VUSD Health Benefits Checklist

☐ DETERMINE YOUR HEALTH INSURANCE SHARE OF COST

- Are you Certificated (credentialed position) or Classified (non-credentialed position)
- Are you an 11-month employee (230-day work calendar or less) or 12-month employee (240-day work calendar or more)
- Were you hired before 2/14/2024 or after 2/14/2024?
- What is your contract percentage (Certificated) or assignment hours per week (Classified)

Based upon the above information, locate your correct Monthly Employee Share of Cost Rate Sheet in your New Hire Packet

☐ EXPLORE VUSD BENEFITS

VUSD Offers:

Four Medical Plans:

- Anthem PPO Plan IV
- Anthem CDHP PPO Plan 90
- Kaiser Traditional HMO 30
- Kaiser CDHP DHMO 90

One Dental Plan:

- Delta Dental PPO

Two Vision Plans:

- VSP Base
- VSP Buy-Up

Cash-in-Lieu of Benefits for full-time employees

- Review the Cash-in-Lieu of Benefits FAQ's and Cash-in-Lieu Enrollment form located in your new hire packet for details

Employees can log into MyPlan Choices, a health plan recommendation engine to aid employees in selecting the best health plan for their individual needs at: https://myplanchoices.com/Default?Client=VUSD17627

☐ ENROLL IN BENEFITS OR DECLINE

Enrollment in Benefits is through an online benefits portal, Flock. New employees will receive an invitation to enroll in benefits from Flock. To enroll/decline Benefits please follow the link in your Flock invitation email and either decline benefits or select your health plans and submit to Insurance if applicable:

- Marriage certificate if you are adding a spouse/domestic partnership agreement registered with the State if you are adding a domestic partner
- Birth certificates for children

Eligible employees opting to enroll in Cash-in-Lieu of VUSD Health Benefits will refer to the Cash-in-Lieu of Benefits FAQ's and Cash-in-Lieu Enrollment form located in your new hire packet for details

For more information please refer to the Benefits Packet, explore the Risk Management website at https://www.venturausd.org/services/business-services/risk-management or contact Jodie Argueta, Risk Management Specialist at 805-641-5000 x 1242 or Jodie.argueta@venturausd.org

Risk Management/ Insurance
255 Stanley Ave, Suite 100,
Ventura, CA 93001
805.641.5000 ext. 1242
www.venturausd.org

Ventura Unified School District Health and Welfare Benefits

Ventura Unified School District offers health and welfare benefits to all VUSD certificated and classified employees who hold a 20-hour or more per week assignment/contract. Ventura Unified School District offers the following benefits:

Medical

- Anthem Blue Cross PPO
- Kaiser Permanente HMO
- Anthem Blue Cross CDHP 90
- Kaiser Permanente CDHP DHMO 90

Dental

- Delta Dental PPO

Vision

- VSP Base Plan
- VSP Buy-Up

Life Insurance and Disability Insurance

- American Fidelity
- Hartford Life Insurance
- Pacific Educators
- Met Life AD&D

New employees, employees with a change of hours, or employees returning from a leave of absence, are eligible to apply for coverage within 60 days. All eligible dependents must be enrolled in each of the plans you select. Coverage begins on the first day of the month after enrollment selections are made in VUSD online enrollment platform; **Flock** and supporting documentation are submitted to Risk Management/Insurance. Supporting documents required are:

*Copy of an official marriage certificate to add a spouse to your health plan

*Copy of your domestic partnership agreements filed with the State to add a domestic partner to your health plan

*Copy of birth certificates to add eligible children to your health plan

Risk Management will accept supporting documents via walk-in to the Education Service Center at 255 W Stanley Ave, Suite 100, Ventura. Ca 93001, intra-office (brown) mail, or you may email supporting documents to Jodie.argueta@venturausd.org

Plan selections and dependent enrollment cannot be finalized and approved in Flock, and plan enrollment cannot occur until Risk Management/Insurance receives all supporting documents for any eligible dependents you are adding to your plan. Failure to submit documents can result in delay or rejection of your enrollment into VUSD-CSEBO Health and Welfare Benefits.

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Select your health plan carefully, as your selection will be binding until the next open enrollment period. The Ventura Unified School District Annual Open Enrollment period is during October of each year and is the month in which you may change your medical plan and enroll or drop your health plans. All plan changes made during Open Enrollment will go into effective January 1st.

Please refer to the Ventura Unified School District CSEBO Health and Welfare Monthly Premium Rate Worksheet for information on your monthly employee share-of-cost for your plan selections.

In order to enroll in Benefits please follow the Flock invitation email sent to your school district email address. If you do not receive a Flock invitational email please reach out to Jodie Argueta, Risk Management Specialist at 805-641-5000 x 1242 or Jodie.argueta@venturausd.org

Ventura Unified School District employees eligible to enroll in health and welfare benefits are:

CERTIFICATED: Probationary and permanent employees who work at least 50% of the day or at least 50% of the school contract year.

CLASSIFIED: Probationary and Permanent employees who work a minimum of 4 hours per day/ or 20 hours per week.

BOARD MEMBERS/PERSONNEL COMMISSIONERS: Health and welfare premiums for medical, dental, and base vision. Monthly premiums are based upon date Board Members were elected to office (pre or post 2/14/2024). There is a monthly charge to members who elect the enhanced vision plan.

Ventura Unified School District employees qualified to enroll in benefits can add eligible dependents to their health plan. Eligible dependents are:

Legal spouse or domestic partnership registered with the State of California or other such legal union in a jurisdiction other than California.

Children related to you by birth, marriage/domestic partnership, or adoption until child reaches age of 26.

Children whom you have legal guardianship until child reaches age 18.

Cash-in-Lieu of Health and Welfare Benefits

Eligible Ventura Unified School District active employees who decline medical, dental, and vision benefits and demonstrate proof of qualifying alternative group medical coverage are eligible to receive cash-in-lieu benefits payments for pay periods September through June. Please refer to the Cash-in-Lieu Enrollment Form and FAQ flyer for more information on this benefit.

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VUSD employees already enrolled in health benefits may enroll newly eligible dependents no more than 60 days following the date they become eligible through birth, marriage/domestic partnership, and/or adoption. If you fail to add your newly-eligible dependent within 60 days from the date they became eligible you will not be able to add the dependent to your plan until Open Enrollment or if you/ your dependent experience another qualifying life event resulting in a Special Enrollment Period.

NEW SPOUSE/DOMESTIC PARTNER RULE

A newly acquired spouse/domestic partner is eligible for benefits on the first day of the month following the date of marriage and after submission is accepted in Flock.

The new spouse/domestic partner must be enrolled in the plan within 60 days of marriage or within 60 days of entering into a domestic partnership under California and health plan rules.

NEWBORN AND ADOPTED CHILDREN

Newborn children are eligible to be covered for benefits effective date of birth. Adopted children are covered on the date that the child is legally placed in the home. Both newborn and adopted children must be enrolled in the plan within 60 days of birth or within 60 days of the legal date of custody.

CHANGE IN DEPENDENT STATUS

You must report any dependent changes no more than 60 days following the date of the change. This includes divorce of a spouse, dissolution or nullification of a domestic partnership, or when a current dependent ceases to be eligible as set forth in the Eligibility Provisions set forth by CSEBO.

If you do not report changes in dependent status in a timely manner, you may be liable for the costs incurred by the health plan for overpayment of premiums and/or claims.

For further information on the Ventura Unified School District CSEBO Health and Welfare Benefits, you may visit the VUSD Risk Management webpage at https://www.venturausd.org/services/business-services/risk-management or you may contact Jodie Argueta, Risk Management Specialist at 805-641-5000 x 1242 or email at Jodie.argueta@venturausd.org

Health Plan Recommendation Tool

Your Health Choices

The Recommendation Tool helps answer questions about your health choices:

- What plan is right for me and my family?
- How much will it cost me out of my paycheck?
- What will my out-of-pocket cost be?

Free Online Tool & Virtual Support

- Easy to use - takes less than 5 minutes
- No commitment
- Confidential results

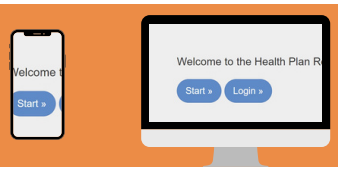
Ventura Unified SCHOOL DISTRICT

CSEBO
California Schools Employee Benefits Organization

MyPlan Choices

Go to this link to access the tool:

bit.ly/myplanchoicesvusd



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Ventura Unified School District CSEBO Health and Welfare Monthly Premium Rate Worksheet for 11-month Employees (230-day work calendar or less) Hired Before February 14th, 2024. Effective January 1st, 2026-December 31st, 2026

CSEBO Monthly Premium Paid by VUSD to CSEBO

Anthem PPO Medical-Composite	**$1,900.77**
Anthem CDHP PPO 90*-Tiered	**Single $725.47/ Two-Party $1,325.96/Family $1,817.47**
Kaiser HMO Medical-Composite	**$1,726.31**
Kaiser CDHP DHMO 90*-Tiered	**Single $644.31/Two-Party $1,285.31/Family $1,817.35**
Delta Dental PPO-Composite	**$108.32**
VSP Base Plan-Composite	**$14.88**
VSP Optional Buy-Up Plan-Composite	**VSP Base Premium Employee Share of Cost + $11.27**

Classified Employee Contribution to Premium Deducted Monthly from Paycheck: No premium due in month of July

Assigned Hours Worked Per Week	Employee % Contribution	Anthem PPO Medical	Anthem* CDHP PPO 90	Kaiser HMO Medical	Kaiser* CDHP DHMO 90	Delta Dental PPO	VSP Base	VSP Optional Buy-Up
40 hours per week	**0%**	**0.00**	**0.00**	**0.00**	**0.00**	**$0.00**	**$0.00**	**$11.27**
30-39.9 hours per week	**25%**	**$518.39**	**Single: $197.86 Two-Party: $361.63 Family: $495.67**	**$470.81**	**Single: $175.72 Two-Party: $350.54 Family: $495.64**	**$29.54**	**$4.06**	**$11.27 +Base**
20-29.9 hours per week	**50%**	**$1,036.78**	**Single: $395.71 Two-Party: $723.25 Family: $991.35**	**$941.62**	**Single: $351.44 Two-Party: $701.08 Family: $991.28**	**$59.08**	**$8.12**	**$11.27 +Base**

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Certificated Employee Contribution to Premium Deducted Monthly from Paycheck: No premium due in month of July

Contract Percentage	Employee % Contribution	Anthem PPO Medical	Anthem* CDHP PPO 90	Kaiser HMO Medical	Kaiser* CDHP DHMO 90	Delta Dental PPO	VSP Base	VSP Optional Buy-Up
80-100%	0%	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$11.27
75%	25%	$518.39	Single: $197.86 Two-Party: $361.63 Family: $495.67	$470.81	Single: $175.72 Two-Party: $350.54 Family: $495.64	$29.54	$4.06	$11.27+Base
70%	30%	$622.07	Single: $237.43 Two-Party: $433.95 Family: $594.81	$564.97	Single: $210.87 Two-Party: $420.65 Family: $594.77	$35.45	$4.87	$11.27+Base
67%	33%	$684.28	Single: $261.17 Two-Party: $477.35 Family: $654.29	$621.47	Single: $231.95 Two-Party: $462.71 Family: $654.25	$39.00	$5.36	$11.27+Base
65%	35%	$725.75	Single: $277.00 Two-Party: $506.28 Family: $693.94	$659.14	Single: $246.01 Two-Party: $490.75 Family: $693.90	$41.36	$5.68	$11.27+Base
60%	40%	$829.43	Single: $316.57 Two-Party: $578.60 Family: $793.08	$753.30	Single: $281.15 Two-Party: $560.86 Family: $793.03	$47.27	$6.49	$11.27+Base
50%	50%	$1,036.78	Single: $395.71 Two-Party: $723.25 Family: $991.35	$941.62	Single: $351.44 Two-Party: $701.08 Family: $991.28	$59.08	$8.12	$11.27+Base

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CSEBO Monthly Premium Paid by VUSD to CSEBO

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Kaiser HMO Medical-Composite	**$1,726.31**
Kaiser CDHP DHMO 90*-Tiered	**Single $644.31/Two-Party $1,285.31/Family $1,817.35**
Delta Dental PPO-Composite	**$108.32**
VSP Base Plan-Composite	**$14.88**
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Classified Employee Contribution to Premium Deducted Monthly from Paycheck: No premium due in month of July

Assigned Hours Worked Per Week	Employee % Contribution	Anthem PPO Medical	Anthem* CDHP PPO 90	Kaiser HMO Medical	Kaiser* CDHP DHMO 90	Delta Dental PPO	VSP Base	VSP Optional Buy-Up
40 hours per week	**0%**	**$707.97**	**0.00**	**$517.65**	**0.00**	**$0.00**	**$0.00**	**$11.27**
30-39.9 hours per week	**25%**	**$518.39**	**Single: $197.86 Two-Party: $361.63 Family: $495.67**	**$470.81**	**Single: $175.72 Two-Party: $350.54 Family: $495.64**	**$29.54**	**$4.06**	**$11.27 +Base**
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80-100%	0%	$707.97	$0.00	$517.65	$0.00	$0.00	$0.00	$11.27
75%	25%	$518.39	Single: $197.86 Two-Party: $361.63 Family: $495.67	$470.81	Single: $175.72 Two-Party: $350.54 Family: $495.64	$29.54	$4.06	$11.27+Base
70%	30%	$622.07	Single: $237.43 Two-Party: $433.95 Family: $594.81	$564.97	Single: $210.87 Two-Party: $420.65 Family: $594.77	$35.45	$4.87	$11.27+Base
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50%	50%	$1,036.78	Single: $395.71 Two-Party: $723.25 Family: $991.35	$941.62	Single: $351.44 Two-Party: $701.08 Family: $991.28	$59.08	$8.12	$11.27+Base

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Ventura Unified School District CSEBO Health and Welfare Monthly Premium Rate Worksheet for 12-month Employees (240-day work calendar or more) Hired Before February 14th, 2024. Effective January 1st, 2026-December 31st, 2026

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Classified Employee Contribution to Premium Deducted Monthly from Paycheck

Assigned Hours Worked Per Week	Employee % Contribution	Anthem PPO Medical	Anthem* CDHP PPO 90	Kaiser HMO Medical	Kaiser* CDHP DHMO 90	Delta Dental PPO	VSP Base	VSP Optional Buy-Up
40 hours per week	**0%**	**0.00**	**0.00**	**0.00**	**0.00**	**$0.00**	**$0.00**	**$10.33**
30-39.9 hours per week	**25%**	**$475.19**	**Single: $181.37 Two-Party: $331.49 Family: $454.37**	**$431.58**	**Single: $161.08 Two-Party: $321.33 Family: $454.34**	**$27.08**	**$3.72**	**$10.33+Base**
20-29.9 hours per week	**50%**	**$950.39**	**Single: $362.74 Two-Party: $662.98 Family: $908.74**	**$863.16**	**Single: $322.16 Two-Party: $642.66 Family: $908.68**	**$54.16**	**$7.44**	**$10.33+Base**

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Certificated Employee Contribution to Premium Deducted Monthly from Paycheck

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80-100%	0%	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$10.33
75%	25%	$475.19	Single: $181.37 Two-Party: $331.49 Family: $454.37	$431.58	Single: $161.08 Two-Party: $321.33 Family: $454.34	$27.08	$3.72	$10.33+Base
70%	30%	$570.23	Single: $217.64 Two-Party: $397.79 Family: $545.24	$517.89	Single: $193.29 Two-Party: $385.59 Family: $545.21	$32.50	$4.46	$10.33+Base
67%	33%	$627.25	Single: $239.41 Two-Party: $437.57 Family: $599.77	$569.68	Single: $212.62 Two-Party: $424.15 Family: $599.73	$35.75	$4.91	$10.33+Base
65%	35%	$665.27	Single: $253.91 Two-Party: $464.09 Family: $636.11	$604.21	Single: $225.51 Two-Party: $449.86 Family: $636.07	$37.91	$5.21	$10.33+Base
60%	40%	$760.31	Single: $290.19 Two-Party: $530.38 Family: $726.99	$690.52	Single: $257.72 Two-Party: $514.12 Family: $726.94	$43.33	$5.95	$10.33+Base
50%	50%	$950.39	Single: $362.74 Two-Party: $662.98 Family: $908.74	$863.16	Single: $322.16 Two-Party: $642.66 Family: $908.68	$54.16	$7.44	$10.33+Base

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40 hours per week	**0%**	**$648.97**	**0.00**	**$474.51**	**0.00**	**$0.00**	**$0.00**	**$10.33**
30-39.9 hours per week	**25%**	**$475.19**	**Single: $181.37 Two-Party: $331.49 Family: $454.37**	**$431.58**	**Single: $161.08 Two-Party: $321.33 Family: $454.34**	**$27.08**	**$3.72**	**$10.33+Base**
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Ventura Unified School District CSEBO Health and Welfare Monthly Premium Rate Worksheet for 12-month Employees (240-day work calendar or more) Hired AFTER February 14th, 2024.

Effective January 1st, 2026-December 31st, 2026

Certificated Employee Contribution to Premium Deducted Monthly from Paycheck

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65%	35%	$665.27	Single: $253.91 Two-Party: $464.09 Family: $636.11	$604.21	Single: $225.51 Two-Party: $449.86 Family: $636.07	$37.91	$5.21	$10.33+Base
60%	40%	$760.31	Single: $290.19 Two-Party: $530.38 Family: $726.99	$690.52	Single: $257.72 Two-Party: $514.12 Family: $726.94	$43.33	$5.95	$10.33+Base
50%	50%	$950.39	Single: $362.74 Two-Party: $662.98 Family: $908.74	$863.16	Single: $322.16 Two-Party: $642.66 Family: $908.68	$54.16	$7.44	$10.33+Base

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2026 CDHP Health Savings Plan (HSA) Flyer

Ventura Unified School District employees who choose to enroll in either the Anthem Blue Cross CDHP PPO 90 or Kaiser Permanente CDHP DHMO 90 health plans are eligible to establish and contribute to a Health Savings Account (HSA) to help cover qualifying medical, dental, and vision care expenses.

VUSD employees who are enrolled in a CDHP plan will have the option to contribute to their HSA pre-tax through voluntary deductions, or post-tax on their own through direct deposit transfers their Health Savings Account. While voluntary employee contribution to your HSA is not required, employees may want to contribute in order to increase their overall HSA account.

To contribute to your HSA, you will need to complete the 2026 **VUSD HSA Deduction Form** and return to Risk Management/Insurance no later than the 5th of the month in order for the deduction to be processed for the following pay period.

Voluntary employee HSA contributions can be changed at any time, but employees must submit changes by the 5th of the month for those changes to be reflected on the next paycheck. For example, in order for a voluntary HSA deduction to come out of your January 2026 paycheck, we will need your HSA deduction form no later than January 5th, 2026.

Total HSA total yearly contributions cannot exceed IRS guidelines. Total yearly HSA contributions include:

- Employer Contributions to employee's HSA-please note there are no negotiated District contributions to employee health savings accounts for 2026.
- Employee voluntary contributions to an HSA
- Any spouse/domestic partner contributions to their own HSA if you and your spouse/domestic partner dual-insure each other's HSA-qualifying health plans.

It is up to the employee to ensure that their total HSA contributions do not exceed the guidelines set by the IRS.

The total yearly HSA contribution is set forth by the IRS each year. The total yearly IRS HSA contribution for 2026 is:

Tier	Under Age 55	Over Age 55
Individual	$4,400	$5,400
Family (2 or more covered)	$8,750	$9,750

Employee HSA Payroll Deduction Form

Return completed forms to:
ESC- Risk Management/Insurance
Ventura Unified School District
Attn**: Jodie Argueta**
jodie.argueta@venturausd.org
805.641-.5000 x1242

HSA Contribution Limits and Contribution Calculator

2026 Annual Maximum HSA Contributions

Age Band	Coverage Type	Total Annual Contribution*

Total Annual Employee HSA Contribution		Employer Contribution		Total Eligible Employee Amount
$	MINUS	$	=	$
Total Eligible Employee Amount	/	**Remaining number of pay periods:**	=	**Per-Pay Period Max Withholding**
$	DIVIDED			$

Eligibility and contribution limits to your health savings account (HSA) are determined by the effective date of your high-deductible health plan (HDHP). If you're covered as of December 1, you're considered an eligible individual for the entire year and you're not required to pro-rate your contributions and can deposit the full IRS maximum for that calendar year. If you cease to be an eligible individual during the next calendar year, any funding over the prorated amount is considered an excess contribution and subject to a penalty and income tax. For further information or to review eligibility, please contact your Benefits Department.

Employee Information and Authorization

Employee Name	Last 4 of SSN or Employee ID

Please withhold:

$ from my monthly payroll and apply the funds to my HSA.

Payroll Cycle:					Year:			
□ January	□ February	□ March	□ April	□ May	□ June	~~□ July~~	~~□ August~~	□ September
□ October	□ November	□ December						

Signature	Date

CSEBO MEDICAL INSURANCE
HEALTH PLAN COMPARISON
EFFECTIVE 1/1/2026 – 12/31/2026

CARRIER	ANTHEM BLUE CROSS				KAISER PERMANENTE	
PLAN NAME	INDEMNITY IV PPO		CDHP PPO 90		HMO 30	CDHP DHMO 90
GENERAL PLAN INFORMATION	IN-NETWORK	OUT-OF-NETWORK[1]	IN-NETWORK	OUT-OF-NETWORK[1]	IN-NETWORK ONLY	IN-NETWORK ONLY
Annual Medical Out-of-Pocket Limit						
Individual/Individual in Family/Family	$2,000/$2,000/$4,000[2]	Unlimited	$3,000/$6,000/$6,000 (Combined Medical & Rx Out-of-Pocket Max)	Unlimited	$1,500/$1,500/$3,000[3]	$3,400/$3,400/$6,800 (Combined Medical & Rx Out-of-Pocket Max)[3]
Annual Medical Deductible - Plan Deductible Applies Unless Otherwise Stated						
Individual/Individual in Family/Family	$800/$800/$2,400[2]	$800/$800/$2,400[2]	$1,700/$3,400/$3,400 (Combined Medical & Rx Deductible)	$4,000/$8,000/$8,000 (Combined Medical & Rx Deductible)	$0	$1,700/$3,400/$3,400 (Combined Medical & Rx Deductible)
Plan Information						
Type of Plan	Preferred Provider Organization (PPO)		Preferred Provider Organization (PPO)		Health Maintenace Organization (HMO)	Health Maintenace Organization (HMO)
Referrals Required?	No		No		Yes	Yes
Plan Coinsurance	Plan Pays 85% (After Deductible)	Plan Pays 50% Coinsurance (After Deductible)	Plan Pays 90% (After Deductible)	Plan Pays 50% Coinsurance (After Deductible)	N/A	Plan Pays 90% (After Deductible)
Health Savings Account (HSA) Compatibility:						
HSA-Compatible Plan?	No		Yes		No	Yes
2026 Individual Maximum Contribution	N/A		$4,400		N/A	$4,400
2026 Family Maximum Contribution	N/A		$8,750		N/A	$8,750
Over 55 HSA Contribution Catch-Up	N/A		$1,000		N/A	$1,000
Physician/Diagnostic Services						
Preventive Care	No Charge	Not Covered	No Charge	Not Covered	No Charge	No Charge
Primary Care Office Visit	15% Coinsurance (After Deductible)	50% Coinsurance (After Deductible)	10% Coinsurance (After Deductible)	50% Coinsurance (After Deductible)	$30 Copay	10% Coinsurance (After Deductible)
Specialist Office Visit	15% Coinsurance (After Deductible)	50% Coinsurance (After Deductible)	10% Coinsurance (After Deductible)	50% Coinsurance (After Deductible)	$30 Copay	10% Coinsurance (After Deductible)
Diagnostic X-Ray and Lab Tests	15% Coinsurance (After Deductible)	50% Coinsurance (After Deductible)	10% Coinsurance (After Deductible)	50% Coinsurance (After Deductible)	No Charge	10% Coinsurance (After Deductible)
Advanced Imaging (MRI/PET/CAT Scans)	15% Coinsurance (After Deductible)	50% Coinsurance (After Deductible) up to $800 per Procedure Maximum	10% Coinsurance (After Deductible)	50% Coinsurance (After Deductible) up to $800 per Procedure Maximum	No Charge	10% Coinsurance (After Deductible)
Inpatient Hospital Services						
Inpatient Hospitalization	15%[4] Coinsruance (After Deductible)	50% Coinsurance (After Deductible)[4] up to $1,000 Maximum per Day	10% Coinsurance (After Deductible)	50% Coinsurance (After Deductible) up to $1,000 Maximum per Day	$250 Copay (Per Admission)	10% Coinsurance (After Deductible)
Outpatient Services						
Outpatient Surgery	15%[4] Coinsurance (After Deductible)	50% Coinsurance (After Deductible)[4] up to $350 per Day Maximum	10% Coinsurance (After Deductible)	50% Coinsurance (After Deductible) up to $350 per Day Maximum	$30 Copay (Per Procedure)	10% Coinsurance (After Deductible)
Outpatient Lab and Imaging	15%[4] Coinsurance (After Deductible)	50% Coinsurance (After Deductible)[4] up to $350 per Procedure Maximum	10% Coinsurance (After Deductible)	50% Coinsurance (After Deductible) up to $350 per Procedure Maximum	No Charge	10% Coinsurance (After Deductible)
Emergency Services						
Ambulance Services	15% Coinsurance (After Deductible)		10% Coinsurance (After Deductible)		$50 Copay (Per Trip)	10% Coinsurance (After Deductible)
Emergency Room	15% Coinsurance (After Deductible)		10% Coinsurance (After Deductible)		$50 Copay (Waived if Admitted)	10% Coinsurance (After Deductible)
Urgent Care						
Urgent Care Visits	15% Coinsurance (After Deductible)	50% Coinsurance (After Deductible)	10% Coinsurance (After Deductible)	50% Coinsurance (After Deductible)	$30 Copay	10% Coinsurance (After Deductible)

[1]When using out-of-network providers, you are responsible for the deductible, coinsurance, and additional amounts exceeding the usual and customary charges.

[2]For Anthem Indemnity IV PPO: The family deductible and out-of-pocket maximum are embedded meaning the cost shares of one family member will be applied to the individual deductible and individual out-of-pocket maximum; in addition, amounts for all family members apply to the family deductible and family out-of-pocket maximum. No one member will pay more than the individual deductible and individual out-of-pocket maximum.

[3]The family out-of-pocket maximum is embedded, meaning the cost shares of one family member will be applied to per person out-of-pocket maximum. In addition, amounts for all covered family members apply to the family out-of-pocket maximum. No one member will pay more than the per person out-of-pocket maximum.

[4]$250 deductible applies if utilization review is not obtained (waived for emergency admissions and outpatient freestanding surgery centers).

CSEBO MEDICAL INSURANCE
HEALTH PLAN COMPARISON
EFFECTIVE 1/1/2026 – 12/31/2026

CARRIER	ANTHEM BLUE CROSS				KAISER PERMANENTE	
PLAN NAME	**INDEMNITY IV PPO**		**CDHP PPO 90**		**HMO 30**	**CDHP DHMO 90**
Mental Health and Substance Abuse	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network Only**	**In-Network Only**
Inpatient Mental Health	15%[4] Coinsurance (After Deductible)	50%[4] Coinsurance (After Deductible) up to $1,000 per Day Maximum	10% Coinsurance (After Deductible)	50% Coinsurance (After Deductible) up to $1,000 per Day Maximum	$250 Copay (Per Admission)	10% Coinsurance (After Deductible)
Outpatient Mental Health Office Visit	15% Coinsurance (After Deductible)	50% Coinsurance (After Deductible)	10% Coinsurance (After Deductible)	50% Coinsurance (After Deductible)	$30 Copay	10% Coinsurance (After Deductible)
Other Outpatient Health Services	15% Coinsurance (After Deductible)	50% Coinsurance (After Deductible)	10% Coinsurance (After Deductible)	50% Coinsurance (After Deductible)	No Charge	10% Coinsurance (After Deductible)
Other Services						
Acupuncture	15% Coinsurance (After Deductible), Maximum of 18 Visits per Calendar Year, Then Plan Pays 0%	50% Coinsurance (After Deductible)	10% Coinsurance (After Deductible), Maximum of 20 visits per Calendar Year, Then Plan Pays 0%	50% Coinsurance (After Deductible), Maximum of 6 Visits per Calendar Year, Then Plan Pays 0%	$10 Copay, Combined 30 Visits per 12-Month Period for Acupuncure and Chiropractic Services, Referral Not Required	N/A
Chiropractor Services	$20 Copay (Deductible Waived), Maximum of 30 Visits per Calendar Year, Then Plan Pays 0%	50% Coinsurance (After Deductible), Maximum of 6 Visits per Calendar Year, Then Plan Pays 0%	10% Coinsurance (After Deductible), Maximum of 30 Visits per Calendar Year, Then Plan Pays 0%	50% Coinsurance (After Deductible), Maximum of 6 Visits per Calendar Year, Then Plan Pays 0%	$10 Copay, Combined 30 Visits per 12-Month Period for Acupuncure and Chiropractic Services, Referral Not Required	N/A
Hearing Aids	$500 Maximum Benefit per Ear, Every 12 Months		$500 Maximum Benefit per Ear, Every 12 Months		No Coverage	No Coverage
Infertility Diagnosis & Treatment	$20K Lifetime Maximum, 50% Coinsurance		No Coverage		3-Cycle, Unlimited Rx	3-Cycle, Unlimited Rx (After Deductible)
PRESCRIPTION DRUG BENEFITS	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK ONLY**	**IN-NETWORK ONLY**
Annual Prescription Drug Out-of-Pocket Limit						
Individual/Individual in Family/Family	$4,600/$4,600/$9,200[2]	Unlimited	Combined with Medical		Combined with Medical	Combined with Medical
Prescription Drug Deductible						
Per Individual	$0		Combined with Medical		$0	Combined with Medical
Prescription Drug Formulary						
Fomulary (Covered Drugs)	National 3-Tier		National 4-Tier		CA Commercial 3-Tier	CA Commercial 3-Tier
Retail	**30-Day Supply**		**30-Day Supply**		**30-Day Supply**	**30-Day Supply**
Generic	$20 Copay (Deductible Waived)	Paper Claim Submission Required	$10 Copay (After Deductible)	Paper Claim Submission Required	$15 Copay	$10 Copay (After Deductible)
Brand (Formulary/Preferred)	$30 Copay (Deductible Waived), or 20% Coinsurance, Whichever Greater		$30 Copay (After Deductible)		$30 Copay	$20 Copay (After Deductible)
Brand (Non-Formulary/Non-Preferred)	$50 Copay (Deductible Waived), or 35% Coinsurance, Whichever Greater		$30 Copay (After Deductible)		$30 Copay	$35 Copay (After Deductible)
Specialty Rx (Specialty Pharmacy Only; 30-day supply)	Same as Retail Brand		20% Coinsurance (After Deductible; Not to Exceed $150)		50% Coinsurance (Not to Exceed $200)	20% Coinsurance (After Deductible; Not to Exceed $150)
Mail Order	**90-Day Supply**		**90-Day Supply**		**100-Day Supply**	**100-Day Supply**
Generic	$40 Copay (Deductible Waived)	Paper Claim Submission Required	$20 Copay (After Deductible)	Paper Claim Submission Required	$30 Copay	$20 Copay (After Deductible)
Brand (Formulary/Preferred)	$60 Copay (Deductible Waived)		$60 Copay (After Deductible)		$60 Copay	$60 Copay (After Deductible)
Brand (Non-Formulary/Non-Preferred)	$60 Copay (Deductible Waived)		$60 Copay (After Deductible)		$60 Copay	$60 Copay (After Deductible)
Specialty Rx (Specialty Pharmacy Only; 30-day supply)	$100 Copay (Deductible Waived)		20% Coinsurance (After Deductible; Not to Exceed $150)		$60 Copay	20% Coinsurance (After Deductible; Not to Exceed $150)

[2]For Anthem Indemnity IV PPO: The family deductible and out-of-pocket maximum are embedded meaning the cost shares of one family member will be applied to the individual deductible and individual out-of-pocket maximum; in addition, amounts for all family members apply to the family deductible and family out-of-pocket maximum. No one member will pay more than the individual deductible and individual out-of-pocket maximum.

[4]$250 deductible applies if utilization review is not obtained (waived for emergency admissions and outpatient freestanding surgery centers).

Note: This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Certificate of Insurance or Evidence of Coverage (EOC). If there is a difference between this summary and the Certificate of Insurance or Evidence of Coverage (EOC), the Certificate of Insurance or Evidence of Coverage (EOC), will prevail.

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CSEBO DENTAL INSURANCE
DELTA DENTAL PPO
EFFECTIVE 1/1/2026 - 12/31/2026

PLAN NAME	DELTA DENTAL PPO[1]	
GENERAL PLAN INFORMATION	**DELTA DENTAL PPO PROVIDERS[1]**	**PREMIER & NON-DELTA DENTAL PPO PROVIDERS**
Calendar Year Annual Maximum		
	$2,500	$2,500
Incentive Levels		
Percentage level increases 10% for each consecutive year the dentist is visited, to a maximum of 100%.	70/80/90/100%	70/80/90/100%
Diagnostic and Preventive Benefits	**Incentive Level Coverage**	
Prophylaxis (Cleaning) Treatments	Plan Pays 100%; limited to 2 per calendar year[2]	Plan Pays 100%; limited to 2 per calendar year[2]
Oral Examinations	Plan Pays 100%; limited to 2 per calendar year[2]	Plan Pays 100%; limited to 2 per calendar year[2]
Full-Mouth X-Rays	Plan Pays 100%; limited to 1 per 36 months[2]	Plan Pays 100%; limited to 1 per 36 months[2]
Bitewing X-Rays	Plan Pays 100%; upon provider request, maximum of 2 per calendar year[2]	Plan Pays 100%; upon provider request, maximum of 2 per calendar year[2]
Periodontal Scaling and Root Planing	Plan Pays 100%; limited to 1 each quadrant every 24 months	Plan Pays 100%; limited to 1 each quadrant every 24 months
Fluoride Treatments	Plan Pays 100% limited to 4 per calendar year.[2]	Plan Pays 100% limited to 4 per calendar year.[2]
Space Maintainers	Plan Pays 100%[2]	Plan Pays 100%[2]
Basic Benefits	**Incentive Level Coverage**	
Oral Surgery - Extractions	Plan Pays 70/80/90/100%; limited to once per tooth per lifetime	Plan Pays 70/80/90/100%; limited to once per tooth per lifetime
Oral Surgery - Other Surgical Procedures	Plan Pays 50-100% depending on procedure	Plan Pays 50-100% depending on procedure

CSEBO DENTAL INSURANCE
DELTA DENTAL PPO
EFFECTIVE 1/1/2026 - 12/31/2026

PLAN NAME	DELTA DENTAL PPO[1]	
GENERAL PLAN INFORMATION	DELTA DENTAL PPO PROVIDERS[1]	PREMIER & NON-DELTA DENTAL PPO PROVIDERS
Basic Benefits (continued)	**Incentive Level Coverage**	
Restorative Procedures - Amalgam, Silicate or Composite (Resin) Restorations (Fillings)	Plan Pays 70/80/90/100%; limited to once per surface, per tooth within a 2 year period	Plan Pays 70/80/90/100%; limited to once per surface, per tooth within a 2 year period
Endodontic Treatments	Plan Pays 70/80/90/100%; limitations apply	Plan Pays 70/80/90/100%; limitations apply
Periodontic Treatment	Plan Pays 70/80/90/100%; limitations apply	Plan Pays 70/80/90/100%; limitations apply
Sealants	Plan Pays 70/80/90/100%; limited to once per tooth within 3 year period, up to age 14.	Plan Pays 70/80/90/100%; limited to once per tooth within 3 year period, up to age 14.
Crowns, Inlays, Onlays and Cast Restoration Benefits	**Incentive Level Coverage**	
Crowns, Inlays, Onlays and Cast Restoration	Plan Pays 70/80/90/100%; service on the same tooth only once every 5 years	Plan Pays 70/80/90/100%; service on the same tooth only once every 5 years
Prosthodontic Benefits	**Incentive Level Coverage**	
Implants	Plan Pays 50%; limited to once every 5 years	Plan Pays 50%; limited to once every 5 years
Removable - Partial Dentures, Full Dentures	Plan Pays 50%; limited to once every 5 years	Plan Pays 50%; limited to once every 5 years
Fixed - Inlays, Onlays, Bridges	Plan Pays 50%; limited to once every 5 years	Plan Pays 50%; limited to once every 5 years
Nightguards	**Incentive Level Coverage**	
Coverage Percentage	Plan Pays 100%; limited to once per lifetime	Plan Pays 100%; limited to once per lifetime
Lifetime Individual Maximum	$500	$500
Orthodontia Benefits	**Incentive Level Coverage**	
Coverage Eligibility	Not Covered	Not Covered

[1]Reimbursement to providers is based on the PPO contracted fee for PPO dentists. Premier contracted fees for Premier dentists and the program allowance for non-Delta Dental dentists.

[2]2 cleanings, Exams and X-ray costs do not count towards the calendar year annual maximum.

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CSEBO VISION INSURANCE
VSP PPO COMPARISON
EFFECTIVE 1/1/2026 - 12/31/2026

vsp vision care

GENERAL PLAN INFORMATION	BASE		ENHANCED BUY-UP	
Service Frequencies	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Exam Every	12 Months	12 Months	12 Months	12 Months
Lenses Every	12 Months	12 Months	12 Months	12 Months
Frame Every	24 Months	24 Months	12 Months	12 Months
Benefits				
Copays	$10	$10	$10	$10
Examination	Covered After Copay	Up To $45	Covered After Copay	Up To $45
Contact Lens Fitting	Covered After Copay	Up To $45	Covered After Copay	Up To $45
Retinal Imaging	Up to $39, After $10 Copay	Up To $45	Covered After Copay	Up To $45
Prescription Glasses				
Coverage	Contacts **OR** Glasses		Contacts **AND** Glasses	
Frame Allowance	$200	Up To $70	$300	Up To $70
Elective Contact Allowance	$200	Up To $90	$300	Up To $105
Lenses				
Single Vision	Covered After Copay	Up To $30	Covered After Copay	Up To $30
Lined Bifocal	Covered After Copay	Up To $50	Covered After Copay	Up To $50
Lined Trifocal	Covered After Copay	Up To $65	Covered After Copay	Up To $65
Lense Enhancements (Negotiated Member Share Savings of 20-25%)[1]				
Anti-Reflective Coatings	$41 - $85	Provider Rate	$40 copay[2]	Provider Rate
Custom Progressive Lenses	$150 - $175	Provider Rate	$150 - $175	Provider Rate
Edge Polish	$36	Provider Rate	$36	Provider Rate
Light Filer	$15	Provider Rate	$15	Provider Rate
High Index Lenses	$50 - $125	Provider Rate	$50 - $125	Provider Rate
Light-Reactive Lenses	$75	Provider Rate	$75	Provider Rate
Polarized Lenses	$57 - $101	Provider Rate	$57 - $101	Provider Rate
Impact-Resistant Lenses	$35	Provider Rate	$35	Provider Rate
Premium Progressive Lenses	$95 - $105	Provider Rate	$95 - $105	Provider Rate
Scratch-Resistant Coating	$17 - $33	Provider Rate	$17 - $33	Provider Rate
Standard Progressive Lenses	No Charge	Provider Rate	No Charge	Provider Rate
Tinted (Colored) Lenses	$15 - $17	Provider Rate	$15 - $17	Provider Rate
UV Protection	$16	Provider Rate	$16	Provider Rate

[1]Costco Optical pricing already includes member savings.

[2]Costco Optical pricing may vary.

Note: This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Certificate of Insurance or Evidence of Coverage (EOC). If there is a difference between this summary and the Certificate of Insurance or Evidence of Coverage (EOC), the Certificate of Insurance or Evidence of Coverage (EOC), will prevail.

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Ventura Unified SCHOOL DISTRICT

CSEBO

EMPLOYEE ASSISTANCE PROGRAM
OPTUM
EFFECTIVE 1/1/2026 - 12/31/2026

TYPE OF PLAN GENERAL PLAN INFORMATION	EMPLOYEE ASSISTANCE PROGRAM[1] IN-NETWORK BENEFITS
Contact Information - 24-Hours per Day/7-Days per Week	
Phone	(888) 444-8624
Web	www.liveandworkwell.com
Access Code	CSEBO
EAP Benefits	**Copays/Coinsurance**
5 Face-To-Face Visits per Problem per Year	No Charge
Covered Visits [2]	**Copays/Coinsurance**
Child/Parenting Services	No Charge
Adult/Elder Support	No Charge
Financial Resources	No Charge
Legal/Mediation Resources	No Charge
Chronic Condition Support	No Charge
Life Learning/Educational Support Services	No Charge
Convenience Services	No Charge

[1]The Employee Assistance Program is a benefit that is provided to each benefit-eligible employee of VUSD at no charge. You do not need to "select" this plan, eligible employees will automatically have access to these benefits.

[2] You must obtain prior-authorization through Optum prior to face-to-face consulting services. Please contact (888) 444-8624 to obtain authorization for face-to-face visits and for access to the full WorkLife program.

Note: This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Certificate of Insurance or Evidence of Coverage (EOC). If there is a difference between this summary and the Certificate of Insurance or Evidence of Coverage (EOC), the Certificate of Insurance or Evidence of Coverage (EOC), will prevail.

Risk Management/ Insurance
255 Stanley Ave, Suite 100,
Ventura, CA 93001
805.641.5000 ext. 1242
www.venturausd.org

VUSD Cash-in-Lieu Frequently Asked Questions

1) What Does Cash in Lieu mean?

Cash in Lieu means that a VUSD benefit eligible employee opts out of all Health and Welfare benefits and is paid a cash payment instead.

2) Who is Eligible for Cash in Lieu?

All eligible full time unit members who can prove they are covered by qualifying group health coverage. This includes new unit members. Full time for VESPA unit members is defined as holding a 40 hours per week assignment. Full time for VUEA unit members is defined as holding an 80% or more contract. Cash in lieu is available for dual covered VUSD employees.
Part-time eligible unit members enrolled as of 7/01/2023 in a District medical plan as the primary member and can prove they are covered by qualifying group medical coverage outside of the District.

Please note per ACA guidelines, alternative group medical coverage must NOT be coverage in the individual market: COBRA, TRICARE, Veterans Affairs health benefits, Medicare, Medi-Cal or Covered California

3) What is qualifying group health coverage?

Qualifying group health coverage includes health coverage that provides minimum value as established by the federal Patient Protection Affordable Care Act (ACA) and is maintained by an employer or employee organization.

4) What is the amount of the Cash in Lieu Stipend?

Beginning 7/1/2023, the Cash in Lieu Stipend shall be:

1. $5,000 – 1.0 FTE unit member
2. $3,750 - .75 FTE unit member
3. $2,500 - .5 FTE unit member

New unit members employed on or after July 1, 2023 are only eligible for cash-in-lieu if they are employed full time

5) Can an employee opt out of benefits to participate in Cash in Lieu at any time of the year?
Yes, as long as they can provide proof of outside group medical insurance.

Risk Management/ Insurance
255 Stanley Ave, Suite 100,
Ventura, CA 93001
805.641.5000 ext. 1242
www.venturausd.org

*Note: Eligible VUSD employees can only enroll in health and welfare benefits when first hired, during open enrollment and upon a qualifying life change resulting in a Special Enrollment Period. A qualifying life change to enroll in health and welfare benefits include:

- Loss of coverage under a different group health plan or health insurance, or
- Acquisition of a new dependent by marriage, birth, adoption or placement for adoption, or
- Following an approved leave of absence, or
- Increase in assigned hours

6) When does an employee's cash in lieu compensation commence?
Employees must sign up by the 5th of the month in order to receive the cash in lieu payment on their paycheck at the end of the month.

7) When will Cash in Lieu Payments be issued?
Payments will be issued in equal amounts in monthly payments (no July or August payment).

8) What acceptable verifications of coverage will the District accept from an employee in order to enroll in the cash-in-lieu benefits plan?

- A letter of Credible Coverage from the insurance company listing you and current beginning date of medical coverage (the beginning date must be within 12 months), or
- A signed letter from your spouse's/domestic partner's HR Department on their company letterhead listing you and a current coverage date within the last 12 months), or
- A copy of your insurance card. The insurance card must include your name and a current beginning date of coverage (within the last 12 months), or
- A copy of your online proof of coverage showing the insurance company, listing you as covered, and a current beginning date of coverage (within the last 12 months).

9) Will these same verifications of coverage examples be used for the annual recertification?
Yes, this documentation will be required annually at open enrollment. If not provided, employees will be dropped from the Cash in Lieu program and will NOT be in enrolled in any health and welfare benefits.

10) Will cash-in-lieu benefits be retroactive?
No Cash in Lieu cannot be claimed or paid retroactively.

11) Will employees be notified when their cash-in-lieu payments will start?
Yes. Once Risk Management/Insurance receives your documentation you will receive confirmation via your VUSD email, or other preferred email or mail address listed on the application that your proof of alternative group medical coverage has been accepted and commencement of your cash-in-lieu benefits on the next open regular pay cycle.

Risk Management/Insurance
255 Stanley Ave, Suite 100, Ventura, CA 93001
805.641.5000 ext. 1242
www.venturausd.org

Cash-in-Lieu of Health and Welfare Benefits

All cash-in-lieu enrollment paperwork is due by the 5th of the month for benefits to commence the following pay-period. If the 5th lands on a holiday or weekend, the form is due the last working day before the 5th. Eligible Ventura Unified School District active employees who decline medical, dental, and vision benefits and demonstrate proof of qualifying alternative group medical coverage are eligible to receive cash-in-lieu benefits payments for pay periods September through June when they follow the steps below:

Part 1: Decline Medical, Dental, and Vision Coverage by completing the Cash-in-Lieu of Health and Welfare Benefits Form

Part 2: Demonstrate Proof of Alternative Group Medical Coverage

Initial enrollment and annually during Open Enrollment effective January 1st you must demonstrate you have alternative group medical coverage* in order to receive cash-in-lieu benefits by submitting one of the following acceptable forms of proof of coverage:

- A letter of Credible Coverage from your current medical insurance company listing your name and the beginning date of coverage. The letter of Credible Coverage must be dated within the last 12 months
- A copy of your current medical insurance ID card. This card must include your name and a beginning date of coverage within the last 12 months
- A copy of your online proof of medical coverage listing your name as covered under the policy, the name of the medical plan, insurance company, and the beginning date of coverage within the last 12 months
- A signed letter dated within the last 12 months from your spouse/domestic partner's Human Resources or Benefits Department on a company letterhead listing your name, medical coverage, and date coverage commenced

Please submit your coverage to Risk Management/Insurance to Jodie Argueta, Risk Management Specialist through one of the following methods:

- Email at Jodie.argueta@venturausd.org
- Interoffice (brown) mail: ESC-Risk Management/Insurance att: Jodie Argueta
- USPS: Ventura Unified School District 255 W Stanley Ave, Suite 100 Ventura, Ca 93001

Once Risk Management/Insurance receives your documentation you will receive confirmation via the listed contact information on your Cash-in-Lieu enrollment form that your proof of alternative group medical coverage has been accepted and commencement of your cash-in-lieu benefits on the next open regular pay cycle. No retro payments will be given if the submission deadline is missed. Please see the VUSD Risk Management Cash-in-Lieu FAQs for additional details.

If you have any questions feel free to reach out to Jodie Argueta, Risk Management Specialist at 805-641-5000 x 1242 or email at Jodie.argueta@venturausd.org

Please note per ACA guidelines, alternative group medical coverage must NOT be coverage in the individual market: COBRA, TRICARE, Veterans Affairs health benefits, Medicare, Medi-Cal or Covered California

Risk Management/Insurance
255 Stanley Ave, Suite 100, Ventura, CA 93001
805.641.5000 ext. 1242
www.venturausd.org

Cash-in-Lieu of Health and Welfare Benefits Enrollment Form

Return this form along with your verification of your alternative qualifying group coverage to Jodie Argueta at ESC Risk Management/Insurance Department

Employee Name: _____ Employee ID#_____
(Print first, middle initial, last)

Email address to be used for confirmation of enrollment in Cash-in-Lieu. _____
You may use a private or VUSD email address. If no email address is listed, you will receive a written confirmation via USPS to your home mailing address on file with Human Resources.

Please read each statement carefully and initial next to each statement

☐ I decline Ventura Unified School District Group Medical, Dental, and Vision Plan Enrollment and I meet the eligibility guidelines for cash-in-lieu benefits.

☐ I affirm that I am covered by qualifying alternative group medical coverage. This coverage **IS NOT** on the individual market, including COBRA, TRICARE, Veterans Affairs health benefits, Medicare, Medi-Cal or Covered California*.

☐ I understand cash-in-lieu is a taxable benefit in-lieu of individual participation in Ventura Unified School District Group Medical, Dental, and Vision Plans.

☐ I understand cash-in-lieu benefits are paid out in 10 equal payments commencing September through June of each year. Cash-in-Lieu is not subject to retro payments and if I separate employment, retire, enter the 39-month re-hire list, or take an unpaid leave of absence, I am not owed any future payments for the remaining months.

☐ I understand if I opt into VUSD medical, and/or dental, and/or vision my cash-in-lieu benefits will cease the pay period before my health and welfare benefits commence.

☐ I understand each year during Open Enrollment I must re-enroll in cash-in-lieu benefits and demonstrate I have alternative group medical coverage* . If I do not re-enroll in cash-in-lieu during Open Enrollment, my cash-in-lieu benefits will cease effective January 1st and I, including any eligible dependents, **will not** be automatically enrolled in Ventura Unified School District Health and Welfare Benefits. In order to enroll in health and welfare benefits through Ventura Unified School District I must complete the enrollment process and adhere to the Open Enrollment and/or Special Enrollment deadlines.

I verify the above is true and correct. I understand I am opting out of all health and welfare benefits and may not opt back into health and welfare benefits until Open Enrollment or if I qualify for a Special Enrollment.

_____ _____
Employee Signature Date

CSEBO
California Schools Employee Benefits Organization

5189A Verdugo Way Camarillo, CA 93012
(805) 383-9388 | FAX: (805) 383-1971

OPEN ENROLLMENT PACKET

WHCRA ENROLLMENT NOTICE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prosthesis; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Please refer to your Summary Plan Description (SPD) or full Evidence of Coverage (EOC) for your specific plan's deductible and coinsurance. If you would like more information on WHCRA benefits, call your plan administrator or Member Services.

CSEBO
5189A Verdugo Way
Camarillo, CA 93012
Phone: (805) 383-9388
www.csebo.net

HIPAA PRIVACY REMINDER

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires health plans to comply with privacy rules. These rules are intended to protect your personal health information from being inappropriately used and disclosed. The rules also give you additional rights concerning control of your own healthcare information.

This Plan's HIPAA Privacy Notice explains how the group health plan uses and discloses your personal health information. You are provided a copy of this Notice when you enroll in the Plan. You can get another copy of this Notice from CSEBO at the information below:

CSEBO
5189A Verdugo Way
Camarillo, CA 93012
Phone: (805) 383-9388
www.csebo.net

SPECIAL ENROLLMENT RIGHTS NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing towards the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Medicaid/CHIP Event: You and your eligible dependents may also enroll in this plan if you (or your dependents):

- have coverage through Medicaid or a State Children's Health Insurance Program (CHIP) and you (or your dependents) lose eligibility for that coverage. However, you must request enrollment within 60 days after the Medicaid or CHIP coverage ends.
- become eligible for a premium assistance program through Medicaid or CHIP. However, you must request enrollment within 60 days after you (or your dependents) are determined to be eligible for such assistance.

To request special enrollment or obtain more information, contact CSEBO: (805) 383-9388.

MID-YEAR PERMITTED ELECTION CHANGE EVENT

Because your employer pre-taxes benefits, we are required to follow Internal Revenue Service (IRS) regulations on if and when benefits can be changed in the middle of a plan year. The following events **may** allow certain changes in benefits mid-year, **if** permitted by the IRS:

- Change in legal marital status (e.g. marriage, divorce/legal separation, death).
- Change in number or status of dependents (e.g. birth, adoption, death).
- Change in employee/spouse/dependent's employment status, work schedule, or residence that affects their eligibility for benefits.
- Coverage of a child due to a QMCSO.
- Entitlement or loss of entitlement to Medicare or Medicaid.
- Certain changes in the cost of coverage, composition of coverage or curtailment of coverage of the employee or spouse's plan.

- Changes consistent with Special Enrollment rights and FMLA leaves.

You must notify the plan in writing within 30 days of the mid-year election change event by contacting CSEBO at the contact information listed above. The Plan will determine if your change request is permitted and if so, changes become effective prospectively, on the first day of the month, following the approved mid-year election change event (except for newborn and adopted children, who are covered back to the date of birth, adoption, or placement for adoption).

Failure to give this Plan a timely notice (as noted above) may:

a. cause you, your Spouse and/or Dependent Child(ren) to lose the right to obtain COBRA Continuation Coverage,

b. cause the coverage of a Dependent Child to end when it otherwise might continue because of a disability,

c. cause claims to not be able to be considered for payment until eligibility issues have been resolved,

d. result in your liability to repay the Plan if any benefits are paid to an ineligible person.

To request special enrollment or obtain more information, contact CSEBO at the contact information listed above.

ACA PATIENT PROTECTION RIGHTS

The Anthem HMO and Kaiser HMO's generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Anthem HMO and Kaiser HMO designates one for you. For children, you may designate a pediatrician as the primary care provider.

For information on how to select a primary care provider, and for a list of participating primary care providers, contact the following:

Anthem Blue Cross	Kaiser Permanente
HMO Member Services: 1-800-227-3771	HMO Member Services: 1-800-464-4000
www.anthem.com	www.kp.org

You do not need prior authorization from the Anthem HMO or Kaiser HMO or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Anthem HMO or Kaiser HMO listed above.

TIN AND SSN REMINDER

Employers are required by law to collect the taxpayer identification number (TIN) or social security number (SSN) of each medical plan participant and provide that number on reports that will be provided to the IRS each year. Employers are required to make at least two consecutive attempts to gather missing TINs/SSNs.

If a dependent does not yet have a social security number, you can go to this website to complete a form to request a SSN: http://www.socialsecurity.gov/online/ss-5.pdf. Applying for a social security number is FREE.

If you have not yet provided the social security number (or other TIN) for each of your dependents that you have enrolled in the health plan, please contact CSEBO at (805) 383-9388.

AVAILABILITY OF SUMMARY OF BENEFIT AND COVERAGE (SBC) DOCUMENTS

The health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. In accordance with law, our plan provides you with a **Summary of Benefits and Coverage or SBC** as a way to help you understand and compare medical plan benefits. The SBC summarizes and compares important information including, what is covered, what you need to pay for various benefits, what is not covered, and where to get answers to questions. SBC documents are updated when there is a change to the benefits information displayed on an SBC. To get a free copy of the most current Summary of Benefits and Coverage (SBC) documents for our medical plan options, go to www.csebo.net or for a paper copy, contact CSEBO at (805) 383-9388.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT NOTICE

Hospital Length of Stay for Childbirth: Under federal law, group health plans generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or the newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, the Plan may pay for a shorter stay if the attending Physician (e.g., Physician, or Health Care Practitioner), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, the Plan may not, under federal law, require that a Physician or other Health Care Practitioner obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information on precertification for a length of stay longer than 48 hours for vaginal birth or 96 hours for C-section, contact Anthem Blue Cross or Kaiser Permanente Member Services to precertify the extended stay. If you have questions about this Notice, contact CSEBO at (805) 383-9388.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	**INDIANA – Medicaid**
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660

HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

Phone: 1-800-657-3739	
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/ dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid**

Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700

	CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/agencies/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.