

**California Schools Employee Benefits Organization**  
**Renewal Rates Effective January 1, 2025, Through December 31, 2025**  
**Oxnard School District - OSSA**

<u>Eligibility</u>	<u>Coverage</u>	<u>Vendor</u>	<u>Plan</u>	<u>Tier</u>	<u>Rate Basis</u>	<u>CSEBO Billed Premium</u>
Active	Medical	Anthem Blue Cross	HMO 30 - CA Care Network	Composite	Monthly	\$ 2,108.60
			HMO 30 - Select Network	Composite	Monthly	\$ 1,904.48
			Indemnity IV PPO <sup>1</sup>	Composite	Monthly	\$ 1,774.04
			PPO 80 <sup>1</sup>	Composite	Monthly	\$ 1,815.64
			Wellness PPO <sup>1</sup>	Composite	Monthly	\$ 1,524.78
			CDHP PPO 90 <sup>1</sup>	Single Two-Party Family	Monthly	\$ 664.80 \$ 1,214.85 \$ 1,665.08
			CDHP PPO 80 <sup>1</sup>	Single Two-Party Family	Monthly	\$ 515.59 \$ 942.19 \$ 1,291.37
		Kaiser Permanente	HMO 30 <sup>2</sup>	Composite	Monthly	\$ 1,624.60
			CDHP DHMO 90	Single Two-Party Family	Monthly	\$ 606.47 \$ 1,209.65 \$ 1,710.27
	Dental	Delta Dental	PPO <sup>3</sup>	Composite	Monthly	\$ 112.52
	Vision	VSP	Base	Composite	Monthly	\$ 14.88

<sup>1</sup>Includes \$20K lifetime maximum infertility benefits, 50% coinsurance, in and out of network.

<sup>2</sup>Includes chiropractic and acupuncture rider.

<sup>3</sup>Based on In-Network/Out-of-Network annual maximum of \$2,500 with incentive levels of 70/80/90/100, orthodontic benefits for children and adults with \$3,000 lifetime maximum, and 2 cleanings per year.



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COBRA	Medical	Anthem Blue Cross	HMO 30 - CA Care Network	Composite	Monthly	\$ 2,108.60
			HMO 30 - Select Network	Composite	Monthly	\$ 1,904.48
			Indemnity IV PPO <sup>1</sup>	Composite	Monthly	\$ 1,774.04
			PPO 80 <sup>1</sup>	Composite	Monthly	\$ 1,815.64
			Wellness PPO <sup>1</sup>	Composite	Monthly	\$ 1,524.78
			CDHP PPO 90 <sup>1</sup>	Single	Monthly	\$ 664.80
				Two-Party Family		\$ 1,214.85
			CDHP PPO 80 <sup>1</sup>	Single	Monthly	\$ 515.59
				Two-Party Family		\$ 942.19
				Family		\$ 1,291.37
		Kaiser Permanente	HMO 30 <sup>2</sup>	Composite	Monthly	\$ 1,624.60
			CDHP DHMO 90	Single	Monthly	\$ 606.47
				Two-Party Family	Monthly	\$ 1,209.65
				Family	Monthly	\$ 1,710.27
	Dental	Delta Dental	PPO <sup>3</sup>	Composite	Monthly	\$ 112.52
	Vision	VSP	Base	Composite	Monthly	\$ 14.88

<sup>1</sup>Includes \$20K lifetime maximum infertility benefits, 50% coinsurance, in and out of network.

<sup>2</sup>Includes chiropractic and acupuncture rider.

<sup>3</sup>Based on In-Network/Out-of-Network annual maximum of \$2,500 with incentive levels of 70/80/90/100, orthodontic benefits for children and adults with \$3,000 lifetime maximum, and 2 cleanings per year.



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District-Paid Retirees	Medical	Anthem Blue Cross	HMO 30 - CA Care Network	Composite	Monthly	\$ 2,108.60
			HMO 30 - Select Network	Composite	Monthly	\$ 1,904.48
			Indemnity IV PPO <sup>1</sup>	Composite	Monthly	\$ 2,400.65
			PPO 80 <sup>1</sup>	Composite	Monthly	\$ 2,002.58
			Wellness PPO <sup>1</sup>	Composite	Monthly	\$ 1,870.83
			CDHP PPO 90 <sup>1</sup>	Composite	Monthly	\$ 1,879.75
			CDHP PPO 80 <sup>1</sup>	Composite	Monthly	\$ 1,818.50
		Kaiser Permanente	HMO 30 <sup>2</sup>	Composite	Monthly	\$ -
			CDHP DHMO 90	Composite	Monthly	\$ -
			Senior Advantage (with Medicare A&B) <sup>2</sup>	Tiered	Monthly	\$ 174.87
	Dental	Delta Dental	PPO <sup>3</sup>	Composite	Monthly	\$ 112.52
	Vision	VSP	Base	Composite	Monthly	\$ 14.88

<sup>1</sup>Includes \$20K lifetime maximum infertility benefits, 50% coinsurance, in and out of network.

<sup>2</sup>Includes chiropractic and acupuncture rider.

<sup>3</sup>Based on In-Network/Out-of-Network annual maximum of \$2,500 with incentive levels of 70/80/90/100, orthodontic benefits for children and adults with \$3,000 lifetime maximum, and 2 cleanings per year.



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Self-Pay Retirees	Medical	Anthem Blue Cross	HMO 30 - CA Care (Under 65) <sup>1</sup>	Single Two-Party Family	Monthly	\$ 1,149.44 \$ 1,678.34 \$ 2,736.11
			HMO 30 - CA Care (Over 65 with A&B) <sup>1</sup>	Single Two-Party Family	Monthly	\$ 574.73 \$ 839.19 \$ 1,368.06
			HMO 30 - Select Network (Under 65 & Over 65) <sup>1</sup>	Single Two-Party Family	Monthly	\$ 1,038.18 \$ 1,515.87 \$ 2,471.26
			Indemnity IV PPO (Under 65) <sup>1</sup>	Single Two-Party Family	Monthly	\$ 1,983.29 \$ 3,802.49 \$ 4,949.45
			Indemnity IV PPO (Over 65 with A&B) <sup>1</sup>	Single Two-Party Family	Monthly	\$ 1,406.62 \$ 2,658.72 \$ 3,808.86
			Indemnity IV PPO (One Over 65 & One Under 65) <sup>1</sup>	Two-Party Family	Monthly	\$ 3,230.60 \$ 4,506.60
			PPO 80 (Under 65) <sup>1</sup>	Single Two-Party Family	Monthly	\$ 1,384.74 \$ 2,510.16 \$ 3,431.12
			PPO 80 (Over 65 with A&B) <sup>1</sup>	Single Two-Party	Monthly	\$ 895.00 \$ 1,790.51
			PPO 80 (Over 65 without Medicare) <sup>1</sup>	Two-Party Family	Monthly	\$ 2,857.47 \$ 5,688.82
			Wellness PPO (Under 65) <sup>1</sup>	Single Two-Party Family	Monthly	\$ 1,298.88 \$ 2,340.69 \$ 3,193.24
			Wellness PPO (Over 65 with A&B) <sup>1</sup>	Single Two-Party	Monthly	\$ 836.76 \$ 1,666.27
			Wellness PPO (Over 65 without Medicare) <sup>1</sup>	Single Two-Party	Monthly	\$ 2,671.52 \$ 5,294.05
			CDHP PPO 90 (Under 65) <sup>1</sup>	Single Two-Party Family	Monthly	\$ 1,309.56 \$ 2,348.18 \$ 3,198.12
			CDHP PPO 80 (Under 65) <sup>1</sup>	Single Two-Party Family	Monthly	\$ 1,267.63 \$ 2,271.06 \$ 3,092.24
		Kaiser Permanente	HMO 30 (Under 65) <sup>2</sup>	Single Two-Party Family	Monthly	\$ 1,163.61 \$ 2,327.21 \$ 3,292.98
			CDHP DHMO 90 (Under 65) <sup>2</sup>	Single Two-Party Family	Monthly	\$ 912.25 \$ 1,821.22 \$ 2,575.64
			\$25 Senior Advantage (with Medicare A&B) <sup>2</sup>	Per Retiree	Monthly	\$ 174.87
	Dental	Delta Dental	PPO <sup>3</sup>	Single Two-Party Family	Monthly	\$ 74.38 \$ 133.83 \$ 207.76
	Vision	VSP	Base	Single Two-Party Family	Monthly	\$ 8.23 \$ 14.88 \$ 23.02

<sup>1</sup>Includes \$20K lifetime maximum infertility benefits, 50% coinsurance, in and out of network.

<sup>2</sup>Includes chiropractic and acupuncture rider.

<sup>3</sup>Based on In-Network/Out-of-Network annual maximum of \$2,500 with incentive levels of 70/80/90/100, orthodontic benefits for children and adults with \$3,000 lifetime maximum, and 2 cleanings per year.



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AB528 (Certificated Retirees & Surviving Spouses)	Medical	Anthem Blue Cross	HMO 30 - CA Care (Under 65) <sup>1</sup>	Single Two-Party Family	Monthly	\$ 1,149.44 \$ 1,678.34 \$ 2,736.11
			HMO 30 - CA Care (Over 65 with A&B) <sup>1</sup>	Single Two-Party Family	Monthly	\$ 574.73 \$ 839.19 \$ 1,368.06
			HMO 30 - Select Network (Under 65 & Over 65) <sup>1</sup>	Single Two-Party Family	Monthly	\$ 1,038.18 \$ 1,515.87 \$ 2,471.26
			Indemnity IV PPO (Non-Medicare) <sup>1</sup>	Single Two-Party	Monthly	\$ 2,379.94 \$ 4,761.48
			Indemnity IV PPO (Over 65 with Medicare) <sup>1</sup>	Single Two-Party	Monthly	\$ 1,189.97 \$ 2,379.94
			Indemnity IV PPO (Over 65 No Part A) <sup>1</sup>	Two-Party Family	Monthly	\$ 2,023.11 \$ 4,046.22
			PPO 80 (Under 65) <sup>1</sup>	Single Two-Party	Monthly	\$ 2,268.67 \$ 4,519.21
			PPO 80 (Over 65 with A&B) <sup>1</sup>	Single Two-Party	Monthly	\$ 895.00 \$ 1,790.51
			PPO 80 (Over 65 without Medicare) <sup>1</sup>	Two-Party Family	Monthly	\$ 2,857.47 \$ 5,688.82
			Wellness PPO (Under 65) <sup>1</sup>	Single Two-Party	Monthly	\$ 2,121.04 \$ 4,205.61
			Wellness PPO (Over 65 with A&B) <sup>1</sup>	Single Two-Party	Monthly	\$ 836.76 \$ 1,666.27
			Wellness PPO (Over 65 without Medicare) <sup>1</sup>	Single Two-Party	Monthly	\$ 2,671.52 \$ 5,294.05
		Kaiser Permanente	HMO 30 (Under 65) <sup>2</sup>	Single Two-Party	Monthly	\$ 1,559.80 \$ 3,119.62
			CDHP DHMO 90 (Under 65) <sup>2</sup>	Single Two-Party	Monthly	\$ 1,209.65 \$ 2,415.99
			\$25 Senior Advantage (with Medicare A&B) <sup>2</sup>	Per Retiree	Monthly	\$ 174.87
	Dental	Delta Dental	PPO <sup>3</sup>	Single	Monthly	\$ 74.38
				Two-Party		\$ 133.83
				Family		\$ 207.76

<sup>1</sup>Includes \$20K lifetime maximum infertility benefits, 50% coinsurance, in and out of network.

<sup>2</sup>Includes chiropractic and acupuncture rider.

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