



Employee Benefits Guide



OSSA
2025

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. Your eligible dependents include:

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

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:

2024 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

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 on page 4)
- 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 or decline coverage).

Risk Management will follow-up with employees who do not complete enrollment or declination of coverage within 30 days to ensure compliance.

Enrollment Information

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. It is the responsibility of the employee to ensure 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
- Becoming a Board Member
- 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

Pre-Tax Health Benefit Premiums- 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.**



Medical Benefits

Medical Insurance Plans

Anthem Blue Cross PPO & HMO 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.

With the Anthem Health Maintenance Organization (HMO) plans (Full or Select Network), you must choose a primary care physician (PCP) within the HMO network. All of your care must be directed through your PCP. 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. There are two Networks: HMO Full Network or HMO Select Network depending on which plan you choose to enroll in.

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



How to Find an In-Network Medical Provider

Anthem PPO & HMO participants: go to www.anthem.com/ca/ and click on Find Care, or call (800) 322-5709.

Kaiser Permanente HMO participants: go to www.kp.org or call (800) 464-4000.



Understand benefits terminology by watching this quick video and learn the basics of how our medical plans work: <http://video.burnhambenefits.com/terms>.

Medical Benefits: Plan Highlights

PPO Plans

EFFECTIVE 1/1/2025 - 12/31/2025	Anthem Indemnity IV	Anthem Wellness PPO	Anthem PPO 80
	In-Network	In-Network	In-Network
Deductible (Calendar Year) – Individual / Family	\$800/\$800/\$2,400	\$1,250/\$1,250/\$3,750	\$750/\$750/\$2,250
Out-of-Pocket Maximum – Individual / Family	\$2,000/\$2,000/\$4,000	\$5,000/\$5,000/\$12,700	\$3,000/\$3,000/\$9,000
Co-Insurance (Plan Pays)	85%	70%	80%
Health Benefits	You Pay	You Pay	You Pay
Office Visit Copay	15% Coinsurance (After Deductible)	\$30 Copay	\$20 Copay
Urgent Care	15% Coinsurance (After Deductible)	\$30 Copay	\$20 Copay
Preventive Care (annual exams, well woman exams, flu shots, etc.)	100% Covered	100% Covered	100% Covered
Lab and X-Ray	15% Coinsurance (After Deductible)	30% Coinsurance (After Deductible)	20% Coinsurance (After Deductible)
Hospitalization – Inpatient / Outpatient	15% Coinsurance (After Deductible)	30% Coinsurance (After Deductible)	20% Coinsurance (After Deductible)
Emergency Services	15% Coinsurance (After Deductible)	30% Coinsurance (After Deductible)	20% Coinsurance (After Deductible)
Pharmacy Benefits	You Pay	You Pay	You Pay
Pharmacy Deductible – Individual / Family	\$0	\$0	\$0
Out-of-Pocket Maximum – Individual / Family	\$4,600/\$4,600/\$9,200	\$2,000/\$2,000/\$4,000	\$2,000/\$2,000/\$4,000
Retail Pharmacy (30 day supply) – Generic Formulary	\$20 Copay	\$10 Copay	\$10 Copay
– Brand Name Formulary	\$30 Copay or 20% Coinsurance, whichever is greater	\$20 Copay	\$20 Copay
Mail Order Pharmacy (90 day supply) – Generic Formulary	\$40 Copay	\$20 Copay	\$20 Copay
– Brand Name Formulary	\$60 Copay	\$40 Copay	\$40 Copay

Medical Benefits: Plan Highlights

HMO Plans

EFFECTIVE 1/1/2025 - 12/31/2025	Anthem HMO 30 (Full Network)	Anthem HMO 30 (Select Network)	Kaiser Permanente Traditional HMO
	In-Network Only	In-Network Only	In-Network Only
Deductible (Calendar Year)	\$0	\$0	\$0
Out-of-Pocket Maximum - Individual / Family	\$5,000/\$5,000/\$10,000	\$5,000/\$5,000/\$10,000	\$1,500/\$1,500/\$3,000
Co-Insurance (Plan Pays)	70%	70%	100%
Health Benefits	You Pay	You Pay	You Pay
Office Visit Copay - Primary Care Visit / Specialist Visit	\$30 Copay / \$40 Copay	\$30 Copay / \$40 Copay	\$30 Copay / \$30 Copay
Urgent Care	\$30 Copay	\$30 Copay	\$30 Copay
Preventive Care (annual exams, well woman exams, flu shots, etc.)	100% covered	100% covered	100% covered
Lab and X-Ray - Diagnostic - Advanced Imaging	100% Covered \$100 Copay / Test	100% Covered \$100 Copay / Test	No Charge No Charge
Hospitalization - Inpatient / Outpatient	30% Coinsurance	30% Coinsurance	No Charge
Emergency Services	\$200 Copay (waived if admitted)	\$200 Copay (waived if admitted)	\$50 copay (waived if admitted)
Pharmacy Benefits	You Pay	You Pay	You Pay
Pharmacy Deductible – Individual / Family	\$0	\$0	\$0
Out-of-Pocket Maximum – Individual / Family	Combined with medical	Combined with medical	Combined with medical
Retail Pharmacy	30 day supply	30 day supply	30 day supply
– Generic Formulary	\$15	\$15	\$15
– Brand Name Formulary	\$30	\$30	\$30
Mail Order Pharmacy	30 day supply	30 day supply	100 day supply
– Generic Formulary	\$15	\$15	\$15
– Brand Name Formulary	\$60	\$60	\$60 (Retail Only)

Medical Benefits: Plan Highlights

HSA Plans

EFFECTIVE

1/1/2025 - 12/31/2025

	Anthem CDHP PPO 90	Anthem CDHP PPO 80	Kaiser Permanente CDHP DHMO \$1,650
	In-Network	In-Network	In-Network Only
Deductible (Calendar Year) - Individual / Family	\$1,650/\$3,300/\$3,300	\$1,750/\$3,300/\$3,500	\$1,650/\$3,300/\$3,300
Out-of-Pocket Maximum - Individual / Family	\$3,000/\$6,000/\$6,000	\$5,000/\$5,000/\$10,000	\$3,200/\$3,200/\$6,400
Co-Insurance (Plan Pays)	90%	80%	90%
Health Benefits	You Pay	You Pay	You Pay
Office Visit Copay	10% Coinsurance (After Deductible)	20% Coinsurance (After Deductible)	10% Coinsurance (After Deductible)
Urgent Care	10% Coinsurance (After Deductible)	20% Coinsurance (After Deductible)	10% Coinsurance (After Deductible)
Preventive Care (annual exams, well woman exams, flu shots, etc.)	100% covered	100% covered	100% covered
Lab and X-Ray	10% Coinsurance (After Deductible)	20% Coinsurance (After Deductible)	10% Coinsurance (After Deductible)
Hospitalization - Inpatient / Outpatient	10% Coinsurance (After Deductible)	20% Coinsurance (After Deductible)	10% Coinsurance (After Deductible)
Emergency Services	10% Coinsurance (After Deductible)	20% Coinsurance (After Deductible)	10% Coinsurance (After Deductible)
Pharmacy Benefits	You Pay	You Pay	You Pay
Pharmacy Deductible – Individual / Family	Combined with medical	Combined with medical	Combined with medical
Out-of-Pocket Maximum – Individual / Family	Combined with medical	Combined with medical	Combined with medical
Retail Pharmacy	30 day supply	30 day supply	30 day supply
– Generic Formulary	\$10 Copay (After Deductible)	20% (After Deductible)	\$10 Copay (After Deductible)
– Brand Name Formulary	\$30 Copay (After Deductible)	20% (After Deductible, not to exceed \$250)	\$30 Copay (After Deductible)
Mail Order Pharmacy	90 day supply	90 day supply	100 day supply
– Generic Formulary	\$20 Copay (After Deductible)	20% (After Deductible)	\$20 Copay (After Deductible)
– Brand Name Formulary	\$60 Copay (After Deductible)	20% (After Deductible, not to exceed \$250)	\$60 Copay (After Deductible)

Benefits Rates

The District annual contribution to health benefits for all benefit eligible OSSA unit members will be \$12,524 effective January 1, 2025

The new District annual contribution of \$12,524 will remain in effect through June 30, 2025, after which time the District annual contribution will revert to the previously agreed upon amount of \$6,064 per benefit eligible OSSA unit member.

Rate includes: Medical, Dental,
and Vision

District Cap

Employee Contribution

Anthem Indemnity IV PPO			
11thly Jan - June	11thly July - Dec	Monthly Jan - June	Monthly July - Dec
\$1,138.55	\$697.82	\$ 1,138.55	\$ 639.67
\$ 935.75	\$ 1,376.48	\$ 857.77	\$ 1,261.77

District Cap

Employee Contribution

Anthem Wellness PPO			
11thly Jan - June	11thly July - Dec	Monthly Jan - June	Monthly July - Dec
\$1,138.55	\$697.82	\$ 1,138.55	\$ 639.67
\$ 663.83	\$ 1,104.56	\$ 608.51	\$ 1,012.51

District Cap

Employee Contribution

Anthem PPO 80			
11thly Jan - June	11thly July - Dec	Monthly Jan - June	Monthly July - Dec
\$1,138.55	\$697.82	\$ 1,138.55	\$ 639.67
\$ 981.13	\$ 1,421.86	\$ 899.37	\$ 1,303.37

District Cap

Employee Contribution

Kaiser HMO \$30			
11thly Jan - June	11thly July - Dec	Monthly Jan - June	Monthly July - Dec
\$1,138.55	\$697.82	\$ 1,138.55	\$ 639.67
\$ 772.72	\$ 1,213.45	\$ 708.33	\$ 1,112.33

District Cap

Employee Contribution

Anthem HMO \$30			
11thly Jan - June	11thly July - Dec	Monthly Jan - June	Monthly July - Dec
\$1,138.55	\$697.82	\$ 1,138.55	\$ 639.67
\$ 1,300.72	\$ 1,741.45	\$ 1,192.33	\$ 1,596.33

District Cap

Employee Contribution

Anthem HMO \$30 (Select)			
11thly Jan - June	11thly July - Dec	Monthly Jan - June	Monthly July - Dec
\$ 1,138.55	\$697.82	\$ 1,138.55	\$ 639.67
\$ 1,078.05	\$ 1,518.78	\$ 988.21	\$ 1,392.22

Benefits Rates Continued

The District annual contribution to health benefits for all benefit eligible OSSA unit members will be \$12,524 effective January 1, 2025

The new District annual contribution of \$12,524 will remain in effect through June 30, 2025, after which time the District annual contribution will revert to the previously agreed upon amount of \$6,064 per benefit eligible OSSA unit member.

Rate includes: Medical, Dental,
and Vision

District Cap

Employee Contribution

Employee only

Employee+1

Family

Kaiser CDHP \$1,650			
11thly Jan - June	11thly July - Dec	Monthly Jan - June	Monthly July - Dec
\$1,138.55	\$697.82	\$ 1,138.55	\$ 639.67
\$ -	\$ 102.77	\$ -	\$ 94.20
\$ 320.05	\$ 760.78	\$ 293.38	\$ 697.38
\$ 866.18	\$ 1,306.91	\$ 794.00	\$ 1,198.00

District Cap

Employee Contribution

Employee only

Employee+1

Family

Anthem CDHP PPO 90			
11thly Jan - June	11thly July - Dec	Monthly Jan - June	Monthly July - Dec
\$1,138.55	\$697.82	\$ 1,138.55	\$ 639.67
\$ -	\$ 166.40	\$ -	\$ 152.53
\$ 325.72	\$ 766.45	\$ 298.58	\$ 702.58
\$ 816.88	\$ 1,257.61	\$ 748.81	\$ 1,152.81

District Cap

Employee Contribution

Employee only

Employee+1

Family

Anthem CDHP PPO 80			
11thly Jan - June	11thly July - Dec	Monthly Jan - June	Monthly July - Dec
\$1,138.55	\$697.82	\$ 1,138.55	\$ 639.67
\$ -	\$ 3.95	\$ -	\$ 3.62
\$ 28.28	\$ 469.01	\$ 25.92	\$ 429.92
\$ 409.20	\$ 849.93	\$ 375.10	\$ 779.10

Medical Benefits: Health Plan Perks

Additional Benefits for All CSEBO 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/ 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>.

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: 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 LiveHealthOnline through the Sydney Health mobile app, 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.

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 19) 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 Incentive Plan

With the PPO incentive plan, Delta Dental pays 80% 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 80%.

	Delta Dental PPO Incentive \$2,500	
EFFECTIVE 1/1/2025 - 12/31/2025	PPO Network	Premier & Non-Network
Calendar Year Benefit Maximum	\$2,500	\$2,500
Deductible (Annual) Individual/ Family	N/A	N/A
	You Pay	You Pay
Preventive Exams, X-Rays, Cleanings	Covered in Full Limited to 2 per calendar year	Covered in Full Limited to 2 per calendar year
Basic Services Fillings, Oral Surgery, Endodontics, Perio- dontics	20% - 10% - 0%	20% - 10% - 0%
Major Services Crowns, Inlays, Cast Restorations	20% - 10% - 0%	20% - 10% - 0%
Prosthodontics Bridges, Dentures, Implants, Onlays	50% Once very 5 years	50% Once very 5 years
Orthodontia Covered Members Coverage Percentage Lifetime Benefit Maximum	Adults & Dependent Children 50% \$3,000 per person	Adults & Dependent Children 50% \$3,000 per person

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 Incentive participants should refer to the Premier or PPO network when prompted.

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.

EFFECTIVE
1/1/2025 - 12/31/2025

Vision Service Plan (VSP) PPO

In-Network

Service Frequencies

Exam Every	12 Months
Lenses Every	12 Months
Frames Every	24 Months

Benefits

Copays	\$10 Copay
Examination	Covered After Copay

Prescription Glasses

Coverage	Contacts OR Glasses
Frame Allowance	\$150 Allowance
Elective Contact Allowance	\$150 Allowance

Lenses

Single Vision	Covered After Copay
Lined Bifocal	Covered After Copay
Lined Trifocal	Covered After Copay



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.



How to Find an In-Network Vision Provider

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

Life Balance Benefits

Optum 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.
- The EAP provides you with to 5 counseling sessions per event per benefit year.



Scan the QR code and log on to **liveandworkwell.com**.

Access code: **CSEBO**

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



**Connect with your Employee Assistance Program.
24/7. Confidential. No cost to you.**

Call 1-888-444-8624

**Visit liveandworkwell.com
Enter company access code: CSEBO**



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 amount: \$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

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 or email at Anthony.magallanes@americanfidelity.com



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 your FSA dollars. If you are unable to estimate your health care and dependent care expenses accurately, it is better to be conservative and underestimate rather than overestimate your expenses.

	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 plans such as one of the Anthem Blue Cross PPO CDHP's or Kaiser Permanente CDHP 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 2025 maximum HSA contribution that can be made is \$4,300 for an individual and \$8,550 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 PPO CDHP 90 or CDHP 80 plan 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 CDHP \$1,650 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.

Employees enrolling into one of the Anthem CDHP plans will automatically be enrolled in a Health Saving Account through HealthEquity. If enrolling in the Kaiser CDHP plan, the HSA Bank vendor is integrated into the Kaiser logins, Healthcare Bank.

	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 dollarsEmployer	<ul style="list-style-type: none">IndividualEmployee salary reduction dollarsEmployer
Who Can Contribute?	Employer, Employee, or Both	
Maximum Contribution Level	2024-25 Maximum Contribution <ul style="list-style-type: none">\$3,200	2025 Maximum Contribution <ul style="list-style-type: none">Individual—\$4,300/ Family—\$8,550
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 Schools First Credit Union:

- Visit <https://schoolsfirstfcu.org/> or call for (800)462-8328 for information on establishing a 403(b) and/or 457(b) account, and
- Go to <https://www.schoolsfirstfcu.org/products/just-for-school-employees/retirement-plan-administration/districts-we-serve/ventura-county/> 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 (800) 462-8328. **Please note:** Your account 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
Kaiser Member Services	(800) 464-4000	www.kp.org
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		
Optum Member Services	(888) 444-8624 Access code: CSEBO	www.liveandworkwell.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 2024 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)



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.