



2023-2024 EMPLOYEE BENEFITS



CLASSIFIED
ACTIVE

Welcome to Your Oxnard School District Benefits!

This guide provides a summary of your benefit options. It is designed to help you make choices and enroll for coverage. If you would like more information about any of the benefits described here, please contact Risk Management / Benefits Department at **(805) 385-1501**, extensions **2441 (last name alpha A-L)**, or **2442 (last name alpha M-Z)**.

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Enrollment Information

Who May Enroll

If you are a regular full-time employee working at least 30 hours per week, you and your eligible dependents may participate in the Oxnard School District's benefits program, including the Waiver Anchor Bronze (WABE) option. Your eligible dependents include:

- Legally married spouse
- All Domestic Partners must be registered with the State of California in order to be eligible for the SISC plans.
- Children under the age of 26, regardless of student or marital status

100% Participation Requirements

Employees working 36+ hours per week (90% or more of the full-time equivalent) are required to participate in Self-Insured Schools of California's (SISC) benefits.

Employees working 36+ hours a week may decline coverage for the following reasons. Documentation must be provided.

- Employees enrolled in Medi-Cal must submit proof of documentation reflecting the effective date of enrollment in Medi-Cal
- Employees enrolled in Medicare Parts A and B must show proof of enrollment
- Employees enrolled in TRICARE must submit proof of documentation reflecting the effective date of enrollment in TRICARE
- Employees enrolled in Covered California medical plan and receiving a related subsidy must show proof of enrollment and subsidy

Employees working 36+ hours per week who don't qualify to opt-out of benefits must enroll in the Waiver of Anchor Bronze Enrollment (WABE) to comply with SISC's mandatory 100% participation requirement. Please refer to the cost of the 2-Tier HSA \$5,000 plan for pricing on page 7 as WABE contributions are equal to the 2-Tier HSA \$5,000 plan. This option is available to employees enrolled in their spouse's or domestic partner's insurance plan; proof of enrollment must be provided.

WABE is mandatory for employees working 36+ hours per week and decline medical coverage for the reason of being insured under another employer's plan. An employee utilizing WABE must enroll in dental and vision insurance. Employees enrolled in WABE are considered to be SISC members and can access the following services for the 2023-2024 plan year:

- MDLIVE — 24/7 physician line
- EAP—Employee Assistance Program
- Expert Medical Opinion
- Biometric Screenings

Required Enrollment Documentation

To enroll your spouse, domestic-partner or dependents you need to provide completed enrollment forms and the following supporting documents, as applicable, within thirty (30) calendar days of your date of hire:

- 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

Enrollment Information

When You Can Enroll

As an eligible employee, you may enroll at the following times:

- As a new hire, you may participate in the district’s benefits program on the first day of the month following your date of full-time employment
- Each year, during open enrollment
- Within 30 days of a qualifying event as defined by the IRS (see Changes To Enrollment below)
- As a new hire, you may enroll in Voluntary Life and AD&D. Amounts over the guarantee issue will be subject to medical questions.
- Becoming a Board Member

Medical, Dental and Vision Insurance Enrollment Deadline

You have (30) calendar days from date of hire to enroll for your health benefits (this includes submitting enrollment forms and supporting documentation.)

Employees working 36+ hours per week (90% or more of the full-time equivalent) are required to comply with SISC 100% participation requirement and participate in SISC benefits. Employees may be eligible to opt-out of benefits if enrolled in Medi-Cal, Medicare, Covered California or Tricare (proof of enrollment will be required). Employees working 36+ hours per week who don’t qualify to opt-out of benefits must enroll in the Waiver of Anchor Bronze Enrollment (WABE) to comply with SISC’s mandatory 100% participation requirement. Risk Management will follow-up with employees who do not complete enrollment or declination of coverage within 30 days to ensure compliance.

Changes to Enrollment

You cannot change or cancel your election(s) outside of the Annual Open Enrollment period unless you have a qualifying event for special enrollment. Examples include, but are not limited to the following:

- Marriage, divorce, legal separation or annulment
 - **Ex-spouses are ineligible for insurance through SISC. It is the responsibility of the employee to insure the ex-spouse through a different pool if mandated by the courts.**
- Birth or adoption of a child
- A qualified medical child support order
- Death of a spouse or child
- Following an approved unpaid leave of absence status
- Loss of coverage from another health plan
- Loss of coverage through Medicaid or Children’s Health Insurance Program (CHIP)
- Becoming eligible for a state’s premium assistance program under Medicaid or CHIP
- Becoming eligible for State premium subsidy (MediCal) or Medicare



Enrollment Information

Pre-Tax Payments– Section 125

The employee contribution for health benefits is automatically deducted from your paycheck each month. You are automatically enrolled in the Section 125 plan for health insurance premiums that will allow you to pay your monthly contribution on a pre-tax basis.

Enrollment in the Section 125 plan for health insurance premiums allows employees to pay their premium portion on a pre-tax basis. Enrollment must occur at the same time as enrollment of the health insurance plan and remains in effect for the duration of the Plan Year (October-September). Limited changes during the Plan Year are permitted for qualifying events as described below.

The Section 125 plan will also minimize the impact of your insurance premium deduction on your net take-home pay, and your tax obligation will be slightly reduced because the premium will not be reflected as taxable income. **YOU ARE AUTOMATICALLY ENROLLED IN SECTION 125. TO UNENROLL AND HAVE YOUR HEALTH INSURANCE PREMIUM TAXED, PLEASE CONTACT RISK MANAGEMENT.**

75% Medical Premiums

Oxnard School District will reduce an employee's medical premiums by 25%. In order to qualify for the 25% reduction in medical premiums both the employee and employee's spouse/domestic partner must:

Both husband and wife/domestic partners must be:

1. Employees of a participating SISC District; and
2. Both enrolled in each other's SISC medical plan with a composite rate; and
3. Eligible to participate according to SISC Eligibility Guidelines

Please contact Risk Management to view your specific rates in the ease portal.



Medical Benefits

Medical Insurance Plans

Anthem Blue Cross PPO Medical Plans

The Anthem Blue Cross Preferred Provider Organization (PPO) plans allow you to direct your own care. If you receive care from a physician who is a member of the PPO network, a greater percentage of the entire cost will be paid by the insurance plan. However, you are not limited to the physicians within the network and you may self-refer to specialists. If you obtain services using a non-network provider, please note that you will be responsible for the difference between the covered amount and the actual charges, and you may be responsible for filing claims.

Kaiser Permanente HMO Medical Plans

With a Kaiser Permanente Health Maintenance Organization (HMO) plan, you must choose a primary care physician (PCP) or medical group within the HMO network. All of your care must be directed through your PCP or medical group. Any specialty care you need will be coordinated through your PCP and will generally require a referral or authorization. You will receive benefits only if you use the doctors, clinics, and hospitals that belong to the medical group in which you are enrolled, except in the case of an emergency.



Understand Benefits Terminology

Check out this quick video and learn the basics of how our medical plans work: <http://video.burnhambenefits.com/terms>.



How to Find an In-Network Medical Provider

- Anthem PPO participants: go to www.anthem.com/ca/sisc or call (800) 322-5709
- Kaiser Permanente HMO participants: go to www.kp.org or call (800) 464-4000.

Prescription Drug Coverage

Anthem Blue Cross Pharmacy Benefits

Navitus Health Solutions is the Pharmacy Benefits Manager (PBM) for our Medical plans. You are urged to use generic drugs when they are available. If you or your physician requests a brand name drug when a generic equivalent is available, you will pay the generic copay plus the difference in cost between the brand name drug and the generic drug. In addition, the difference in cost between the brand name drug and generic drug will not count toward your annual out-of-pocket maximum.

Highlights for prescription drug coverage for Anthem Blue Cross members are located on page 9.

Kaiser Permanente Pharmacy Benefits

You must obtain covered items at a Plan Pharmacy or through Kaiser Permanente's mail-order service unless you obtain the item as part of covered Emergency Services, Post-Stabilization Care, or Out-of-Area Urgent Care. Please refer the facility directory on Kaiser Permanente's website at kp.org for a list of Plan Pharmacies in your area, except that Plan Pharmacies are subject to change at any time without notice. Mail-order services vary by item and are subject to change at anytime without notice. For the current locations of Plan Pharmacies, please call our Member Service Contact Center 24 hours a day, seven days a week (except closed holidays) at (800) 464-4000.

Highlights for prescription drug coverage for Kaiser Permanente members are located on page 9.

Medical Benefits: Plan Highlights

	Anthem PPO 90-G \$20, Rx 9-35	Anthem PPO 80-K \$30, Rx 9-35	Anthem PPO HSA \$3000, Rx 9-35	Anthem PPO 2-Tier HSA \$5000
	In-Network	In-Network	In-Network	In-Network
Deductible (Calendar Year) – Individual / Family	\$500 / \$1,000	\$1,000 / \$2,000	\$3,000 / \$5,200	\$5,000 / \$10,000
Out-of-Pocket Maximum – Individual / Family	\$1,000 / \$3,000	\$3,000 / \$6,000	\$5,000 / \$10,000	\$6,350 / \$12,700
Co-Insurance (Plan Pays)	90%	80%	90%	70%
Health Benefits	You Pay	You Pay	You Pay	You Pay
Office Visit Copay	No charge for first 3 visits: \$20 copay/visit after	No charge for first 3 visits: \$30 copay/visit after	10% after deductible	30% after deductible
MDLiveTelemedicine Visits	\$10 copay	\$10 copay	\$10 copay	\$10 after deductible
Urgent Care	\$20 copay	\$30 copay	10% after deductible	30% after deductible
Preventive Care (annual exams, well woman exams, flu shots, etc.)	100% covered	100% covered	100% covered	100% covered
Lab and X-Ray	10% after deductible	20% after deductible	10% after deductible	30% after deductible
Chiropractic	10% after deductible	20% after deductible	10% after deductible	30% after deductible
Hospitalization – Inpatient / Outpatient	10% after deductible	20% after deductible	10% after deductible	30% after deductible
Emergency Services	\$100 copay + 10 % after deductible	\$100 copay plus 20% after deductible	\$100 copay + 10% after deductible	\$100 copay + 30% after deductible
Prescription Drugs	See page 9	See page 9	See page 9	See page 9
2023-2024 RATES (Monthly)	Anthem PPO 90-G \$20, Rx 9-35	Anthem PPO 80-K \$30, Rx 9-35	Anthem PPO HSA \$3000, Rx 9-35	Anthem PPO 2-Tier HSA \$5000
11 Months	Cost	Cost	Cost	Cost
Employer Contribution	\$1,130.45	\$1,130.45	\$1,130.45	\$1,130.45
Employee Cost*				EE / Two Party
– Option 1: Delta Dental Incentive	\$634.31	\$428.13	\$ 129.22	\$0 / \$27.76
– Option 2: Delta Dental PPO	\$634.53	\$428.35	\$ 129.44	\$0 / \$27.98
12 Months	Cost	Cost	Cost	Cost
Employer Contribution	\$1,036.25	\$1,036.25	\$1,036.25	\$1,036.25
Employee Cost*				EE / Two Party
– Option 1: Delta Dental Incentive	\$581.45	\$392.45	\$ 118.45	\$0 / \$25.45
– Option 2: Delta Dental PPO	\$581.65	\$392.65	\$ 118.65	\$0 / \$25.65

*Includes medical, dental and vision

Attention– Contribution rates are subject to change and will be communicated to the employee once negotiations close.

Medical Benefits: Plan Highlights

	Kaiser Permanente HMO \$30, RX \$10-30	Kaiser Permanente DHMO \$1,000	Kaiser Permanente HMO HSA
	In-Network Only	In-Network Only	In-Network Only
Deductible (Calendar Year) – Individual / Family	\$0 / \$0	\$1,000 / \$2,000	\$3,000 / \$6,000
Out-of-Pocket Maximum – Individual / Family	\$1,500 / \$3,000	\$3,000 / \$6,000	\$5,950 / \$11,900
Co-Insurance (Plan Pays)	100%	20% after deductible	20% after deductible
Health Benefits	You Pay	You Pay	You Pay
Office Visit Copay	\$30 copay	\$20 copay	20% after deductible
Kaiser Phone and Video Visits	No charge	No charge	No charge
Urgent Care	\$30 copay	\$20 copay	20% after deductible
Preventive Care (annual exams, well woman exams, flu shots, etc.)	100% covered	100% covered	100% covered
Lab and X-Ray	100% covered	\$10 Copay	20% after deductible
Chiropractic	\$10 copay Max 30 visits/year	\$10 copay Max 30 visits/year	Not covered
Hospitalization – Inpatient / Outpatient	100% covered / \$30 copay	20% after deductible	20% after deductible
Emergency Services	\$100 copay	20% after deductible	20% after deductible
Prescription Drugs	See page 9	See page 9	See page 9
2023-2024 RATES (Monthly)	Kaiser Permanente HMO \$30, RX \$10-30	Kaiser Permanente DHMO \$1,000	Kaiser Permanente HMO HSA
11 Months	Cost	Cost	Cost
Employer Contribution	\$1,130.45	\$1,130.45	\$1,130.45
Employee Cost*			
– Option 1: Delta Dental Incentive	\$634.31	\$428.13	\$ 129.22
– Option 2: Delta Dental PPO	\$634.53	\$428.35	\$ 129.44
12 Months	Cost	Cost	Cost
Employer Contribution	\$1036.25	\$952.86	\$952.86
Employee Cost*			
– Option 1: Delta Dental Incentive	\$581.45	\$392.45	\$ 118.45
– Option 2: Delta Dental PPO	\$581.65	\$392.65	\$ 118.65

*Includes medical, dental and vision

Attention– Contribution rates are subject to change and will be communicated to the employee once negotiations close.

Medical Benefits: Prescription Drug Highlights

	Anthem PPO 90-G \$20, Rx 9-35	Anthem PPO 80-K \$30, Rx 9-35	Anthem PPO HSA-B, Rx 9-35	Anthem PPO Anchor Bronze HSA
	In-Network	In-Network	In-Network	In-Network
Pharmacy Deductible – Individual / Family	\$0	\$0	Same as plan deductible shown on page 7	Same as plan deductible shown on page 7
Out-of-Pocket Maximum – Individual / Family	\$2,500 / \$3,500	\$2,500 / \$3,500	Same as plan max shown on page 7	Same as plan max shown on page 7
Prescription Drug Copays	You Pay	You Pay	You Pay	You Pay
Retail Pharmacy	<i>30 Day Supply</i>	<i>30 Day Supply</i>	<i>30 Day Supply Deductible Applies</i>	<i>30 Day Supply Deductible Applies</i>
– Generic Formulary	\$9 copay	\$9 copay	\$9 copay	\$9 copay
– Brand Name Formulary	\$35 copay	\$35 copay	\$35 copay	\$35 copay
– Generic-Brand: Costco	\$0 / \$35	\$0 / \$35	\$0 / \$35	\$0 / \$35 copay
Mail Order Pharmacy	<i>90 Day Supply</i>	<i>90 Day Supply</i>	<i>90 Day Supply Deductible Applies</i>	<i>90 Day Supply Deductible Applies</i>
– Generic Formulary: Costco	No charge	No charge	No charge	No charge
– Brand Name Formulary: Costco	\$90 copay	\$90 copay	\$90 copay	\$90 copay
– Specialty Copay: Navitus Mail-In	\$35 copay / 30 days	\$35 copay / 30 days	\$35 copay / 30 days	\$35 copay / 30 days

	Kaiser Permanente HMO \$30, RX \$10-30	Kaiser Permanente DHMO \$1,000	Kaiser Permanente HMO HSA
	In-Network Only	In-Network Only	In-Network Only
Pharmacy Deductible – Individual / Family	\$0 / \$0	\$0 / \$0	Same as plan deductible shown on page 7
Health Benefits	You Pay	You Pay	You Pay
Retail Pharmacy	<i>100 Day Supply</i>	<i>30 Day Supply</i>	<i>30 Day Supply</i>
– Generic Formulary	\$10 copay	\$10 copay	Deductible + \$10 copay
– Brand Name Formulary	\$30 copay	\$30 copay	Deductible + \$30 copay
– Specialty Items (30 Day Supply)	\$30 copay	\$30 copay	Deductible + \$30 copay
Mail Order Pharmacy	<i>100 Day Supply</i>	<i>100 Day Supply</i>	<i>100 Day Supply</i>
– Generic Formulary	\$10 copay	\$20 copay	Deductible + \$20 copay
– Brand Name Formulary	\$30 copay	\$60 copay	Deductible + \$60 copay
– Specialty Items	N/A	N/A	N/A

Medical Benefits: Health Plan Perks

Anthem
and
Kaiser
Members

Additional Benefits for All OSD Anthem and Kaiser Medical Plan Members

Quality and Cost Comparison Tools

Different facilities may charge different amounts for the same service.

The Anthem Blue Cross *Estimate Your Cost for a Procedure* tool at www.anthem.com/ca/sisc allows you to estimate and compare cost and quality for medical procedures and facilities. This tool allows you to estimate your share of the cost before you have a medical procedure.

You can also get a personalized estimate with Kaiser Permanente at <http://info.kaiserpermanente.org/html/estimatingyourtreatmentcosts>.

SISC: Health Smarts Health Improvement Program

Health Smarts is voluntary, confidential and offered to you at no cost when you participate in a District-offered medical plan. This comprehensive program includes an online health assessment, digital health coaching, and condition management administered by Anthem Blue Cross (available to Kaiser Permanente plan members).

Health Smarts also provides benefits in conjunction with OSD; watch for emails for these events:

- Free, confidential health screening events held annually between January and March
- Free flu shots annually in September

To access the Health Smarts health improvement program, contact SISC at the number shown on your medical ID card or visit the Health Smarts website at sisc.kern.org/hs.

SISC: Expert Second Opinions

- A free 100% confidential benefit available to all SISC plan members (Kaiser Permanente included).
- Unlimited access to a top physician if you or a family member receive a difficult diagnosis.
- Your Physician Case Manager is backed by a team of leading doctors around the world, and the team collaborates to determine/confirmation the correct diagnosis and the optimal plan for treatment.
- Your physician Case Manager helps navigate the ins and outs of the health care system, making care more efficient and helping ease stress.
- Receive on-demand support in understanding the course of treatment, what to expect and what the likely results are.
- Access SISC Expert Medical Opinions by calling Teladoc at (800) 835-2362 or visit teladoc.com/SISC.

Diabetes Prevention Programs

- As part of SISC, qualifying Anthem Blue Cross members can get access to Lark Diabetes Prevention Program, a 16-week cutting-edge program that helps with weight loss, adopting healthy habits and can significantly reduce your risk of developing diabetes. Go to lark.com/anthemBC and take a one-minute survey to see if Lark's program could benefit you.
- For Kaiser Permanente members, please call Kaiser directly for access to the Kaiser diabetes prevention program.

SISC: Discounted Gym Memberships

- Choose from over 9,000 participating fitness centers and YMCAs nationwide for a much lower cost than you would pay on your own.
- Use the online fitness tracking feature, which uses a variety of wearable devices and apps.
- You pay only \$25 a month (plus \$25 enrollment fee and taxes).
- Kaiser Permanente Members are eligible for the Active & Fit program and can access the program at kp.org/choosehealthy.

Medical Benefits: Health Plan Perks

Anthem
Members

Additional Benefits for OSD Anthem Medical Plan Members

SISC: MDLIVE

This benefit is available to Anthem Blue Cross plan members. (Kaiser Permanente members excluded.)

- MDLIVE gives you access to doctors 24/7 via phone or secure video for non-emergency medical conditions.
- \$10 copay per visit. MDLIVE doctors have 15 years experience practicing medicine on average.
- Pediatricians are on call.
- You can access behavioral health therapy and psychiatrist visits through MDLIVE.
- Access MDLIVE at **(888) 632-2738**, visit MDLIVE.com/SISC or download the app from the App Store or Google Play.

Common Conditions Treated by MDLIVE

General Care			Pediatric Care
Allergies	Fever	Respiratory Infections	Cold & Flu
Asthma	Headache	Sinus Infections	Constipation
Bronchitis	Infections	Skin Infections	Ear Infections
Cold & Flu	Insect Bites	Sore Throat	Nausea
Diarrhea	Joint Aches	Urinary Tract Infections	Pink Eye
Ear Infections	Rashes	And More!	And More!

SISC: Costco Prescription Discounts

- Anthem Blue Cross plan members can receive **free generic medications** at Costco in addition to standard Costco discount pricing on other prescription drugs. (Narcotics, pain relievers and cough syrup with pain reliever are not eligible for the free generic medication offer.)
- 90 day supplies of free generic medications are available through the Costco mail order program.
- A Costco membership is not required.

SISC: Eden Health App for PPO Plan Members

As part of your SISC Anthem PPO Medical Benefits, you have free, 24/7 access to a Care Team who works together to offer you primary care, mental health support, and answers to follow-up care questions through the Eden Health app. The app is available to you and your dependents age 18 and older at no cost.

Receive help with:

- Diagnoses and treatments
- Prescription refills
- Scheduled video visits or live chat with a primary care physician
- Special referrals
- Mental health support

Simply download the Eden Health app from the App Store or Google Play store and register.

Note: If you are enrolled in an HSA plan, per IRS rules, you must meet your deductible before accessing free visits.

Medical Benefits: Health Plan Perks

Anthem
Members

Additional Benefits for Anthem OSD Medical Plan Members

SISC: Enhanced Cancer Program - Contigo Health

Anthem members <65 receive an enhanced benefit when facing a cancer diagnosis through Contigo Health.

Members have access to:

- **An expert, in-person or virtual evaluation** by a multidisciplinary clinical team led by an oncologist specializing in the patient's particular form of cancer.
- **A recommended care plan** will be developed by an elite cancer care team and discussed with you and your treating oncologist.
- **Access to treatment options** when there is a barrier to care in the member's local market.
- **12 months continued access** to specialized clinical resources.
- **Navigation and advocacy support** provided by the Contigo Health Case Management team every step of the way.
- **Access to clinical trials** when they are suitable for your specific condition.
- **Travel expenses** for treatment will be covered for qualifying members including transportation, lodging and a daily stipend for meals and expenses for the patient and a companion. Travel arrangements and reimbursement must be coordinated through Contigo Health. Per IRS guidelines, a portion of the travel expenses covered may be treated as taxable.
- Visit www.Contigohealth.com/sisc or call (877) 220-3556.

Note: Per IRS guidelines, Enhanced Cancer Benefit through Contigo Health services are subject to the deductible for HSA members.

SISC: Vida Digital Coaching Application

Anthem members <65 have access to Vida, a virtual care platform that treats lifestyle, chronic and behavior health conditions.

- 1:1 Virtual platform with health coaching and therapy.
- Digital interventions and programs.
- Track progress with in-app trackers & connected devices.
- Tools and resources such as videos and lessons.
- SISC Member website: www.vida.com/sisc.

Note: Vida services are not available to HSA members.

Maven Maternity and Postpartum Support

A virtual care for pregnancy and postpartum support. Use Maven for 24/7 access to doctors, specialist, coaches, and trustworthy content tailored to your experience.

Consult with a care advocate who connects you with trustworthy content delivered by doctors, specialist coaches and other maternity providers to help deal with pregnancy and postpartum concerns.

- Free 6-month diaper subscription for SISC PPO members who:
- Enroll during the first or second trimester
- Have an intro call with a Care Advocate
- Have two appointments with Maven providers during pregnancy
- Complete the exit survey when their baby is born

To activate your membership, download the Maven Clinic app or visit mavenclinic.com/join/SISC.

Medical Benefits: Health Plan Perks

Anthem
Members

Additional Benefits for Anthem OSD Medical Plan Members

SISC: Back and Joint Health - Hinge Health

Anthem PPO medical plan members receive free access to Hinge Health, providing personalized, interactive therapy using the latest technology. This program is not available to HSA members. Hinge Health gives you tools to help relieve chronic back or joint pain, at a convenient time and location of your choosing.

- Eligible members receive wearable sensors and a monitoring device to guide you through virtual therapy sessions from home.
- Members have unlimited access to a personal health coach, links to educational articles and information regarding available treatment options.
- SISC Hinge Health district toolkit: www.hingehealth.com/sisctoolkit.

SISC: Enhanced Hip and Knee Replacement and Spine Surgery Benefit for PPO Members - Carrum Health

SISC partners directly with Carrum Health to provide Anthem Blue Cross PPO members (excludes Kaiser Permanente members) with access to selected physicians at Scripps Health in San Diego for hip and knee replacements, and many inpatient spine surgeries. Benefits include the following:

- **No medical bills;** coinsurance and deductibles are waived
- Travel expenses are covered for the patient and an adult companion
- The Carrum Care Concierge service helps you manage all the details

To access this benefit, visit <https://my.carrumhealth.com/sisc>.

IMPORTANT: Lower Pricing for Certain Surgical Procedures

Reference pricing for five common procedures that can be performed safely at an Ambulatory Surgery Center (ASC) at costs significantly lower than at a hospital are listed below.

- If you choose to have your procedure at an in-network outpatient facility, only the amounts below will be paid for the procedure. The remaining amount will be paid in full by the member.
- There is no limit at an in-network Ambulatory Service Center.
- Members with questions should contact the customer service number on their ID cards.

	Maximum Benefit at an in-network outpatient hospital facility	There is no limit at an in-network Ambulatory Service Center (ASC)
	In-Network	ASC Facility
Arthroscopy	\$4,500	N/A
Cataract Surgery	\$2,000	N/A
Colonoscopy	\$1,500	N/A
Upper GI Endoscopy with Biopsy	\$1,250	N/A
Upper GI Endoscopy without Biopsy	\$1,000	N/A

Medical Benefits: Health Plan Perks

Kaiser
Members

Additional Benefits for OSD Kaiser Medical Plan Members

Chiropractic and Acupuncture Care

Kaiser members can access chiropractic and acupuncture care by following these simple steps:

- Find an ASH participating provider near you:
 - Go to ashlink.com/ash/kp, or
 - Call **(800) 678-9133** (TTY711), Monday through Friday, from 5am to 6pm Pacific time
- Schedule an appointment
- Pay for your office visit when you arrive for your appointment

Mental Health & Wellness Apps

Kaiser Permanente offers three apps to help support your mental/emotional wellbeing at <https://kp.org/selfcareapps>.

- **Calm** is the #1 app for meditation, mental resilience, and sleep — designed to help lower stress, reduce anxiety, and more. Kaiser Permanente members can access all the great features of Calm at no cost, including:
 - The Daily Calm, exploring a fresh mindful theme each day
 - More than 100 guided meditations
 - Sleep Stories to soothe you into deeper and better sleep
 - Video lessons on mindful movement and gentle stretching
- The **myStrength** app is a personalized program that helps you improve your awareness and change behaviors. Kaiser Permanente members can explore interactive activities, in-the-moment coping tools, community support, and more at no cost.
 - Mindfulness and meditation activities
 - Tailored programs for managing depression, stress, anxiety, and more
 - Tools for setting goals and preferences, tracking current emotional states and ongoing life events, and viewing your progress
- **Ginger** is available to all Kaiser members at no cost for up to 90 days. The Ginger app offers immediate 1 on 1 support for coping with many common challenges such anxiety, stress, low mood, issues with work or relationships and more. With Ginger, you can:
 - Text with a coach anytime, anywhere, 24/7
 - Discuss goals, share challenges, and create an action plan with your coach
 - Get personalized, interactive skill-building tools from a library of more than 200 activities
 - View recaps from each texting session, track progress, and work your coach to adjust you action plans

Total Health Assessment

The Total Health Assessment can help you learn about health and lifestyle risks such as smoking and lack of exercise. With this confidential, no-cost resource, you'll answer some simple questions about their diet, exercise, and other health habits. After that, you'll get a personalized health summary to help them set and reach their health goals. To access this benefit, visit kp.org/tha.

Discounted Hearing Aids for OSD VSP Plan Members

All members enrolled in the OSD Vision Service Plan (VSP) have access to discounted hearing aids through TruHearing:

- Use your \$700 hearing aid allowance through Anthem Blue Cross or Kaiser Permanente to purchase hearing aids.
- Go to a TruHearing provider to be fitted and adjusted for a wide variety of the latest digital hearing aids.
- You will save about \$980 per hearing aid compared to national average prices.
- Call **(866) 754-1607** for more information.

Medical Benefits: Tips

Tips on Getting the Most from Your Health Benefits

1 Ask Questions

If you are having a procedure or planning an upcoming procedure, make sure you know how the procedure will be covered and what your out-of-pocket cost will be, if any.

2 Utilize Your Free Preventive Care Benefits to Stay Healthy

Preventive care benefits are covered at no charge to you. Regular preventive care can reduce the risk of disease, detect health problems early, protect you from higher costs down the road, and most importantly... potentially save your life! Take advantage of these no cost benefits now to hopefully avoid major illnesses and costs in the future.

3 Get the Right Health Care and Save Money

Choosing the right care for your medical situation will help save you money out-of-pocket:

- **Doctor's Office Visit or telemedicine visit:** These are good choices for non-urgent medical issues that don't require a face-to-face visit. Anthem members access telemedicine through MDLive, while Kaiser members have access to free virtual phone and/or video visits.
- **Urgent Care:** This is the best choice for non-life threatening medical issues that require immediate, in-person care when you can't get an appointment for a Doctor's Office Visit.
- **Emergency Room:** You should use the Emergency Room for life threatening emergencies, or for other issues that require immediate medical care outside Urgent Care hours.

4 Use Generic Drugs When Available

Anthem Blue Cross

The best way to save on prescriptions is to use generic medications as opposed to brand name drugs. When you use generic medications, you will pay the lowest copay (in fact, at Costco, you can obtain many generic drugs for free!)

Generic drug companies do not have to develop a medication from scratch, so the costs are significantly less to bring the drug to the market. Once a generic medication is approved, several companies can produce and sell the drug. This competition helps lower prices. In addition, many generic drugs are well-established, frequently used medications that do not require expensive advertising. Generic drugs must use the same active ingredients as the brand name version of the drug. A generic drug must also meet the same quality and safety standards.

Kaiser Permanente

The best way to save on prescriptions is to use generic medications as opposed to brand name drugs. You may request mail-order service by phone, at your next visit or online at kp.org/rxrefill (you can register for a secure account at kp.org/registernow). Please note not all drugs can be mailed and restrictions and limitations apply.

5 Use the Mail-Order Prescription Drug Benefit for Maintenance Medications

If you take medications on a long term basis, the mail order prescription drug benefit can save you money.

The FSA Can Help You Save Money on Your Health Care Expenses

When you use your Flexible Spending Account (see page 22) to pay for eligible, unreimbursed medical, dental and vision care expenses, you reduce your taxable income and can save money on taxes.

Dental Benefits

Delta Dental | PPO Plan

This plan gives you the freedom and flexibility to use the dentist of your choice. When you access care from a dentist who participates in the Delta Dental PPO network, your out-of-pocket expenses will be less. If you obtain services from a non-network dentist, you will be responsible for the difference between the covered amount and the actual charges, and you may be responsible for filing claims in order to be reimbursed.

Delta Dental | PPO Incentive Plan

With the PPO incentive plan, Delta Dental pays 70% of the contract allowance for covered basic services and major services during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visits the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, coverage will drop back to 70%.

	Delta Dental PPO \$1,500 with Orthodontic		Delta Dental PPO Incentive \$1,700/\$1,500	
	PPO Network	Non-Network	Premier/PPO Network	Non-Network
Calendar Year Maximum	\$1,500	\$1,000	\$1,500*	\$1,500
Deductible (Annual) – Individual / Family	N/A	\$25 / \$75	N/A	N/A
Dental Benefits	You Pay	You Pay	You Pay	You Pay
Preventive – Exams, X-Rays, Cleanings	No charge	50%	30%-0%	0%-30%
Basic Services – Fillings, Oral Surgery, Endodontics, Periodontics	No charge	50% after deductible	30%-0%	0%-30%
Major Services – Crowns, Inlays, Onlays, Cast Restorations	No charge	50% after deductible	30%-0%	0%-30%
Prosthodontics – Bridges, Dentures, Implants	50%	50% after deductible	50%	50%
Orthodontia – Covered Members – Lifetime Benefit Maximum	Adults & dependent children covered at 100%. Lifetime Benefit Maximum of \$1,000 per person		Not covered	Not covered

*Effective January 1, 2024, receive an additional \$500 in coverage when using PPO dentists, The 2023 benefit is \$200.

Note It is recommended you ask your dentist for a predetermination if total charges are expected to exceed \$300. This enables you and your dentist to know in advance what the payment will be for any service that may be in question.



How to Find an In-Network Dental Provider

Go to www.deltadentalins.com or call (866) 499-3001. PPO participants should refer to the PPO network, and PPO Incentive participants should refer to the Premier or PPO network when prompted.

Dental Benefits

Delta Tele-Dentistry Toothpic*

An innovative app that offers virtual dental screenings to **Delta Dental Members** for non-urgent issues from a Delta Dental PPO Dentist right from your smartphone in under 24 hours. Virtual assessments from in-network dentists as a covered benefit for PPO and Premier plan members.

Receive a fast and easy dental screening without an appointment, even when the dentist office is closed – from anywhere in the US. Address non-emergency dental issues to understand the severity of an issue and get treatment options. Save time and experience the convenience of getting a dental checkup without leaving the comfort of their home. Take the first step in getting care for members who don't see a dentist regularly, and proactively get ahead of issues before it worsens.

There are no plan design changes or new contracts for you to sign. There are no additional fees for your group to pay. A virtual dental screening is covered as a diagnostic exam and will count towards diagnostic exam frequency limitations. Toothpic's app is HIPAA-compliant, and all health information stored and sent through the app is encrypted, safe and secure. For more information visit deltadental.toothpic.com.

Delta Dental—Virtual Consultant*

Virtual Consult connects **Delta Dental members** and dentists for real-time video appointments. It's totally secure and HIPAA-compliant, and it's available with your existing Delta Dental PPO or Delta Dental Premier plan. When you have an urgent issue, even if it's after hours, Virtual Consult makes getting a dentist's advice simple.

Virtual Consult is great if you are experiencing an urgent dental issue, don't have a regular dentist, can't take time of work or have difficulty visiting the dentist's office, aren't feeling well or visiting the dentist's office isn't recommended.

- Get urgent dental care for issues such as pain or pressure, bumps or swelling, cuts or lesions, chipped teeth and bleeding. You can even get e-prescriptions for pain or infections sent directly to the pharmacy of your choice.
- Have a live video consultation with a Delta Dental dentist from the comfort of your own home or anywhere you have a camera and internet-equipped computer.

Visit deltadentalvirtualconsult.com for more information and to learn how to download and use Virtual Consult.

* Important Note

These alternative dental care options are available to those enrolled in a Delta PPO plan. They count as one of your in-person annual exams and cost sharing may apply.

Delta Dental—SmileWay Program*

SISC members with the following health conditions will also have access to additional teeth and gum cleanings:

Amyotrophic lateral sclerosis	Cancer	Chronic kidney disease
Diabetes	Heart Disease	HIV/AIDS
Huntington's disease	Joint replacement	Lupus
Opioid misuse and addiction	Parkinson's disease	Rheumatoid Arthritis
Sjogren's syndrome	Stroke	

*This coverage is subject to any applicable maximums and deductibles under the terms and conditions outlined in your plan's Evidence of Coverage.

Vision Benefits

Vision Service Plan (VSP) PPO Vision Plan

The VSP vision plan provides professional vision care and high-quality lenses and frames through a broad network of optical specialists. You will receive richer benefits if you utilize a network provider. If you use a non-network provider, you will be responsible for paying all charges at the time of your appointment and will be required to file an itemized claim with VSP

	Vision Service Plan (VSP) PPO
	In-Network
Examination (Once every 12 months)	No charge
Eyeglasses	You Pay
Lenses (Once every 12 months)	
– Single Vision	No charge
– Bifocal	No charge
– Trifocal	No charge
Frames (Once every 24 months)	You pay any costs above the \$150 allowance
Contact Lenses	You Pay
Medically Necessary Contact Lenses (Once every 12 Months) In Lieu of Frames and Lenses	You pay any costs above the \$150 allowance
Other Vision Care Services	Benefits
Primary Eyecare Plan	<ul style="list-style-type: none"> • Covered-in-full retinal screening (digital imaging of the inside of the eye) for members with diabetes who do not have diabetic eye disease. These retinal photographs help your doctor establish a baseline to monitor and track changes in your eyes over time. • Additional exams and services that track and monitor diabetic eye disease progression • Treatment for dry eye, pink eye, eye injury and foreign body removal • Exams and services to diagnose and monitor glaucoma and cataracts
Laser Vision Correction	Discounts apply



How to Find an In-Network Vision Provider

Go to www.vsp.com or call (800) 877-7195.

Note: VSP has the largest network of private-practice eye care doctors in the industry. VSP’s network includes 50,000 access points nationwide. VSP also contracts with Costco Optical, Visionworks, and other affiliate retail providers.

Life Balance Benefits

Anthem Employee Assistance Program (EAP)

If you are enrolled in one of our medical plans, you will automatically be enrolled in the employee Assistance Program (EAP) through Anthem Blue Cross, allowing you to access confidential assistance 24/7.

- Emergencies handled by Staff members are available by phone 24/7 on a toll-free basis.
- The EAP will make every effort to see you within 48 hours, but if you are in crisis, you will provided same-day service.
- Evening appointments are available.

Support and Counselling

The Employee Assistance Program (EAP) provides confidential support in balancing a wide array of challenges in areas such as:

- Relationship difficulties
- Managing change and stress
- Legal and financial problems
- Marriage, family or parenting concerns
- And more

The EAP provides you with to 6 counseling sessions per issue per benefit year

Identity Monitoring and Theft Resolution

- Free identity monitoring and theft resolution services through IDnotify
- IDnotify customer care team is available 24/7/365, with robust knowledge in both credit and non-credit restoration, with CITRMS (Certified Identity Theft Risk Management Specialist), FCRA, and FACTA certifications.
- Your IDnotify specialist will help you determine if an identity theft event has occurred and guide you through any necessary restoration activities.

Legal and Financial Resources

- **Legal Assist:** A library of articles on legal topics and issues
- **Legal Forms:** 100 legal forms for a variety of family and consumer situations
- **State Specific Legal Forms:** Advanced directives and instructions for each state
- **Estate Planning:** Articles and resources to address estate planning questions
- **Financial Calculators:** Will allow you to get answers and explore different options regarding home and personal financing, investing, and retirement
- **PocketSmith Discount:** PocketSmith Personal Financial Manager is an online tool that uses an innovative calendar-based approach to help employees quickly and easily manage their personal finances.

Learn to Live

- Helps you learn to reduce stress, anxiety, depression, substance abuse, and sleep issues
- Digital tools are available anywhere, anytime to help identify thoughts and behavior patterns that affect emotional well-being and work through them.

Seminars and Articles

Online resources for a wide array of topics, including both a library of articles and on-demand seminars



How to Access Your EAP Benefits

Call (800) 999-7222 or visit anthemEAP.com (to log in, enter SISC as the program name).

Income Protection Benefits

Life and AD&D Insurance

Mutual of Omaha Basic Life and AD&D Insurance

Life insurance protects your family or other beneficiaries in the event of your death while you are still actively employed with the OSD. Accidental Death and Dismemberment (AD&D) coverage provides an additional benefit to your beneficiary if your death is due to a covered accident or injury. Oxnard School District pays for Life and AD&D coverage, offered through Mutual of Omaha, to eligible employees to a maximum benefit of \$10,000. Spouse and Dependent Children for 6 months to 26 years of age have a maximum benefit of \$1,500.

Mutual of Omaha Voluntary Life and AD&D Insurance

In addition to the district provided Basic Life and AD&D benefits, you may elect to purchase additional Term Life and AD&D insurance at discounted group rates provided by Mutual of Omaha. If elected, you pay for this coverage with after-tax dollars through convenient payroll deductions.

- Employee: You may purchase coverage for yourself in increments of \$10,000 up to a maximum benefit of \$500,000, not to exceed 5 times your annual salary.
- Spouse: If you buy coverage for yourself, you may also purchase coverage for your eligible spouse. Benefits for your spouse are available in increments of \$5,000 up to a maximum benefit of \$250,000, not to exceed 100% of your employee election.
- Child(ren): If you buy coverage for yourself, you may also purchase coverage for your eligible dependent child(ren) in the following amounts: \$10,000.

Guarantee Issue

Guarantee issue is a pre-approved amount of coverage that does not require you to provide proof of good health, and is available to you during your initial eligibility period (upon hire). Guarantee issue is available in the following amounts:

- Employee: The lesser of 5x your annual salary or \$150,000
- Spouse: \$50,000
- Child(ren): Entire benefit amount

If you are no longer in your initial eligibility period, you may enroll in Voluntary Life and AD&D insurance anytime during the year, as long as you provide proof of good health (evidence of insurability). To provide proof of good health, you will be asked to complete a health questionnaire and are subject to insurance carrier approval. Mutual of Omaha may approve or decline coverage based on a review of your health history.

Oxnard School District has an annual increase period during open enrollment of each year with an effective date of October 1 which allows employees already enrolled in voluntary life insurance to increase an additional \$10,000 for the employee without an EOI. This increase CANNOT BE OVER Guaranteed Issue Amount

Choosing a Beneficiary

A beneficiary is a person or entity who you designate to receive your death benefits. Choosing a beneficiary and keeping your beneficiary up to date is an essential part of owning life insurance. Please remember to review your beneficiary designation as new situations arise, such as the birth or adoption of a child, marriage, or divorce.

Income Protection Benefits



Voluntary Insurance Plans

You have the opportunity to customize your coverage through voluntary insurance plans provided through American Fidelity.

Short Term Disability (STD) Insurance

Short Term Disability Insurance provides income replacement if you become disabled due to accident, sickness or pregnancy.

Long Term Disability (LTD) Insurance

This plan provides income replacement if you become disabled for an extended period of time.

Group Critical Illness Insurance

This benefit is designed to pay a cash benefit directly to you if diagnosed with a life-altering illness such as a stroke or heart attack.

Accident Only Insurance

Accident Only Insurance provides 24-hour coverage for accidents that occur both on and off the job and can help offset your medical expenses.

Cancer Insurance

This plan makes benefit payments directly to you if you are diagnosed for cancer; you can use cash for copays, hospital stays, or even house and car payments.

Life Insurance,

You can protect your loved ones with either or both Term Life and Whole Life Insurance.

403(b) Plan

You can save money and reduce your taxable income by deducting pre-tax deductions directly from your paycheck to fund your retirement account.

To Learn More About the Voluntary Plans

For information regarding your voluntary insurance plans, please contact your American Fidelity Account Manager, Anthony Magallanes at [\(951\) 200-5573](tel:951-200-5573).

Tax Savings Benefits

American Fidelity Flexible Spending Accounts

Flexible Spending Accounts (FSAs) are special tax-advantaged accounts used to pay for eligible out-of-pocket health care and dependent care expenses. If elected, your account(s) will be funded with tax-free dollars using convenient payroll deductions. Only expenses for services incurred during the plan year are eligible for reimbursement from your accounts. If you are using your debit card, you must save your receipts, in case American Fidelity needs a copy for verification. Also, all receipts should be itemized to reflect what product or service was purchased. Credit card receipts are not sufficient per IRS guidelines.

Health Care Spending Account (HCSA)

This plan is used to pay for expenses not covered under your health plans, such as deductibles, coinsurance, copays and expenses that exceed plan limits. You can also use the HCSA to pay for many over-the-counter drugs and menstrual supplies. Employees may defer up to \$3,050 pre-tax per year.

Dependent Care Assistance Plan (DCAP)

This plan is used to pay for eligible expenses you incur for child care, or for the care of a disabled dependent, while you work. Employees may defer up to \$5,000 pre-tax per year.

FSAs offer sizable tax advantages. The trade-off is that these accounts are subject to strict IRS regulations, including the use-it-or-lose-it rule. According to this rule, you must forfeit any money left in your account(s) after your expenses for the year have been reimbursed. The IRS does not allow the return of unused account balances at the end of the plan year, and remaining balances cannot be carried forward to a future plan year. We encourage you to plan ahead to make the most of

	How the FSA Works	
	Without the Health Care FSA	With the Health Care FSA
Gross Annual Pay	\$45,000	\$45,000
Pre-Tax Health Care FSA	Not Elected	\$1,200
Taxable Gross Income	\$45,000	\$43,800
Payroll Taxes (at 30%)	\$13,500	\$13,140
Health Care Cost	\$1,200	\$0
Net Pay	\$30,300	\$30,660
Annual Net Pay Increase	\$0	\$360

Important Note About the FSA

It is important to note that your FSA elections will expire each year on December 31st. If you plan to participate in the FSA for the upcoming plan year, you are required to re-enroll.



Learn How the FSA Works

This quick video is an easy way to see how the FSA can benefit you: <http://video.burnhambenefits.com/fsa>.

Tax Savings Benefits

Health Savings Accounts

For Anthem and Kaiser HDHP Plan Members Only

What is an HSA?

A Health Savings Account, also known as an HSA, is a tax savings account that can be funded with tax-exempt dollars by you, a family member or anyone else on your behalf. When you contribute to an HSA, your taxable income is lowered and your take-home pay may increase. Interest and investment earnings on HSA funds are generally tax-free.

You can open up a HSA bank account with any financial institution of your choice. Money from the HSA can help pay for eligible medical expenses not covered by the Anthem or Kaiser Permanente, including the deductible and coinsurance. See www.irs.gov for a full list of eligible expenses. You can only have this account if you are enrolled in a qualified high deductible plan such as Oxnard School District's Anthem PPO HSA or Kaiser Permanente HDHP Plan.

Who's Eligible

You're eligible to open an HSA if:

- You enroll in a qualifying high-deductible health plan such as the Anthem Blue Cross PPO HSA or Kaiser Permanente HDHP Plan.
- Your **only** coverage is a high-deductible health plan. If you are covered under your spouse's plan and that plan is not a high-deductible plan, you are not eligible to contribute to an HSA.
- You are not covered by a traditional Health Care Flexible Spending Account (FSA) through your spouse.
- You have not signed up for Medicare coverage.

HSA Maximum Contributions

The 2023 maximum HSA contribution that can be made is \$3,850 for an individual and \$7,750 for a family. You can contribute an additional \$1,000 if you are age 55+.

Important HSA Facts

Pay Healthcare Expenses

Each time you have a qualified health expense, you decide whether to:

- Pay out of your pocket and let your HSA grow, earning interest for future eligible expenses (e.g., medical expenses during retirement).
- Use your HSA to pay for eligible medical expenses such as your annual deductible and coinsurance. Your HSA can also help pay for vision care, dental care and prescription drugs. (For a complete list of eligible expenses, visit www.irs.gov.)

HSA Accounts are Portable

Any money in your HSA that you don't spend rolls over from year to year. If you change jobs, switch to another medical plan or even retire, your HSA and the money in it is yours to keep. You can choose to save it to pay for eligible health care expenses tax-free in retirement.



Learn How Health Savings Accounts (HSAs) Work

Watch this quick video to understanding how HSAs work: <http://video.burnhambenefits.com/hdhp>.

Tax Savings Benefits

Health Savings Accounts

Anthem Blue Cross HSA Medical Plan

The Anthem Blue Cross HAS \$3,000 and 2-tier HSA \$5,000 plans meet the requirements of a High Deductible Health Plan with the Internal Revenue Code and is designed to be compatible for use with a Health Savings Account (HSA). With the Health Savings Account plan, you can pay for qualified healthcare expenses now and grow your savings for future healthcare needs. This plan combines a High Deductible Health Plan (HDHP) with a special, tax-qualified Health Savings Account (HSA). You can contribute tax-free money to your HSA up to IRS maximums. Unlike a Flexible Spending Account, your account balance carries over from year to year.

Kaiser Permanente HSA Compatible HMO

The Kaiser Permanente HSA \$3,000 plan meets the requirements of a High Deductible Health Plan with the Internal Revenue Code and is designed to be compatible for use with a Health Savings Account (HSA). After you set-up an HSA with an IRS-approved institution, like a bank or credit union, you may elect to make tax-free contributions into your account up to the IRS maximums. Spend the money now or save it for future healthcare expenses even when you retire or leave the Oxnard School District. Your account balance carries over from year to year, and you never forfeit the money.

	Eligibility, Funding & Taxation	
	Flexible Spending Account	Health Savings Accounts
Description	Created under a 125 Cafeteria Plan to reimburse employees for qualified medical expenses	A tax-exempt employee account established to pay for qualified medical expenses
Who is Eligible?	Any employee who is eligible for health coverage which is not an excepted benefit; subject to employer-designed exclusions	Employee / Individual covered by HDHP & no other non-HDHP coverage
Who Can Create an Account?	Employer	Employer or Individual
Who Funds It?	<ul style="list-style-type: none"> Employee salary reduction dollars Employer 	<ul style="list-style-type: none"> Individual Employee salary reduction dollars Employer
Who Can Contribute?	Employer, Employee, or Both	
Maximum Contribution Level	2023 Maximum Contribution <ul style="list-style-type: none"> \$3,050 	2023 Maximum Contribution <ul style="list-style-type: none"> Individual—\$3,850/ Family—\$7,750
Catch-Up Contributions	Not allowed	Allowed for ages 55 and older until enrolled in Medicare at age 65 — \$1,000
Interest and Earnings	None	Yes; earnings are tax free if used for qualified medical expenses
Distributions for Non-Medical Expenses (Including Cash-Outs)	Not Allowed	Subject to tax & 20% penalty (w/certain exceptions)

Retirement Savings Benefits

403(b) and 457(b) Plans

Oxnard School District provides all employees with the opportunity to build savings for long term financial goals, such as retirement. You are eligible to contribute to the 403(b) and 457(b) plans starting at date of hire. To enroll in either or both plans you will contact Tax Deferred Solutions (TDS):

- Visit <https://tdsplans.org/> or call for (877) 411-3030 for information on establishing a 403(b) and/or 457(b) account, and
- Go to https://tdsplans.org/forms_PD.aspx?orgID=5891 to download a Salary Amendment Agreement Form (SAA). Please fill out the SAA form and take it to the payroll department for processing. Entries completed by the 10th of the month will be processed for that month. Entries completed after the 10th will be processed for the following month.

For additional information with account setup, fund transfers from other districts and help with forms call (866) 446-1072.

Please note: Your HSA must be open prior to establishing payroll deductions.

	403(b) Plan		457(b) Plan
	Traditional Option	Roth Option	Traditional Option Only
Benefit	Save for your future with pre-tax dollars	Save for your future with after-tax dollars	Save for your future with pre-tax dollars
Tax Advantages	Your contributions are tax-free and lower your taxable income now You pay tax on your contributions and investment earnings when you withdraw your funds during retirement	Your contributions are made with after-tax dollars When you withdraw funds during retirement, you do not pay taxes on your contributions; however investment earnings may be subject to State income tax	Your contributions are tax-free and lower your taxable income now You pay tax on your contributions and investment earnings when you withdraw your funds during retirement
Annual Contribution Limit—Separate IRS Maximum Contribution Limits for the 403(b) and 457(b) Plans	Up to 100% of eligible earnings up to the IRS maximum (Traditional and Roth options combined)		Up to 100% of eligible earnings up to the IRS maximum
Plan Investments	You choose how to invest your retirement savings. The District’s third party administrator is TDS. A variety of investment options are available, as well as free investment consultations.		
Rollovers	You have the option to rollover qualified retirement plans.		
Loans	You have the option to take a loan if you wish. Please note that loan payments are made with after-tax money, and when you withdraw 403(b) or 457(b) funds during retirement, they will be subject to tax again at that time.		

Important Note

Separate contribution limits for the 403(b) and 457(b) plans allow you to boost your retirement savings significantly. Key points to consider include:

- The pre-tax options offered under the 403(b) and 457(b) plans help you reduce your taxable income now and pay less in taxes. (You pay taxes on those funds when you withdraw them.)
- When you utilize the Roth option by saving for retirement with after-tax dollars, you will not have to pay Federal income tax on your earnings when you withdraw them. Investment earnings **may** be subject to State income tax.

Resources and Contacts

Below is a list of insurance carrier contacts should you require assistance with your benefit questions following open enrollment. If you are unable to resolve your issues or questions with the insurance carriers, please contact Risk Management / Benefits Department at **(805) 385-1501**, ext. **2441 (last name alpha A-L)**, or **2442 (last name alpha M-Z)**.

Medical	Phone	Website
Anthem Member Services	(800) 825-5541	www.anthem.com/ca/sisc
Navitus Member Services (Pharmacy)	(866) 333-2757	www.navitus.com
Costco-Pharmacy (Anthem plans only)	(800) 774-2678 (find location; press 1)	N/A
Kaiser Member Services	(800) 464-4000	www.kp.org
Additional Health Benefits Provided by SISC		
Health Smarts Member Services (Anthem and Kaiser)	(661) 636-4410	www.sishealth.com
Lark Diabetes Prevention Program (Anthem)	n/a	www.lark.com/anthembc
Expert Medical Opinions (Anthem and Kaiser)	(800) 835-2362	www.teladoc.com/SISC
MDLIVE Member Services (Anthem)	(888) 632-2738	www.mdlive.com/sisc
Contigo Enhanced Cancer Program (Anthem)	(877) 220-3556	www.contigohealth.com/sisc
Vida Digital Coaching (Anthem)	n/a	www.vida.com/sisc
Maven Maternity and Postpartum Program (Anthem)	n/a	www.mavenclinic.com/join/sisc
Hinge Back and Joint Health (Anthem)	(855) 902-2777	www.hingehealth.com/sisc
Carrum Health (Anthem)	(888) 855-7806	www.my.carrumhealth.com/sisc
SISC III COBRA Administration (Anthem and Kaiser)	(661) 636-4214	N/A
Dental		
Delta Dental Member Services	(866) 499-3001	www.deltadentalins.com
Vision		
Vision Service Plan (VSP) Member Services	(800) 877-7195	www.vsp.com
Employee Assistance Plan		
Member Services	(800) 999-7222 (program name: SISC)	www.anthemep.com
Basic Term Life, AD&D Insurance, and Voluntary Term Life		
Mutual of Omaha Member Services	(800) 775-8805	www.mutualofomaha.com
Flexible Spending Account & Income Protection Benefits		
American Fidelity Member Services	(800) 365-9180 or (800) 662-1113	www.americanfidelity.com

Important Information

The Affordable Care Act and You

The Affordable Care Act (ACA)'s penalty for not having health coverage (known as the individual mandate) has been eliminated. However, if you are a taxpayer in California, Massachusetts, New Jersey, Vermont or the District of Columbia, you will be required to have health coverage (unless you qualify for an exemption) or pay a penalty for the 2023 tax year – these states have an individual mandate requirement.

You may consider these options below to satisfy this requirement:

- Enroll in a medical plan offered by the Oxnard School District or another group medical plan meeting the requirements for minimum essential coverage;
- Purchase coverage through a health insurance marketplace;
- Enroll in coverage through a government-sponsored program if eligible.

If you choose to purchase coverage through the marketplace, because Oxnard School District's medical plans are considered affordable and meet minimum value under the Affordable Care Act, you may not be eligible for a subsidy, and you may not see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost, and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis.



Learn More about the Affordable Care Act

For more information, visit these links:

- www.healthcare.gov
- <https://www.dol.gov/sites/default/files/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/model-notice-for-employers-who-offer-a-health-plan-to-some-or-all-employees.pdf>

Annual Notices

Various state and federal laws, require that employers provide disclosure and annual notices to their plan participants. The Oxnard School District has posted all federally-required annual notices on the *ease* portal in Spanish and English for you to download and read at your convenience.

The following is a list of the annual notices:

- Medicare Part D Notice of Creditable Coverage
- Women's Health and Cancer Rights Act (WHCRA)
- Newborns' and Mothers' Health Protection Act
- Special Enrollment Rights
- Medicaid & Children's Health Insurance Program
- HIPAA Notice of Privacy Practices
- Summary of Benefits and Coverage (SBC)
- Form to Revoke a Personal Representative—(SISC)





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Learn more at www.burnhambenefits.com

This Employee Benefits Guide provides an overview of some of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment. Neither is it a legal plan document. If there is a disagreement between this guide and the plan documents, the plan documents will govern.

In addition, the plans described in this guide are subject to change without notice. Continuation of any benefit plan or coverage is at the district's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefit program, please contact the Risk Management Department.