Oxnard School District
2026-27 Rates
Confidential / Management

Dental PPO 1500 / VSP

	PLAN YEAR 2026-27								
	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem	Kaiser	Kaiser	Kaiser
	PPO 90-G $20	**PPO 80-K $30**	**Proactive Platinum+**	**PPO HSA 3400**	**2-Tier HSA 5000 Single**	**2-Tier HSA 5000 Two Party**	**Trad HMO $30**	**Ded HMO**	**HMO HSA-B**
Deductible (ind / fam)	$500 / $1,000	$1,000 / $2,000	$0	$3,000 / $5,200	$5,000	$10,000	$0	$1,000 / $2,000	$3,000 / $6,000
Out of pocket max (ind / fam)	$1,000 / $3,000	$3,000 / $6,000	$1,000 / $3,000	$5,000 / $10,000	$6,350	$12,700	$1,500 / $3,000	$3,000 / $6,000	$5,950 / $11,900
Office visit copay (PCP visit)	$20	$30	$0	ded, 10%	ded, 30%	ded, 30%	$30	$20	ded, 20%
Inpatient hospitalization	ded, 10%	ded, 20%	$200/day	ded, 10%	ded, 30%	ded, 30%	$0	ded, 20%	ded, 20%
Prescription drugs	$9 / $35	$9 / $35	$9 / $35	ded, $9 / $35	ded, $9 / $35	ded, $9 / $35	$10 / $30	$10 / $30	$10 / $30
Medical	**$1,867.00**	**$1,633.00**	**$1,942.00**	**$1,296.00**	**$724.00**	**$1,158.00**	**$1,867.00**	**$1,633.00**	**$1,296.00**
Dental 1500	$93.20	$93.20	$93.20	$93.20	$93.20	$93.20	$93.20	$93.20	$93.20
Vision- VSP	$18.70	$18.70	$18.70	$18.70	$18.70	$18.70	$18.70	$18.70	$18.70
TOTAL PREMIUM	**$1,978.90**	**$1,744.90**	**$2,053.90**	**$1,407.90**	**$835.90**	**$1,269.90**	**$1,978.90**	**$1,744.90**	**$1,407.90**
DISTRICT CONTRIBUITION 12thly	**$1,414.25**	**$1,414.25**	**$1,414.25**	**$1,414.25**	**$1,414.25**	**$1,414.25**	**$1,414.25**	**$1,414.25**	**$1,414.25**
DISTRICT CONTRIBUITION 11thly	**$1,542.82**	**$1,542.82**	**$1,542.82**	**$1,542.82**	**$1,542.82**	**$1,542.82**	**$1,542.82**	**$1,542.82**	**$1,542.82**
EMPLOYEE CONTRIBUTION 11 Mo.	**$615.98**	**$360.71**	**$697.80**	**$0.00**	**$0.00**	**$0.00**	**$615.98**	**$360.71**	**$0.00**
MARRIED EMPLOYEE CONTRIBUTION 11 Mo.	**$106.80**	**$0.00**	**$168.16**	**$0.00**	**$0.00**	**$0.00**	**$106.80**	**$0.00**	**$0.00**
EMPLOYEE CONTRIBUTION 12 Mo.	**$564.65**	**$330.65**	**$639.65**	**$0.00**	**$0.00**	**$0.00**	**$564.65**	**$330.65**	**$0.00**
MARRIED EMPLOYEE CONTRIBUTION 12 Mo.	**$97.90**	**$0.00**	**$154.15**	**$0.00**	**$0.00**	**$0.00**	**$97.90**	**$0.00**	**$0.00**

Dental Incentive 1500 / VSP

	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem	Kaiser	Kaiser	Kaiser
	PPO 90-G $20	**PPO 80-K $30**	**Proactive Platinum+**	**PPO HSA 3400**	**2-Tier HSA 5000 Single**	**2-Tier HSA 5000 Two Party**	**Trad HMO $30**	**Ded HMO**	**HMO HSA-B**
Deductible (ind / fam)	$500 / $1,000	$1,000 / $2,000	$0	$3,000 / $5,200	$5,000	$10,000	$0	$1,000 / $2,000	$3,000 / $6,000
Out of pocket max (ind / fam)	$1,000 / $3,000	$3,000 / $6,000	$1,000 / $3,000	$5,000 / $10,000	$6,350	$12,700	$1,500 / $3,000	$3,000 / $6,000	$5,950 / $11,900
Office visit copay	$20	$30	$0	ded, 10%	ded, 30%	ded, 30%	$30	$20	ded, 20%
Inpatient hospitalization	ded, 10%	ded, 20%	$200/day	ded, 10%	ded, 30%	ded, 30%	$0	ded, 20%	ded, 20%
Prescription drugs	$9 / $35	$9 / $35	$9 / $35	ded, $9 / $35	ded, $9 / $35	ded, $9 / $35	$10 / $30	$10 / $30	$10 / $30
Medical	**$1,867.00**	**$1,633.00**	**$1,942.00**	**$1,296.00**	**$724.00**	**$1,158.00**	**$1,867.00**	**$1,633.00**	**$1,296.00**
Dental 1700	$93.00	$93.00	$93.00	$93.00	$93.00	$93.00	$93.00	$93.00	$93.00
Vision- VSP	$18.70	$18.70	$18.70	$18.70	$18.70	$18.70	$18.70	$18.70	$18.70
TOTAL PREMIUM	**$1,978.70**	**$1,744.70**	**$2,053.70**	**$1,407.70**	**$835.70**	**$1,269.70**	**$1,978.70**	**$1,744.70**	**$1,407.70**
DISTRICT CONTRIBUITION 12thly	**$1,414.25**	**$1,414.25**	**$1,414.25**	**$1,414.25**	**$1,414.25**	**$1,414.25**	**$1,414.25**	**$1,414.25**	**$1,414.25**
DISTRICT CONTRIBUITION 11thly	**$1,542.82**	**$1,542.82**	**$1,542.82**	**$1,542.82**	**$1,542.82**	**$1,542.82**	**$1,542.82**	**$1,542.82**	**$1,542.82**
EMPLOYEE CONTRIBUTION 11 Mo.	**$615.76**	**$360.49**	**$697.58**	**$0.00**	**$0.00**	**$0.00**	**$615.76**	**$360.49**	**$0.00**
MARRIED EMPLOYEE CONTRIBUTION 11 Mo.	**$106.58**	**$0.00**	**$167.95**	**$0.00**	**$0.00**	**$0.00**	**$106.58**	**$0.00**	**$0.00**
EMPLOYEE CONTRIBUTION 12 Mo.	**$564.45**	**$330.45**	**$639.45**	**$0.00**	**$0.00**	**$0.00**	**$564.45**	**$330.45**	**$0.00**
MARRIED EMPLOYEE CONTRIBUTION 12 Mo.	**$97.70**	**$0.00**	**$153.95**	**$0.00**	**$0.00**	**$0.00**	**$97.70**	**$0.00**	**$0.00**

Oxnard School District
2026-27 Rates
Confidential / Management

Dental PPO 1500 / XP Health

	PLAN YEAR 2026-27								
	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem	Kaiser	Kaiser	Kaiser
	PPO 90-G $20	**PPO 80-K $30**	**Proactive Platinum+**	**PPO HSA 3400**	**2-Tier HSA 5000 Single**	**2-Tier HSA 5000 Two Party**	**Trad HMO $30**	**Ded HMO**	**HMO HSA-B**
Deductible (ind / fam)	$500 / $1,000	$1,000 / $2,000	$0	$3,000 / $5,200	$5,000	$10,000	$0	$1,000 / $2,000	$3,000 / $6,000
Out of pocket max (ind / fam)	$1,000 / $3,000	$3,000 / $6,000	$1,000 / $3,000	$5,000 / $10,000	$6,350	$12,700	$1,500 / $3,000	$3,000 / $6,000	$5,950 / $11,900
Office visit copay	$20	$30	$0	ded, 10%	ded, 30%	ded, 30%	$30	$20	ded, 20%
Inpatient hospitalization	ded, 10%	ded, 20%	$200/day	ded, 10%	ded, 30%	ded, 30%	$0	ded, 20%	ded, 20%
Prescription drugs	$9 / $35	$9 / $35	$9 / $35	ded, $9 / $35	ded, $9 / $35	ded, $9 / $35	$10 / $30	$10 / $30	$10 / $30
Medical	**$1,867.00**	**$1,633.00**	**$1,942.00**	**$1,296.00**	**$724.00**	**$1,158.00**	**$1,867.00**	**$1,633.00**	**$1,296.00**
Dental 1500	$93.20	$93.20	$93.20	$93.20	$93.20	$93.20	$93.20	$93.20	$93.20
Vision- XP	$23.60	$23.60	$23.60	$23.60	$23.60	$23.60	$23.60	$23.60	$23.60
TOTAL PREMIUM	**$1,983.80**	**$1,749.80**	**$2,058.80**	**$1,412.80**	**$840.80**	**$1,274.80**	**$1,983.80**	**$1,749.80**	**$1,412.80**
DISTRICT CONTRIBUITION 12thly	**$1,414.25**	**$1,414.25**	**$1,414.25**	**$1,414.25**	**$1,414.25**	**$1,414.25**	**$1,414.25**	**$1,414.25**	**$1,414.25**
DISTRICT CONTRIBUITION 11thly	**$1,542.82**	**$1,542.82**	**$1,542.82**	**$1,542.82**	**$1,542.82**	**$1,542.82**	**$1,542.82**	**$1,542.82**	**$1,542.82**
EMPLOYEE CONTRIBUTION 11 Mo.	**$621.33**	**$366.05**	**$703.15**	**$0.00**	**$0.00**	**$0.00**	**$621.33**	**$366.05**	**$0.00**
MARRIED EMPLOYEE CONTRIBUTION 11 Mo.	**$112.15**	**$0.00**	**$173.51**	**$0.00**	**$0.00**	**$0.00**	**$112.15**	**$0.00**	**$0.00**
EMPLOYEE CONTRIBUTION 12 Mo.	**$569.55**	**$335.55**	**$644.55**	**$0.00**	**$0.00**	**$0.00**	**$569.55**	**$335.55**	**$0.00**
MARRIED EMPLOYEE CONTRIBUTION 12 Mo.	**$102.80**	**$0.00**	**$159.05**	**$0.00**	**$0.00**	**$0.00**	**$102.80**	**$0.00**	**$0.00**

Dental Incentive 1500 / XP Health

	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem	Kaiser	Kaiser	Kaiser
	PPO 90-G $20	**PPO 80-K $30**	**Proactive Platinum+**	**PPO HSA 3400**	**2-Tier HSA 5000 Single**	**2-Tier HSA 5000 Two Party**	**Trad HMO $30**	**Ded HMO**	**HMO HSA-B**
Deductible (ind / fam)	$0	$500 / $1,000	$1,000 / $2,000	$3,000 / $5,200	$5,000	$10,000	$0	$1,000 / $2,000	$3,000 / $6,000
Out of pocket max (ind / fam)	$1,000 / $3,000	$1,000 / $3,000	$3,000 / $6,000	$5,000 / $10,000	$6,350	$12,700	$1,500 / $3,000	$3,000 / $6,000	$5,950 / $11,900
Office visit copay	$0	$20	$30	ded, 10%	ded, 30%	ded, 30%	$30	$20	ded, 20%
Inpatient hospitalization	$200/day	ded, 10%	ded, 20%	ded, 10%	ded, 30%	ded, 30%	$0	ded, 20%	ded, 20%
Prescription drugs	$9 / $35	$9 / $35	$9 / $35	ded, $9 / $35	ded, $9 / $35	ded, $9 / $35	$10 / $30	$10 / $30	$10 / $30
Medical	**$1,867.00**	**$1,633.00**	**$1,942.00**	**$1,296.00**	**$724.00**	**$1,158.00**	**$1,867.00**	**$1,633.00**	**$1,296.00**
Dental 1700	$93.00	$93.00	$93.00	$93.00	$93.00	$93.00	$93.00	$93.00	$93.00
Vision XP	$23.60	$23.60	$23.60	$23.60	$23.60	$23.60	$23.60	$23.60	$23.60
TOTAL PREMIUM	**$1,983.60**	**$1,749.60**	**$2,058.60**	**$1,412.60**	**$840.60**	**$1,274.60**	**$1,983.60**	**$1,749.60**	**$1,412.60**
DISTRICT CONTRIBUITION 12thly	**$1,414.25**	**$1,414.25**	**$1,414.25**	**$1,414.25**	**$1,414.25**	**$1,414.25**	**$1,414.25**	**$1,414.25**	**$1,414.25**
DISTRICT CONTRIBUITION 11thly	**$1,542.82**	**$1,542.82**	**$1,542.82**	**$1,542.82**	**$1,542.82**	**$1,542.82**	**$1,542.82**	**$1,542.82**	**$1,542.82**
EMPLOYEE CONTRIBUTION 11 Mo.	**$621.11**	**$365.84**	**$702.93**	**$0.00**	**$0.00**	**$0.00**	**$621.11**	**$365.84**	**$0.00**
MARRIED EMPLOYEE CONTRIBUTION 11 Mo.	**$111.93**	**$0.00**	**$173.29**	**$0.00**	**$0.00**	**$0.00**	**$111.93**	**$0.00**	**$0.00**
EMPLOYEE CONTRIBUTION 12 Mo.	**$569.35**	**$335.35**	**$644.35**	**$0.00**	**$0.00**	**$0.00**	**$569.35**	**$335.35**	**$0.00**
MARRIED EMPLOYEE CONTRIBUTION 12 Mo.	**$102.60**	**$0.00**	**$158.85**	**$0.00**	**$0.00**	**$0.00**	**$102.60**	**$0.00**	**$0.00**

7/27/2026