

ELIGIBILITY

Employees

Certificated (OEA and OSSA)

All Certificated employees are eligible for medical benefits.

Classified (CSEA)

Employees assigned 6 hours/day (30 hrs/wk) are eligible for medical benefits. Exception: Some employees assigned less than 6 hours/ day who were “grandfathered” in pursuant to the terms of the collective bargaining agreement.

Confidential/ Management (including members of the Board of Trustees and the Personnel Commission)

All employees are eligible for medical benefits.

Dependents

Dependents are defined as your lawful spouse and your unmarried children who are less than 19 years of age. Dependent children shall also include unmarried children who are less than age 25 and are dependent upon the employee for support and maintenance as defined by the IRS.

Children include your natural children and those of your spouse. It also includes adopted children, beginning on the date of placement for the purpose of adoption, stepchildren and other children provided:

1. They are dependent upon you for support;
2. They are domiciled with you, and
3. They have a parent- child relationship with you.

Eligibility for dependent children who are enrolled prior to age 19 and are incapable of self-support because of mental or physical disability will be extended beyond age 25 and will continue until such dependent is capable of self-support, or until your coverage terminate.

In no event will a dependent include a spouse or dependent who is on active duty as a member of the Armed Forces.

If both you and your spouse are eligible as an Employee, each shall be eligible both as an Employee and as a Dependent. If a person has such dual coverage, the total amount of benefits payable under this plan shall in no event exceed the amount of expense actually incurred for which the benefits are provided less any applicable non-compliance plan penalties.

If both parents of an eligible dependent child are Employees, such child shall be eligible as a dependent of each. If a child has such dual coverage, the total amount of benefits payable under the plan shall in no event exceed the amount of expense actually incurred for which the benefits are provided less any applicable non-compliance plan penalties.

Retirees

Certificated (OEA and OSSA)

Must have attained at least age 55 and served in a Certificated position in the California public school system for at least 15 years and in the Oxnard School District for 8 consecutive years preceding date of retirement.

Classified (CSEA)

Must have attained at least age 55 and have been employed in the District 15 years. Exception: Disability Retirement under PERS- must have worked at least 10 years.

Confidential

Must have attained at least age 55 and been employed by the District for 10 consecutive years preceding date of retirement.

Management

Must have attained at least age 55 and been employed by the District for 15 years in the California Public School System for 8 consecutive years preceding date of retirement. Members of the Board of Trustees and the Personnel Commission must have attained at least age 50 and have provided 9 years of continuous service.

EFFECTIVE DATE OF COVERAGE

Employees

If an eligible employee is actively working or on recess or a vacation on the plan effective date, his/her coverage will be effective on that date. Exception: If an eligible employee on vacation or recess is confined in a hospital on the plan effective date, the effective date of coverage will be delayed until the first day following the day the confinement ends.

If an eligible employee is scheduled to work but is absent due to injury or sickness on the plan effective date, the effective date of coverage will be the date the employee returns to active work status.

Newly eligible employees will become insured on the first day of the month following their first day of qualified service. If the new employee is absent on the effective date of coverage due to injury or sickness, the effective date of coverage will be the date the employee begins active work status.

Dependents

Each person who is a dependent of an eligible employee will be insured on the effective date of the employee's coverage.

If a Dependent, other than a newborn child, is confined in a hospital on the date that coverage would normally become effective, the effective date of coverage for that Dependent will be delayed until the first day following the day the confinement ends.

While an employee is covered, any dependent acquired through birth, adoption, or guardianship is eligible as of the date he or she becomes a dependent.

Any dependent acquired through marriage is eligible on the first day of the month following the date of marriage.

If an eligible employee or their eligible dependent refuses coverage on the date that they first become eligible or fails to enroll within 31 days of becoming eligible, that individual will not be eligible for coverage under this plan unless:

1. The employee is not required to contribute toward the cost of their medical benefits and provides satisfactory proof of good health; or

2. The employee is required to contribute toward the cost of their medical status benefits and has a change in employment status.

TERMINATION OF COVERAGE

Employee

An employee's eligibility for benefits ceases on the last day of the calendar month in which one of the following events occur:

1. The employee is no longer eligible.
2. The required contributions are no longer made to the plan
3. The participating School District ceases to participate in providing coverage for their Employees under a labor agreement.
4. The employee enters full time military service
5. The Group Policy is terminated.

Dependents

Eligibility for dependents ceases on the last date of the calendar month in which one of the following events occur:

1. The eligibility for the Employee ceases
2. The Dependent ceases to be eligible as a dependent as set forth in the eligibility provisions.
3. The dependent spouse and the employee become legally separated.

SELF PAY

Individuals who are on an unpaid leave of absence, on Sabbatical leave, or retirees not eligible for District paid coverage, are required to pay all the cost of their benefits pursuant to the Collective Bargaining Agreements.

Any employee who elects not to continue coverage, or ceases to make the required payments to the plan, will be excluded from reobtaining coverage unless a change in the employment status of the individual occurs which requalifies him/her as an eligible individual under this plan.

OEA employees with a job sharing assignment and OSSA employees working a reduced work year will pay the appropriate portion of the costs of their benefits.

CONTINUATION OF COVERAGE- TOTAL DISABILITY

Loss of Eligibility under the CNA plan or termination of the Group Policy shall immediately terminate all insurance. However, if it is established that an individual or a dependent was totally disabled on the date insurance terminated and if expenses are thereafter incurred in connection with the injury or sickness causing the disability, then benefits will be continued with respect to such expenses until either:

1. The last day of the 12th month following the month in which coverage terminated, or
2. The date that the maximum amount of benefits has been paid, or
3. The date the individual or dependent ceases to be totally disabled, or
4. The date that coverage for the individual or dependent becomes effective under any replacement policy without limitation as to the disabling condition, whichever first occurs.

Benefits will not be payable after termination of coverage under this provision for the disabling injury or sickness nor will any benefits be payable with respect to other injuries or sickness commencing after the date of termination of insurance.

CONTINUATION OF COVERAGE UNDER FEDERAL LAW- CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

Employee Continuation

If eligibility terminates due to one of the following events:

1. Termination of employment including:
 - Termination for any reason other than gross misconduct
 - Layoff,
2. Reduction in hours, or
3. Retirement,

Then the individual will be entitled to an additional 18 months of coverage under this plan from the date of the event that caused the loss of coverage.

Continuation of the employee's coverage under COBRA is at the employee's own expense which is comprised of the full cost of benefits plus a two percent (2%) administrative charge.

The employees must elect to continue coverage under COBRA within 60 days following the receipt of the Notice of Right to Continue Health Coverage under Federal Law (COBRA) and the Election Form, or within 60 days following the date coverage would terminate, whichever is later.

The initial premium must be paid within 45 days following the submission of the Election Form and must include premiums due retroactive to the date coverage would have otherwise ended.

Prior to the expiration of the 18 month continuation of coverage period, eligibility will be lost on the first day of the month following the occurrence of any one of the events listed below:

1. Failure to remit the required premium payment on time and in full;
2. The individual is enrolled to receive coverage, as an employee or as a dependent, under any other group medical plan;
3. The individual becomes entitled to Medicare benefits;
4. The date the District ceases to provide group health coverage under the plan.

In addition, if the employee is entitled to eighteen (18) months of continuation coverage, and if it has been determined that the employee is disabled under the terms of the Social Security Act as of the original qualifying event, the employee is eligible for an additional eleven (11) months of continuation coverage after the expiration of the eighteen (18) month period. To qualify for this additional period of coverage, the employee must notify the Trust Fund within sixty (60) days after the employee received a determination of disability from the Social Security Administration, provided notice is given before the end of the initial eighteen (18) months of continuation coverage. The employee must also notify the Plan within thirty (30) days of the final Social Security determination indicating that the employee is no longer disabled.

Dependent Continuation under COBRA

Eligible dependents also have the right to continue coverage under COBRA. If the Employee's dependents eligibility would terminate due to one of the following events:

1. The death of the employee;
2. The employee and Dependent spouse legally separate or divorce;
3. A dependent child loses eligibility status due to age;

Then the dependent is eligible for 36 months of additional coverage under the plan, starting from the date of the event.

If the dependent's eligibility would terminate due to the employee's termination or reduction in hours, then the dependent is eligible for 18 months of additional coverage, starting from the date of the termination or reduction in hours.

The continuation coverage is available only at the dependent's own expense and he/she will be charged the full cost for benefits plus a two percent (2%) administrative charge.

The dependent must elect continuation of coverage under COBRA within 60 days following the receipt of the Notice of Right to Continue Health Coverage under Federal Law (COBRA) and the Election Form, or within 60 days following the date the employee coverage would terminate, whichever is later.

The initial premium must be paid within 45 days following the submission of the Election Form, and must include premiums due retroactive to the date coverage would have otherwise ended.

Prior to the expiration of the 18 month or 36 month continuation of coverage period, the dependent will lose eligibility on the first day of the month following the occurrence of any one of the events listed below:

1. Failure to remit the required premium payment on time and in full;
2. The dependent is enrolled to receive coverage, as an employee or as a dependent , under any other group medical plan;
3. The dependent becomes entitled to Medicare benefits;

4. The date the District ceases to provide group health coverage under this plan.

In addition, if the dependent is entitled to eighteen (18) months of continuation coverage, and if it has been determined that they are disabled under the terms of the Social Security Act as of the original qualifying event, they are eligible for an additional eleven (11) months of continuation coverage after the expiration of the eighteen (18) month period. To qualify for this additional period of coverage, the dependent must notify the Trust Fund within sixty (60) days after they receive determination of disability from the Social Security Administration, provided notice is given before the end of the initial eighteen (18) months of continuation coverage. They must also notify the Plan within thirty (30) days of the final Social Security determination indicating that they are no longer disabled.

CONTINUATION OF COVERAGE UNDER STATE LAW – ASSEMBLY BILL 528 (ELDER BILL)

For Retired Certificated Employees and Spouses

Upon retirement and/or expiration of COBRA coverage, an Employee and eligible spouse will have the option of continuing medical coverage provided under this plan if they were a Certificated employee of a participating school District prior to retirement and they:

1. Retired under any public employee retirement system,
2. Gained permanent status while in the employment of the District,
3. Would currently be eligible for health and welfare benefits in the District if they were employed under the current conditions and in the same capacity as when permanency was gained, and;
4. Otherwise meet the requirements of Education Code Section 7000

If an individual is the surviving spouse of a retired Certificated employee, they are also eligible to continue coverage if:

1. They are not eligible for any other group insurance coverage and,
2. They have not remarried.

Coverage will be provided at the individual's own expense and premiums must be paid for a minimum of three months' coverage under Assembly Bill 528 and who has subsequently terminated for any reason, will be excluded from reobtaining coverage at any later date.

MEDICAL EXPENSE CONVERSION

If any insurance terminates for any reason other than termination of the policy by the policyholder, the individual may have issued, without medical examination, an individual policy of insurance provided application is made and premium paid for such policy within 31 days after termination of insurance.

Conversion as provided above will also be available to a surviving spouse or dependents in the event of the death of the eligible employee or if they cease to be a qualified family member.

Amended Benefit Election Form