Refill & Renew](#)

Express Checkout

Select a prescription to refill or renew. Don't see a prescription? Only six months of prescription history is displayed. [View all prescriptions.](#)



You have 0 prescriptions ready for refill or renew.

Make a Payment

Pharmacy Account

\$0.00

[Make a Payment](#)

[View payment and activity history](#)

Online Pharmacy Tools



Find a Pharmacy

Locate a retail pharmacy near you, at home or on the road.

[Find](#)



Price a Medication

Check the costs of brand and generic drugs, and learn how you might save on your prescriptions.

[Compare](#)

Drug Interaction Checker

Find out if your medications can be taken safely with other drugs or supplements.

[Learn more](#)

Accessing the Formulary Prior to July 1, 2023

Anthem Indemnity IV PPO

National 3-Tier Formulary:

<https://client.formularynavigator.com/Search.aspx?siteCode=2055289521>



Anthem Wellness PPO

Essential 4-Tier Formulary:

<https://client.formularynavigator.com/Search.aspx?siteCode=6873775889>



Anthem CDHP PPO 90

National 4-Tier Formulary:

<https://client.formularynavigator.com/Search.aspx?siteCode=2060134094>



Employee Assistance Program (EAP) Vendor Change

Employee Assistance Program Overview

Utilizes Optum's EAP to cover up to 5 no-cost, in-person or virtual counseling benefits per problem, per year, for employees and all eligible dependents.

- Prior authorization is required to access benefits.

Available to all employees and dependents, even those that are non-benefitted.

Additionally includes work-life services, including family and parenting support, financial and legal support, and convenience services.

How to Access the EAP

- ▶ To access the EAP, please visit:
 - ▶ www.liveandworkwell.com
 - ▶ Access code: CSEBO
- ▶ Or call: 888-444-8624
 - ▶ Access code: CSEBO





CONSUMER- DIRECTED HEALTH PLANS (CDHP)

JULY 1, 2023, THROUGH DECEMBER 31,
2023

Important Health Plan Terms Defined

Deductible: the amount you pay for covered health care services before your insurance starts to pay.

The deductible may not apply for all services, such as preventive care.

- Deductibles run January 1st to December 31st of each year. After your deductible is met, you will pay **coinsurance**, or your percentage of the negotiated billed amount of cost share for services (for example, 10%); the plan picks up the remainder.

Out-of-pocket maximum (OOPM): the maximum you will pay for medical and prescription drug expenses in a calendar year.

- OOPM run January 1st to December 31st of each year. Once the OOPM is met, you are covered at 100% for all in-network expenses until the accumulation period resets.



CARRIER	ANTHEM BLUE CROSS						KAISER PERMANENTE
PLAN NAME	INDemnITY IV PPO			WELLNESS PPO		CDHP PPO 90	TRADITIONAL HMO
GENERAL PLAN INFORMATION	IN-NETWORK	OUT-OF-NETWORK ¹	IN-NETWORK	OUT-OF-NETWORK ¹	IN-NETWORK	OUT-OF-NETWORK ¹	IN-NETWORK ONLY
Annual Medical Out-of-Pocket Limit							
Individual/Individual in Family/Family	\$2,000/\$2,000/\$4,000 ²	\$5,000/\$5,000/\$12,700 ²	Unlimited	\$3,000/\$6,000/\$6,000 (Combined Medical & Rx Out-of-Pocket Max)	Unlimited	\$1,500/\$1,500/\$3,000 ⁴	
Annual Medical Deductible - Plan Deductible Applies Unless Otherwise Stated							
Individual/Individual in Family/Family	\$800/\$800/\$2,400 ²	\$2,400 ²	\$1,250/\$1,250/\$3,750 ^{2,3}	\$2,500/\$2,500/\$7,500 ^{2,3}	\$1,500/\$3,000/\$3,000 (Combined Medical & Rx Deductible)	\$4,000/\$8,000/\$8,000 (Combined Medical & Rx Deductible)	\$0
Plan Information							
Type of Plan	Preferred Provider Organization (PPO)	Preferred Provider Organization (PPO)	Preferred Provider Organization (PPO)	Preferred Provider Organization (PPO)	Preferred Provider Organization (PPO)	Preferred Provider Organization (PPO)	Health Maintenance Organization (HMO)
Your Network	Preferred Provider Organization (PPO)	Preferred Provider Organization (PPO)	Select Network	Select Network	Prudent Buyer PPO	Prudent Buyer PPO	Kaiser HMO Network
Referrals Required?	No	No	No	No	No	No	Yes
Plan Coinsurance	Plan Pays 85% (After Deductible)	Plan Pays 50% Coinsurance (After Deductible)	Plan Pays 70% (After Deductible)	Plan Pays 50% Coinsurance (After Deductible)	Plan Pays 90% (After Deductible)	Plan Pays 50% Coinsurance (After Deductible)	N/A
Health Savings Account (HSA) Compatibility:							
HSA-Compatible Plan?	No	No	No	No	Yes ⁶	Yes ⁶	No
2023 Individual Maximum Contribution	N/A	N/A	N/A	N/A	\$3,850	\$3,850	N/A
2023 Family Maximum Contribution	N/A	N/A	N/A	N/A	\$7,750	\$7,750	N/A
Over 55 HSA Contribution Catch-Up	N/A	N/A	N/A	N/A	\$1,000	\$1,000	N/A
Physician/Diagnostic Services							
Preventive Care	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered	No Charge
Primary Care Office Visit	15% Coinsurance (After Deductible)	50% Coinsurance (After Deductible)	\$30 Copay (Deductible Waived)	50% Coinsurance (After Deductible)	10% Coinsurance (After Deductible)	50% Coinsurance (After Deductible)	\$30 Copay
Specialist Office Visit	15% Coinsurance (After Deductible)	50% Coinsurance (After Deductible)	\$40 Copay (Deductible Waived)	50% Coinsurance (After Deductible)	10% Coinsurance (After Deductible)	50% Coinsurance (After Deductible)	\$30 Copay
Diagnostic X-Ray and Lab Tests	15% Coinsurance (After Deductible)	50% Coinsurance (After Deductible)	30% Coinsurance (After Deductible)	50% Coinsurance (After Deductible)	10% Coinsurance (After Deductible)	50% Coinsurance (After Deductible)	No Charge
Advanced Imaging (MRI/PET/CAT Scans)	15% Coinsurance (After Deductible)	50% Coinsurance (After Deductible) up to \$800 per Procedure Maximum	30% Coinsurance (After Deductible)	50% Coinsurance (After Deductible) up to \$800 per Procedure Maximum	10% Coinsurance (After Deductible)	50% Coinsurance (After Deductible) up to \$800 per Procedure Maximum	No Charge
Inpatient Hospital Services							
Inpatient Hospitalization	15% ⁵ Coinsurance (After Deductible)	50% Coinsurance (After Deductible) ⁵ up to \$1,000 Maximum per Day	30% ⁵ Coinsurance (After Deductible)	50% Coinsurance (After Deductible) ⁵ up to \$1,000 Maximum per Day	10% Coinsurance (After Deductible)	50% Coinsurance (After Deductible) up to \$1,000 Maximum per Day	\$250 Copay (Per Admission)

Out-of-pocket

Deductible

Coinsurance

What is a CDHP?

- ▶ A Consumer-Directed Health Plan (CDHP) is a **high-deductible health plan** paired with a spending account for out-of-pocket expenses, most commonly a **Health Savings Account (HSA)**.

What is an HSA?

- ▶ A Health Savings Account (HSA) is a savings account that lets you put aside money on a pre-tax basis to pay for qualified medical, dental or vision expenses (as defined by the IRS).
- ▶ **By using untaxed dollars in an HSA to pay for deductibles, copays, coinsurance and other qualified expenses, you can lower your overall health care cost.**

What is a high-deductible health plan?

- ▶ A high-deductible health plan (HDHP) is a health plan that has a minimum deductible and a maximum out-of-pocket, as determined annually by the IRS.

HDHP 2023 IRS Plan Design Requirements

Individual Coverage

A deductible greater than or equal to **\$1,500**

A health plan design within this range is considered HSA-qualified

A maximum out-of-pocket less than or equal to **\$7,500**

Family Coverage

A deductible greater than or equal to **\$3,000**

A health plan design within this range is considered HSA-qualified

A maximum out-of-pocket less than or equal to **\$15,000**

A CDHP has Two Parts: High-Deductible Health Plan + Health Savings Account

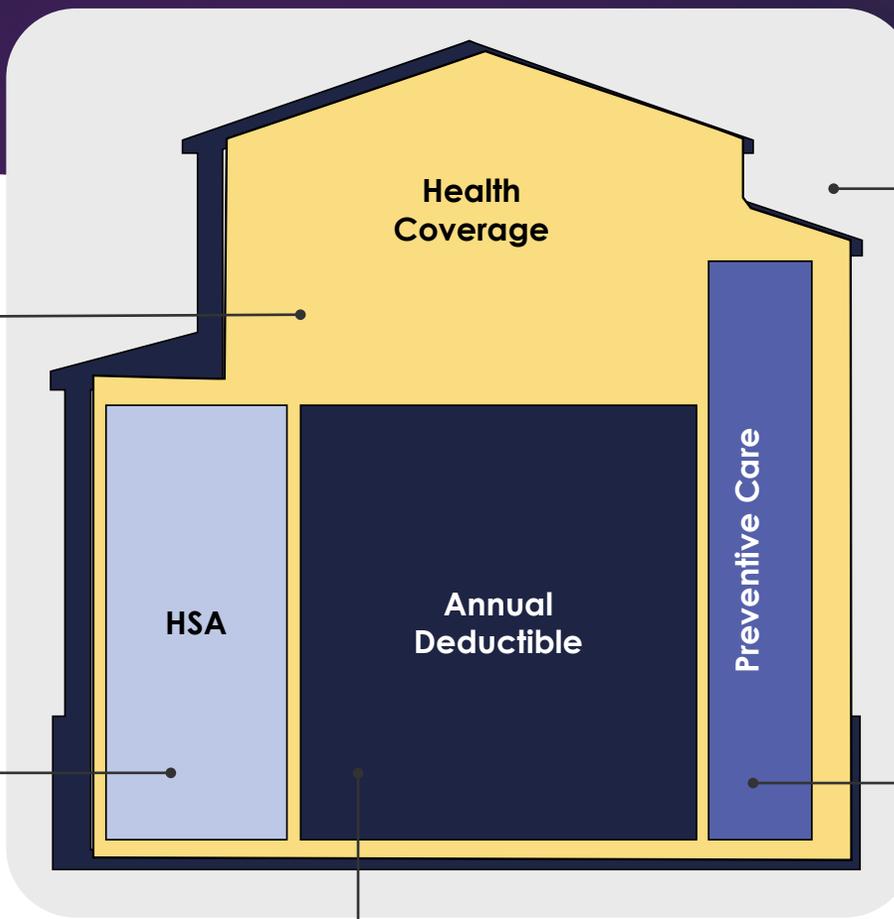


- ▶ High-deductible health plan that is considered HSA-qualified through CSEBO:
 - ▶ Anthem CDHP PPO 90.
- ▶ Protects you from high costs by having an annual out-of-pocket maximum.
- ▶ Tax-free savings account for qualified medical, dental and vision expenses.
 - ▶ Option to reimburse expenses from the account.
- ▶ Works in conjunction with the HSA-powered plan.

CDHP & HSA Plans

- Protects you from high costs
- **Coinsurance** similar to “traditional” plans
 - Percent of bill you pay after deductible is met
- **Out-of-pocket maximums** are in place for added peace of mind
 - Maximum you will pay for in-network services in a calendar year

- Option to reimburse from this account
- Receive tax-free interest earnings while your money remains in your HSA



- Resources and Tools
- Available via phone or web
- Health Coaches
- Cost / Quality Comparisons
- More...

- Preventive Care covered 100% by your employer to provide incentive for use

- Amount that needs to be satisfied before health coverage begins
- Preventive care not subject to deductible

Why choose a CDHP?

Save Now:

- ▶ CDHP premiums are typically lower than traditional health plans.
- ▶ HSA deposits are tax-free from the federal level.
 - ▶ You will pay state taxes in CA.
 - ▶ Contribution maximums set annually by the IRS.
 - ▶ Allows employees and employers to contribute to the account.
- ▶ **HSA withdrawals for qualified medical, dental or vision expenses are tax-free for the life of the account.**
 - ▶ Defined in IRC Section 213(d).
 - ▶ Penalties apply for non-qualified expenses under 65.



Save for the Future:

- ▶ HSA funds roll over year to year.
 - ▶ Accounts grow over time as unused funds roll over from year to year earning tax-free interest.
 - ▶ There is no cap to the amount you can accumulate in your account.
- ▶ **You own the account and the money, even if you change jobs or insurance plans.**
- ▶ Interest is earned tax-free, with diverse investment options.

2023 HSA Contribution Maximums

Tier	Under Age 55	Over Age 55
Individual:	\$3,850	\$4,850
Family (2 or more covered):	\$7,750	\$8,750

Total maximum contribution allowed in a calendar year of employee & employer contributions, if applicable.

HSA FUNDS FOR HEALTH INSURANCE PREMIUMS

Any Age:

- ▶ COBRA continuation coverage.
- ▶ Health insurance for individuals receiving unemployment compensation.
- ▶ Long-term care insurance.
 - ▶ Capped annually by the IRS based on age.

Over 65:

- ▶ Medicare Part A premiums (if applicable).
- ▶ Medicare Part B premiums.
 - ▶ Excludes Medicare Advantage or Medigap premiums.
- ▶ **Funds for non-qualified disbursements can be withdrawn and taxed as ordinary income, without an additional penalty.**

CDHP Plans

- Pay in full (less network discounts) for **all** services until plan deductible is met.
- Combined medical and Rx deductible & out-of-pocket maximum.
- Copays, deductibles and coinsurance can be paid pre-tax (even out-of-network providers).
- Retirement vehicle: accounts grow over time as pre-tax contributions and unused funds roll over from year to year, earning tax-free interest.

Traditional Plans

- Same network, doctors and prescription drug coverage (either HMO or PPO).
 - Same pricing discounts for providers.
 - Once deductible is met, coinsurance applies until out-of-pocket maximum met.
 - Preventive care covered at 100% (when using in-network).
- Office visit and Rx copays apply before deductible is met; all other services, deductible applies.
 - Separate medical and Rx out-of-pocket maximums.
 - Copays, deductibles and coinsurance are paid after-tax.



Transitioning to a CDHP

HSA Eligibility REQUIREMENTS



**Health savings
account**

- ▶ Being eligible means that a person can make or receive contributions into a health savings account.

To be an eligible individual, the following requirements must be met:

1. Cannot be claimed as a dependent.

- You cannot be claimed as a dependent on somebody else's tax return.

2. Must be enrolled in an HSA-qualified health plan.

- These plans are known as **high-deductible health plans (HDHP)**.
 - Anthem CDHP PPO 90

3. Must not be enrolled in other coverage.

- Includes Medicare or Medicaid.
- Additional health coverage that is **not** an HSA-qualified deductible plan.
 - **Including enrollment in a spouse's non-HSA-qualified plan as secondary coverage.**
 - Can have secondary coverage that is HSA-qualified.
- **Includes full-purpose Flexible Spending Accounts (FSA).**
 - If currently enrolled in FSA, contributions into an HSA must be deferred until FSA plan year ends December 31, 2023.

PERMITTED INSURANCE COVERAGE WITH AN HSA

Accident
insurance

Dental
insurance

Vision
insurance

Specified
disease
coverage

Hospital
indemnity
insurance

Long-term
care
insurance

Disability
insurance

Must pay a fixed
cost per day, per
admission, or other
period

KEEPING TRACK OF HSA EXPENSES

The account holder is responsible for keeping track of HSA expenses.

- Not the employer's responsibility.
- Not the HSA administrator's responsibility.

Substantiation of claims is **not** required with an HSA.

- Unlike an FSA when the account administrator is responsible for ensuring all dollars reimbursed are for eligible expenses.

No receipts are due to the IRS unless audited.

CLAIM EXAMPLES

BEFORE AND AFTER
DEDUCTIBLE

Anthem Advanced Imaging Example: Before Plan Deductible Met

Indemnity IV Plan

- Member self-refers to specialist office visit, total billed to plan: \$155.
 - Member pays provider **\$155**.
- CT of abdomen and pelvis, total billed to plan: \$262.
 - Member pays provider **\$262**.
- **Total Member Cost Share: \$417**

CDHP PPO 90

- Member self-refers to specialist office visit, total billed to plan: \$155.
 - Member pays provider **\$155** with pre-tax dollars in HSA.
- CT of abdomen and pelvis, total billed to plan: \$262.
 - Member pays provider **\$262** with pre-tax dollars in HSA.
- **Total Member Cost Share: \$417**

Anthem Advanced Imaging Example: After Plan Deductible Met

Indemnity IV Plan

- Member self-refers to specialist office visit, total billed to plan: \$155.
 - Member pays provider 15% coinsurance for total billed: **\$23.25**; plan pays rest.
- CT of abdomen and pelvis, total billed to plan: \$262.
 - Member pays provider 15% coinsurance for total billed: **\$39.30**; plan pays rest.
- **Total Member Cost Share: \$62.55**

CDHP PPO 90

- Member self-refers to specialist office visit, total billed to plan: \$155.
 - Member pays provider 10% coinsurance for total billed: **\$15.50** with pre-tax dollars in HSA; plan pays rest.
- CT of abdomen and pelvis, total billed to plan: \$262.
 - Member pays provider 10% coinsurance for total billed: **\$26.20** with pre-tax dollars in HSA; plan pays rest.
- **Total Member Cost Share: \$41.70**

HealthEquity Automatic HSA Vendor Enrollment

- ▶ Employees enrolling in the Anthem CDHP PPO 90 will be automatically enrolled with HealthEquity as their HSA plan administrator.
 - ▶ The administration fee is \$3.25 per month and is included in the total cost of the premium.
- ▶ Employees have the option to sign up with American Fidelity as their HSA administrator, by contacting American Fidelity at: (800) 365-9180; ask to make an appointment to meet with representative to sign up for an HSA account administered by American Fidelity.

Resources



IRS Publication 969:
HSA and Other Tax-
Favored Health
Plans

<https://www.irs.gov/publications/p969>



IRS Publication 502:
Medical and
Dental Expenses

<https://www.irs.gov/publications/p502>



HealthEquity

<https://www.healthequity.com/>



Kaiser Permanente
HSA

<https://info.kaiserpermanente.org/html/deductibleplans/manageyourhsa.html?#top>

http://kp.visualcalc.com/kp_tft/kp_tft.jsp?region=SCA



**CSEBO Uniform
Glossary**

www.csebo.net/Resources/Uniform-Glossary

DENTAL PLAN OVERVIEW

ACTIVES

DISTRICT-PAID RETIREES

SELF-PAY RETIREES

Annual Maximum Increase

Prior to July 1, 2023

- ▶ Currently, members have a maximum of \$1,500 allowance per calendar year for all dental services.

Effective July 1, 2023

- ▶ Members will now have a \$1,700 annual maximum for Delta Dental PPO providers, and \$1,500 annual maximum for Premier and non-contracted providers.
 - ▶ Accumulators will not reset July 1, 2023, but will carry forward from the previous plan.

CSEBO DENTAL INSURANCE
DELTA DENTAL PPO - OSSA
EFFECTIVE 7/1/2023 - 12/31/2023



New

Existing

PLAN NAME		
GENERAL PLAN INFORMATION		
Calendar Year Annual Maximum	DELTA DENTAL PPO ¹	DELTA DENTAL PPO PREMIER & SELECT ²
	\$1,700	\$1,500
Incentive Levels		
Percentage level increases 10% for each consecutive year the dentist is visited, to a maximum of 100%.	80/90/100%	80/90/100%
Diagnostic and Preventive Benefits		Incentive Level Coverage
Prophylaxis (Cleaning) Treatments	Plan Pays 100%; limited to 2 per calendar year ²	Plan Pays 100%; limited to 2 per calendar year ²
Oral Examinations	Plan Pays 100%; limited to 2 per calendar year ²	Plan Pays 100%; limited to 2 per calendar year ²
Full-Mouth X-Rays	Plan Pays 100%; limited to 1 per 36 months ²	Plan Pays 100%; limited to 1 per 36 months ²
Bitewing X-Rays	Plan Pays 100%; upon provider request, maximum of 2 per calendar year ²	Plan Pays 100%; upon provider request, maximum of 2 per calendar year ²
Periodontal Scaling and Root Planing	Plan Pays 100%; limited to 1 each quadrant every 24 months	Plan Pays 100%; limited to 1 each quadrant every 24 months
Fluoride Treatments	Plan Pays 100% limited to 4 per calendar year. ²	Plan Pays 100% limited to 4 per calendar year. ²
Space Maintainers	Plan Pays 100% ²	Plan Pays 100% ²
Basic Benefits		Incentive Level Coverage
Oral Surgery - Extractions	Plan Pays 80/90/100%; limited to once per tooth per lifetime	Plan Pays 80/90/100%; limited to once per tooth per lifetime
Oral Surgery - Other Surgical Procedures	Plan Pays 50-100% depending on procedure	Plan Pays 50-100% depending on procedure
Restorative Procedures - Amalgam, Silicate or Composite (Resin) Restorations (Fillings)	Plan Pays 80/90/100%; limited to once per surface, per tooth within a 2 year period	Plan Pays 80/90/100%; limited to once per surface, per tooth within a 2 year period
Endodontic Treatments	Plan Pays 80/90/100%; limitations apply	Plan Pays 80/90/100%; limitations apply

DIAGNOSTIC AND PREVENTIVE WAIVER

- ▶ Each year, a total of 2 exams, x-rays, and cleanings do not count towards your annual maximum.
 - ▶ This leaves the annual maximum to utilize towards major services.

Incentive Plan Change

Prior to July 1, 2023

- ▶ Currently, members are covered at 80% for basic and major services, including fillings, simple extractions, root canals, etc.

Effective July 1, 2023

- ▶ **Members will continue with coverage at 80% for basic and major services**
- ▶ If benefits are utilized between July 1, 2023, and December 31, 2023, your coverage will increase to 90% and up to a maximum of 100% in subsequent years.

VISION PLAN OVERVIEW

ACTIVES

DISTRICT-PAID RETIREES

SELF-PAY RETIREES

**NEW VISION
PLAN EFFECTIVE
JULY 1, 2023**

- ▶ Benefits include:
 - ▶ \$10 copay for exam and materials
 - ▶ Exams every 12 months
 - ▶ Lenses every 12 months
 - ▶ Frames every 24 months
 - ▶ Frame **OR** elective contact allowance: **\$150**

BENETRAC SELF- ENROLLMENT

BeneTrac Overview

- ▶ CSEBO utilizes BeneTrac, an online employee benefits software, for enrollments in medical, dental, and vision.
- ▶ Employee enrollments will be prepopulated in BeneTrac from DHS data.
 - ▶ Employees will login and verify names, gender, dates of birth, and Social Security Numbers are correct.

Logging into BeneTrac

- ▶ To login, go to www.eenroller.net
 - ▶ Employer ID: CSEB2121
 - ▶ Username: OSD username
 - ▶ Password: OSD + period "." + last 4 SSN
 - ▶ If an employee is named Enrollment Example, SSN 333-33-3336, the default password would be: OSD.3336



Alternate Login

LOGIN

Employer ID:

User Name:

Password:

[Click here to bookmark this page.](#) | [Forgot your User Name or Password?](#)

Click **"Forgot your User Name or Password?"** You will be taken to the following screen:

Alternate Employee Login

i Please complete all fields then click the 'Submit' button below.
Once logged in, you will be prompted for a new password.

First Name:

Last Name:

Social Security Number:

Date of Birth: (mm/dd/yyyy)

Type the word shown below: [What is this?](#)



Please enter your full first and last name (as it appears on your benefits or payroll) in addition to your Social Security Number, date of birth (mm/dd/yyyy), and type in the word shown on the screen. You will then be prompted to enter a new password:

Verify Demographic Information is Correct



BENEFITS

[Election Summary](#)
[Edit Family](#)
[Resource Library](#)
[News & Alerts](#)
[Proceed to Log Out](#)

Your Personal Information: Enrollment Example



Click to edit if incorrect

Now. Add any family member you wish to enroll in your benefit offerings.

Employment

Name	SSN	Address	DOB	Sex	Contact	Approved
Enrollment Example	XXX-XX-8967	5189 Verdugo Way, Camarillo, CA 93012	1/1/1991	Male		Submitted

Dependents

[Add A Family Member](#)

Name	SSN	Address	Status	DOB	Sex	Approved	Tasks
Spouse Example	XXX-XX-5588	5189 Verdugo Way, Camarillo, CA 93012	Spouse	3/8/1982	Female	9/16/2022	Delete
Dependent E Example 2	XXX-XX-6789	5189 Verdugo Way, Camarillo, CA 93012	Dependent Child	12/30/2022	Male	Submitted	Delete Undo Last Change
Dependent Example	XXX-XX-6969	5189 Verdugo Way, Camarillo, CA 93012	Dependent Child	3/8/2002	Male	9/16/2022	Delete

[PROCEED TO MY BENEFITS >>](#)


CHOOSE WHO TO COVER ON YOUR MEDICAL PLAN

 [Proceed to Log Out](#)

BENEFITS Election Summary Edit Family Resource Library News & Alerts

Manage Medical: Add or View Plan/Options

Choose Family Members [Edit Family](#)

Name	Type	Include
Enrollment Example	Employee	<input type="checkbox"/>
Spouse Example	Spouse	<input checked="" type="checkbox"/>
Dependent E Example 2	Dependent	<input checked="" type="checkbox"/>
Newborn Example	Dependent	<input checked="" type="checkbox"/>
Dependent Example	Dependent	<input checked="" type="checkbox"/>

CANCEL << GO BACK CONTINUE >>

CHOOSE YOUR MEDICAL PLAN

<p>Plan 1: <input type="checkbox"/> Select plan:</p> <p>Kaiser Permanente Traditional HMO (OSD)</p> <p></p> <p>Contact your Benefits Administrator for description Provider Directory</p> <p>Employer Cost: \$1,468.92 (Monthly)</p>	<p>Plan 2: <input type="checkbox"/> Select plan:</p> <p>Anthem Blue Cross Indemnity IV Plan - OSD</p> <p></p> <p>Contact your Benefits Administrator for description Provider Directory</p> <p>Employer Cost: \$1,507.00 (Monthly)</p>	<p>Plan 3: <input type="checkbox"/> Select plan:</p> <p>Anthem Blue Cross CDHP 90 Plan</p> <p></p> <p>Benefit Description Provider Directory</p> <p>Employer Cost: \$1,054.54 (Monthly)</p>
<p>Plan 4: <input type="checkbox"/> Select plan:</p> <p>Anthem Blue Cross Wellness PPO Plan (OSD)</p> <p></p> <p>Contact your Benefits Administrator for description Provider Directory</p>		

AGREE TO THE TERMS AND CONDITIONS

* Required

Carefully review the information below before finalizing

Transaction Type:	Add Coverage
* Event Date:	7/1/2023
Comment:	Add or View Plan/Options
Transaction Date:	7/1/2023
Included:	Enrollment Example (Employee) Spouse Example (Spouse) Dependent Example 2 (Dependent) Newborn Example (Dependent) Dependent Example (Dependent)
Product:	Anthem Blue Cross CDHP 90 Plan
Group Number:	175092M350 CDHP PPO 90 OSD
Coverage Level:	Employee + Family
Employer Cost:	\$1,054.54 (Monthly)
Employee Cost:	\$0.00 (Monthly)

I attest by signing below that I have reviewed the information provided on this application and to the best of my knowledge and belief, it is true and accurate with no omissions or misstatements.

DEDUCTION AUTHORIZATION: If applicable, I authorize my employer to deduct from my wages the required dues.

NON-PARTICIPATING PROVIDER: I understand that I am responsible for a greater portion of my medical costs when I use a non-participating provider.

HIV TESTING PROHIBITED: California law prohibits HIV tests from being required or used by health insurance companies as a condition of obtaining health insurance.

EFFECTIVE DATE: The effective date of coverage is subject to Anthem Blue Cross approval.

REQUIREMENT FOR BINDING ARBITRATION

The following provision does not apply to class actions:



IF YOU ARE APPLYING FOR COVERAGE, PLEASE NOTE THAT ANTHEM BLUE CROSS AND ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY REQUIRE BINDING ARBITRATION TO SETTLE ALL DISPUTES INCLUDING BUT NOT LIMITED TO DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN/POLICY OR ANY OTHER ISSUES RELATED TO THE PLAN/POLICY AND CLAIMS OF MEDICAL MALPRACTICE, IF THE AMOUNT IN DISPUTE EXCEEDS THE JURISDICTIONAL LIMIT OF SMALL CLAIMS COURT. *It is understood that any dispute including disputes relating to the delivery of services under the plan/policy or any other issues related to the plan/policy, including any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.* THIS MEANS THAT YOU AND ANTHEM BLUE CROSS AND/OR ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY ARE WAIVING THE RIGHT TO A JURY TRIAL FOR BOTH MEDICAL MALPRACTICE CLAIMS, AND ANY OTHER DISPUTES INCLUDING DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN/POLICY OR ANY OTHER ISSUES RELATED TO THE PLAN/POLICY.

CANCEL << GO BACK I AGREE

Review & Finalize to Submit

- Actions**
[Edit Family](#)
[Admin Mode](#)
-
- Quick Links** (3 total)
[Medical](#)
[Dental](#)
[Vision](#)
-
- Costs**
Total Cost of Elections: **\$0.00**
-
- [Go to Review & Finalize](#)

Medical

[MANAGE BENEFIT](#) 

[To Top](#)

Dental

[MANAGE BENEFIT](#) 

[To Top](#)

Vision

[MANAGE BENEFIT](#) 

SUMMATION - Amounts per (Monthly) pay period

Total Cost of Elections:	\$0.00
--------------------------	--------

Changes to your benefits will be effective 7/1/2023 through 12/31/2023.
Please check with your Benefits Department for your employee premiums, if applicable.

REVIEW & FINALIZE

Click here to submit

[To Top](#)

Review & Finalize to Submit

(NOT FINALIZED)

Election Summary

Employee: Example, Enrollment
Address: 5189 Verdugo Way
 Camarillo, CA 93012

SSN: 123-45-8967
Birth Date: 1/1/1991
Status: Full Time Employee

CSEBO

Benefits as of: 7/1/2023

Plan Elections

Amounts shown are per (Monthly) pay period

Benefit Category	Plan Description	Coverage	Cost
Vision	VSP Vision Buy-Up Plan	Employee + Family	

Summation

Amounts shown are per (Monthly) pay period

Total out of pocket expense: \$1.78

Family Members

Name	Relation	SSN	Birth Date	Vision
Spouse Example	Spouse	999-99-5588	3/8/1982	Y
Dependent E Example 2	Dependent	693-93-6789	12/30/2022	Y
Dependent Example	Dependent	999-99-6969	3/8/2002	Y

Primary Beneficiaries

Benefit	Name	Relationship	%	SSN	Address
There are no Primary Beneficiaries					

Contingent Beneficiaries

Benefit	Name	Relationship	%	SSN	Address
There are no Contingent Beneficiaries					

Click here to
finalize

Changes to your benefits will be effective 1/1/2023 through 12/31/2023 with deductions taken over

4/11/2023 12:06:50 PM

[Return to My Benefits](#)

[Log Out](#)

[Agree to above and finalize my selections](#)

ADDITIONAL REQUIRED DOCUMENTATION TO ADD DEPENDENTS

- ▶ To enroll your spouse, domestic partner or dependent(s), you will need to complete the BeneTrac enrollment and email required documentation to: benefits@oxnardsd.org.
 - ▶ 2022 1040 Tax Form (most recent year)
 - ▶ Marriage Affidavit (if married, filing separately)
 - ▶ Marriage Certificate (only for new marriages)
 - ▶ Birth Certificate (for children)
 - ▶ Declaration of Domestic Partnership issued by the State of California



BENETRAC USER GUIDE

TO VIEW THE BENETRAC
USER GUIDE, PLEASE SCAN
THE QR CODE TO THE LEFT:

Retiree Information

DISTRICT-PAID RETIREE
OVERVIEW

SELF-PAY RETIREE PAYMENTS
& RATES

District-Paid Retirees

Medical:

- Existing enrollments will carry forward effective July 1, 2023.
- Option to enroll in the following plans:
 - Anthem Indemnity IV PPO **existing**
 - Anthem Wellness PPO **new**
 - Anthem CDHP PPO 90 **new**
 - Kaiser Traditional HMO **existing**
 - Kaiser Permanente Senior Advantage **existing**

Dental:

- Existing enrollment will carry forward effective July 1, 2023.

Vision:

- Existing enrollment will carry forward effective July 1, 2023.

Self-Pay Retirees

Medical:

- Existing enrollments will carry forward effective July 1, 2023.
- Option to enroll in the following plans:
 - Anthem Indemnity IV PPO **existing**
 - Anthem Wellness PPO **new**
 - Anthem CDHP PPO 90 **new**
 - Kaiser Traditional HMO **existing**
 - Kaiser Permanente Senior Advantage **existing**
- For those enrolled in medical, new rates and payment instructions will be mailed to you by early June 2023.

Dental:

- Existing enrollments will carry forward effective July 1, 2023.
- For those enrolled in dental, new rates and payment instructions will be mailed to you by early June 2023.

Vision:

- Existing enrollments will carry forward effective July 1, 2023.
- For those enrolled in vision, new rates and payment instructions will be mailed to you by early June 2023.

Questions?

CALIFORNIA SCHOOLS EMPLOYEE BENEFITS ORGANIZATION (CSEBO)