Oxnard School District
2026-27 Rates
OEA

Dental PPO 2000 / VSP

	PLAN YEAR 2026-27								
	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem	Kaiser	Kaiser
	PPO 90-G $20	**Proactive Platinum**	**PPO 80-G $30**	**PPO 80-L**	**PPO 80-M**	**2-Tier HSA 5000 Single**	**2-Tier HSA 5000 Two Party**	**Trad HMO $30**	**Ded HMO $1,000**
Deductible (ind / fam)	$500 / $1,000	$0	$500 / $1,000	$2,000 / $4,000	$3,000 / $6,000	$5,000	$10,000	$0	$1,000 / $2,000
Out of pocket max (ind / fam)	$1,000 / $3,000	$2,000 / $4,000	$2,000 / $4,000	$4,000 / $8,000	$4,000 / $8,000	$6,350	$12,700	$1,500 / $3,000	$3,000 / $6,000
Office visit copay (PCP)	$20	$0	$30	$30	$40	ded, 30%	ded, 30%	$30	$20
Inpatient hospitalization	ded, 10%	$400/day	ded, 20%	ded, 20%	ded, 20%	ded, 30%	ded, 30%	$0	ded, 20%
Prescription drugs	$10/$35 $200 ded	$9/$35	$10/$35 $200 ded	$10/$35 $200 ded	$10/$35 $200 ded	ded, $9 / $35	ded, $9 / $35	$10 / $30	$10 / $30
Medical	**$1,913.00**	**$1,787.00**	**$1,735.00**	**$1,534.00**	**$1,376.00**	**$753.00**	**$1,203.00**	**$1,757.00**	**$1,619.00**
Dental PPO 2000	$103.30	$103.30	$103.30	$103.30	$103.30	$103.30	$103.30	$103.30	$103.30
Vision	$18.70	$18.70	$18.70	$18.70	$18.70	$18.70	$18.70	$18.70	$18.70
TOTAL PREMIUM	**$2,035.00**	**$1,909.00**	**$1,857.00**	**$1,656.00**	**$1,498.00**	**$875.00**	**$1,325.00**	**$1,879.00**	**$1,741.00**
DISTRICT CONTRIBUITION 12thly	**$1,368.17**	**$1,368.17**	**$1,368.17**	**$1,368.17**	**$1,368.17**	**$1,368.17**	**$1,368.17**	**$1,368.17**	**$1,368.17**
DISTRICT CONTRIBUITION 11thly	**$1,492.55**	**$1,492.55**	**$1,492.55**	**$1,492.55**	**$1,492.55**	**$1,492.55**	**$1,492.55**	**$1,492.55**	**$1,492.55**
EMPLOYEE CONTRIBUTION 11 Mo.	**$727.45**	**$590.00**	**$533.27**	**$314.00**	**$141.64**	**$0.00**	**$0.00**	**$557.27**	**$406.73**
MARRIED SPOUSE CONTRIBUTION 11 Mo.	**$205.73**	**$102.64**	**$60.09**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$78.09**	**$0.00**
EMPLOYEE CONTRIBUTION 12 Mo.	**$666.83**	**$540.83**	**$488.83**	**$287.83**	**$129.83**	**$0.00**	**$0.00**	**$510.83**	**$372.83**
MARRIED EMPLOYEE 12 Mo.	**$188.58**	**$94.08**	**$55.08**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$71.58**	**$0.00**

Dental Incentive 2000 / VSP

	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem	Kaiser	Kaiser
	PPO 90-G $20	**Proactive Platinum**	**PPO 80-G $30**	**PPO 80-L**	**PPO 80-M**	**2-Tier HSA 5000 Single**	**2-Tier HSA 5000 Two Party**	**Trad HMO $30**	**Ded HMO $1,000**
Deductible (ind / fam)	$500 / $1,000	$0	$500 / $1,000	$2,000 / $4,000	$3,000 / $6,000	$5,000	$10,000	$0	$1,000 / $2,000
Out of pocket max (ind / fam)	$1,000 / $3,000	$2,000 / $4,000	$2,000 / $4,000	$4,000 / $8,000	$4,000 / $8,000	$6,350	$12,700	$1,500 / $3,000	$3,000 / $6,000
Office visit copay	$20	$0	$30	$30	$40	ded, 30%	ded, 30%	$30	$20
Inpatient hospitalization	ded, 10%	$400/day	ded, 20%	ded, 20%	ded, 20%	ded, 30%	ded, 30%	$0	ded, 20%
Prescription drugs	$10/$35 $200 ded	$9/$35	$10/$35 $200 ded	$10/$35 $200 ded	$10/$35 $200 ded	ded, $9 / $35	ded, $9 / $35	$10 / $30	$10 / $30
Medical	**$1,913.00**	**$1,787.00**	**$1,735.00**	**$1,534.00**	**$1,376.00**	**$753.00**	**$1,203.00**	**$1,757.00**	**$1,619.00**
Dental Incentive 2200	$115.30	$115.30	$115.30	$115.30	$115.30	$115.30	$115.30	$115.30	$115.30
Vision	$18.70	$18.70	$18.70	$18.70	$18.70	$18.70	$18.70	$18.70	$18.70
TOTAL PREMIUM	**$2,047.00**	**$1,921.00**	**$1,869.00**	**$1,668.00**	**$1,510.00**	**$887.00**	**$1,337.00**	**$1,891.00**	**$1,753.00**
DISTRICT CONTRIBUITION 12thly	**$1,368.17**	**$1,368.17**	**$1,368.17**	**$1,368.17**	**$1,368.17**	**$1,368.17**	**$1,368.17**	**$1,368.17**	**$1,368.17**
DISTRICT CONTRIBUITION 11thly	**$1,492.55**	**$1,492.55**	**$1,492.55**	**$1,492.55**	**$1,492.55**	**$1,492.55**	**$1,492.55**	**$1,492.55**	**$1,492.55**
EMPLOYEE CONTRIBUTION 11 Mo.	**$740.55**	**$603.09**	**$546.36**	**$327.09**	**$154.73**	**$0.00**	**$0.00**	**$570.36**	**$419.82**
MARRIED EMPLOYEE CONTRIBUTION 11 Mo.	**$218.82**	**$115.73**	**$73.18**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$91.18**	**$0.00**
EMPLOYEE CONTRIBUTION 12 Mo.	**$678.83**	**$552.83**	**$500.83**	**$299.83**	**$141.83**	**$0.00**	**$0.00**	**$522.83**	**$384.83**
MARRIED EMPLOYEE 12 Mo.	**$200.58**	**$106.08**	**$67.08**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$83.58**	**$0.00**

Oxnard School District
2026-27 Rates
OEA

Dental PPO 2000 / XP Health

	PLAN YEAR 2026-27								
	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem	Kaiser	Kaiser
	PPO 90-G $20	**Proactive Platinum**	**PPO 80-G $30**	**PPO 80-L**	**PPO 80-M**	**2-Tier HSA 5000 Single**	**2-Tier HSA 5000 Two Party**	**Trad HMO $30**	**Ded HMO $1,000**
Deductible (ind / fam)	$500 / $1,000	$0	$500 / $1,000	$2,000 / $4,000	$3,000 / $6,000	$5,000	$10,000	$0	$1,000 / $2,000
Out of pocket max (ind / fam)	$1,000 / $3,000	$2,000 / $4,000	$2,000 / $4,000	$4,000 / $8,000	$4,000 / $8,000	$6,350	$12,700	$1,500 / $3,000	$3,000 / $6,000
Office visit copay (PCP)	$20	$0	$30	$30	$40	ded, 30%	ded, 30%	$30	$20
Inpatient hospitalization	ded, 10%	$400/day	ded, 20%	ded, 20%	ded, 20%	ded, 30%	ded, 30%	$0	ded, 20%
Prescription drugs	$10/$35 $200 ded	$9/$35	$10/$35 $200 ded	$10/$35 $200 ded	$10/$35 $200 ded	ded, $9 / $35	ded, $9 / $35	$10 / $30	$10 / $30
Medical	**$1,913.00**	**$1,787.00**	**$1,735.00**	**$1,534.00**	**$1,376.00**	**$753.00**	**$1,203.00**	**$1,757.00**	**$1,619.00**
Dental PPO 2000	$103.30	$103.30	$103.30	$103.30	$103.30	$103.30	$103.30	$103.30	$103.30
Vision	$23.60	$23.60	$23.60	$23.60	$23.60	$23.60	$23.60	$23.60	$23.60
TOTAL PREMIUM	**$2,039.90**	**$1,913.90**	**$1,861.90**	**$1,660.90**	**$1,502.90**	**$879.90**	**$1,329.90**	**$1,883.90**	**$1,745.90**
DISTRICT CONTRIBUITION 12thly	**$1,368.17**	**$1,368.17**	**$1,368.17**	**$1,368.17**	**$1,368.17**	**$1,368.17**	**$1,368.17**	**$1,368.17**	**$1,368.17**
DISTRICT CONTRIBUITION 11thly	**$1,492.55**	**$1,492.55**	**$1,492.55**	**$1,492.55**	**$1,492.55**	**$1,492.55**	**$1,492.55**	**$1,492.55**	**$1,492.55**
EMPLOYEE CONTRIBUTION 11 Mo.	**$732.80**	**$595.35**	**$538.62**	**$319.35**	**$146.98**	**$0.00**	**$0.00**	**$562.62**	**$412.07**
MARRIED SPOUSE CONTRIBUTION 11 Mo.	**$211.07**	**$107.98**	**$65.44**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$83.44**	**$0.00**
EMPLOYEE CONTRIBUTION 12 Mo.	**$671.73**	**$545.73**	**$493.73**	**$292.73**	**$134.73**	**$0.00**	**$0.00**	**$515.73**	**$377.73**
MARRIED EMPLOYEE 12 Mo.	**$193.48**	**$98.98**	**$59.98**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$76.48**	**$0.00**

Dental Incentive 2000 / XP Health

	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem	Kaiser	Kaiser
	PPO 90-G $20	**Proactive Platinum**	**PPO 80-G $30**	**PPO 80-L**	**PPO 80-M**	**2-Tier HSA 5000 Single**	**2-Tier HSA 5000 Two Party**	**Trad HMO $30**	**Ded HMO $1,000**
Deductible (ind / fam)	$500 / $1,000	$0	$500 / $1,000	$2,000 / $4,000	$3,000 / $6,000	$5,000	$10,000	$0	$1,000 / $2,000
Out of pocket max (ind / fam)	$1,000 / $3,000	$2,000 / $4,000	$2,000 / $4,000	$4,000 / $8,000	$4,000 / $8,000	$6,350	$12,700	$1,500 / $3,000	$3,000 / $6,000
Office visit copay	$20	$0	$30	$30	$40	ded, 30%	ded, 30%	$30	$20
Inpatient hospitalization	ded, 10%	$400/day	ded, 20%	ded, 20%	ded, 20%	ded, 30%	ded, 30%	$0	ded, 20%
Prescription drugs	$10/$35 $200 ded	$9/$35	$10/$35 $200 ded	$10/$35 $200 ded	$10/$35 $200 ded	ded, $9 / $35	ded, $9 / $35	$10 / $30	$10 / $30
Medical	**$1,913.00**	**$1,787.00**	**$1,735.00**	**$1,534.00**	**$1,376.00**	**$753.00**	**$1,203.00**	**$1,757.00**	**$1,619.00**
Dental Incentive 2200	$115.30	$115.30	$115.30	$115.30	$115.30	$115.30	$115.30	$115.30	$115.30
Vision	$23.60	$23.60	$23.60	$23.60	$23.60	$23.60	$23.60	$23.60	$23.60
TOTAL PREMIUM	**$2,051.90**	**$1,925.90**	**$1,873.90**	**$1,672.90**	**$1,514.90**	**$891.90**	**$1,341.90**	**$1,895.90**	**$1,757.90**
DISTRICT CONTRIBUITION 12thly	**$1,368.17**	**$1,368.17**	**$1,368.17**	**$1,368.17**	**$1,368.17**	**$1,368.17**	**$1,368.17**	**$1,368.17**	**$1,368.17**
DISTRICT CONTRIBUITION 11thly	**$1,492.55**	**$1,492.55**	**$1,492.55**	**$1,492.55**	**$1,492.55**	**$1,492.55**	**$1,492.55**	**$1,492.55**	**$1,492.55**
EMPLOYEE CONTRIBUTION 11 Mo.	**$745.89**	**$608.44**	**$551.71**	**$332.44**	**$160.07**	**$0.00**	**$0.00**	**$575.71**	**$425.16**
MARRIED EMPLOYEE CONTRIBUTION 11 Mo.	**$224.16**	**$121.07**	**$78.53**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$96.53**	**$0.00**
EMPLOYEE CONTRIBUTION 12 Mo.	**$683.73**	**$557.73**	**$505.73**	**$304.73**	**$146.73**	**$0.00**	**$0.00**	**$527.73**	**$389.73**
MARRIED EMPLOYEE 12 Mo.	**$205.48**	**$110.98**	**$71.98**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$88.48**	**$0.00**