



## Early Retirees ages 55-64 Health Benefit Open Enrollment Notice

**NOTE: 2026 Mandatory Requirements for Continued Enrollment  
PLEASE READ CAREFULLY**

### Opt-In Enrollment

You must return your completed Open Enrollment form by August 31, 2026.  
If your form is not returned, your benefits may end September 30, 2026.

### Billing Administrator: WEX

Be sure to watch your mail for a set of 12-month coupons eff. 10/1 for premium payments; there is a 60-day grace period for payments. You may also choose to set up ACH (Auto debit). Contact WEX Tel. 866-451-3399.

### What's New?

- **Plan benefits changes:**
  - No changes to Medical Cigna Network HMO, Cigna OAP, Cigna Dental HMO and Dental PPO
  - Kaiser HMO and Cigna Select HMO Primary and Specialist Office Visits copay change from \$5/\$10 to \$10/\$15
  - VSP network change from Signature to Choice; frames frequency change from 24 to 12 months
- Total premium changes:
  - ⇒ CIGNA Medical Plans - 8.4% increase
  - ⇒ KAISER Medical - 7% increase
  - ⇒ CIGNA Dental HMO - no change
  - ⇒ CIGNA Dental PPO - 4.9% decrease
  - ⇒ VSP Vision Service Plan - no change

### Contacts

- NMUSD Benefits  
Address: Newport-Mesa USD  
Benefits Management  
2985 Bear Street  
Costa Mesa, CA 92626  
Email:  
[benefitsmanagement@nmusd.us](mailto:benefitsmanagement@nmusd.us)  
Tel: 714-424-5010
- Cigna  
800-244-6224  
[cigna.com](http://cigna.com)
- Kaiser  
800-464-4000  
[kp.org](http://kp.org)
- VSP  
800-877-7195  
[vsp.com](http://vsp.com)

### Forms & Info

- **District negotiations ongoing for 2026-27 rates eff. 10/1/26.** Rate table on back of this notice is applicable if there are no negotiated changes to the OCAPs or part-time percent contributions.
- If interested, updates, booklets, and more info available at [www.nmusd.us/benefits](http://www.nmusd.us/benefits)  
Go to "Health Benefits for Retirees".
- To change your address or to cancel your plans, you must contact NMUSD Benefits, not WEX.
- Complete and sign your Open Enrollment form with your Spouse's Medicare number if applicable.
- Return Open Enrollment Form to NMUSD Benefits Management by August 31, 2026.  
(pre-addressed envelope included)

## EARLY RETIREE (Age 55 - 64) RATE TABLE

**RATES EFFECTIVE OCTOBER 1, 2025 - SEPTEMBER 30, 2026**

**Bargaining Units: CSEA, NMSA, NMAA**

**Rates Effective October 1, 2026 - September 30, 2027 - TBD Pending Negotiations and Board Approval\***

Employee's enrolled in medical, dental and/or vision are charged an over cap contribution(s) (OCAP\*) plus any applicable provider premium deductions

**No OCAP is charged if ALL Health Benefits are declined**

| BENEFIT FTE                                                                                                                                                                                                                                     |                        | .8775 - 1.00                        | .7775 - .8774 | .6775 - .7774           | .5775 - .6774 | .5 - .5774      |        |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------|---------------|-------------------------|---------------|-----------------|--------|--------|
| <b>OCAP Deductions</b>                                                                                                                                                                                                                          |                        |                                     |               |                         |               |                 |        |        |
| <b>OCAP 1</b>                                                                                                                                                                                                                                   | <b>All Enrollments</b> | 7.73                                | 6.76          | 5.99                    | 5.22          | 4.44            |        |        |
| Part Time at Retirement - OCAP 1 will be pro-rated by FTE at Retirement Date for retirees enrolled in Medical, Dental and/or Vision.                                                                                                            |                        |                                     |               |                         |               |                 |        |        |
| Max OCAP 1 part time rate is shown.                                                                                                                                                                                                             |                        |                                     |               |                         |               |                 |        |        |
| Declining Medical, and Enrolling in Dental and/or Vision - Pay OCAP 1 only                                                                                                                                                                      |                        |                                     |               |                         |               |                 |        |        |
| OCAP 2 - Medical Kaiser HMO & Cigna Select HMO Enrollments / add to OCAP 1 shown above for Total OCAP deduction                                                                                                                                 |                        |                                     |               |                         |               |                 |        |        |
| OCAP 3 - Medical Cigna Network HMO Enrollments / add to OCAP 1 shown above for Total OCAP deduction                                                                                                                                             |                        |                                     |               |                         |               |                 |        |        |
| OCAP 4 - Medical Cigna Open Access Plus (OAP) Enrollments / add to OCAP 1 shown above for Total OCAP deduction                                                                                                                                  |                        |                                     |               |                         |               |                 |        |        |
| Total OCAP examples using Benefit FTE of 1                                                                                                                                                                                                      |                        | Kaiser HMO & Cigna Select HMO OCAPs |               | Cigna Network HMO OCAPs |               | Cigna OAP OCAPs |        |        |
|                                                                                                                                                                                                                                                 |                        | OCAP 1                              | OCAP 2        | TOTAL                   | OCAP 3        | TOTAL           | OCAP 4 | TOTAL  |
|                                                                                                                                                                                                                                                 | Single                 | 7.73                                | 13.10         | 20.83                   | 29.77         | 37.50           | 293.10 | 300.83 |
|                                                                                                                                                                                                                                                 | Two-Party              | 7.73                                | 50.60         | 58.33                   | 92.27         | 100.00          | 528.10 | 535.83 |
|                                                                                                                                                                                                                                                 | Family                 | 7.73                                | 88.10         | 95.83                   | 154.77        | 162.50          | 743.94 | 751.67 |
| »Add your OCAP(s) rate above to applicable provider premiums below for your TOTAL MONTHLY DEDUCTION(s)                                                                                                                                          |                        |                                     |               |                         |               |                 |        |        |
|                                                                                                                                                                                                                                                 | HOURS RETIRED          | 35.1 - 40.0                         | 31.1 - 35.0   | 27.1 - 31.0             | 23.1 - 27.0   | 20.0 - 23.0     |        |        |
| <b>MEDICAL OPTIONS</b>                                                                                                                                                                                                                          |                        |                                     |               |                         |               |                 |        |        |
| KAISER PERMANENTE (HMO)                                                                                                                                                                                                                         |                        |                                     |               |                         |               |                 |        |        |
|                                                                                                                                                                                                                                                 | Single                 | 0.00                                | 57.92         | 107.57                  | 157.22        | 206.87          |        |        |
|                                                                                                                                                                                                                                                 | Two-Party              | 0.00                                | 119.90        | 222.67                  | 325.45        | 428.22          |        |        |
|                                                                                                                                                                                                                                                 | Family                 | 0.00                                | 173.77        | 322.72                  | 471.66        | 620.61          |        |        |
| CIGNA SELECT (HMO)                                                                                                                                                                                                                              |                        |                                     |               |                         |               |                 |        |        |
|                                                                                                                                                                                                                                                 | Single                 | 0.00                                | 76.70         | 142.44                  | 208.18        | 273.93          |        |        |
|                                                                                                                                                                                                                                                 | Two-Party              | 0.00                                | 158.77        | 294.85                  | 430.94        | 567.03          |        |        |
|                                                                                                                                                                                                                                                 | Family                 | 0.00                                | 230.10        | 427.33                  | 624.56        | 821.79          |        |        |
| CIGNA NETWORK (HMO)                                                                                                                                                                                                                             |                        |                                     |               |                         |               |                 |        |        |
|                                                                                                                                                                                                                                                 | Single                 | 0.00                                | 89.82         | 166.81                  | 243.80        | 320.80          |        |        |
|                                                                                                                                                                                                                                                 | Two-Party              | 0.00                                | 185.93        | 345.31                  | 504.68        | 664.05          |        |        |
|                                                                                                                                                                                                                                                 | Family                 | 0.00                                | 269.47        | 500.44                  | 731.42        | 962.39          |        |        |
| CIGNA OPEN ACCESS PLUS (OAP)                                                                                                                                                                                                                    |                        |                                     |               |                         |               |                 |        |        |
|                                                                                                                                                                                                                                                 | Single                 | 0.00                                | 103.31        | 191.85                  | 280.40        | 368.95          |        |        |
|                                                                                                                                                                                                                                                 | Two-Party              | 0.00                                | 213.54        | 396.58                  | 579.61        | 762.65          |        |        |
|                                                                                                                                                                                                                                                 | Family                 | 0.00                                | 309.35        | 574.51                  | 839.66        | 1104.82         |        |        |
| Due to State Legislations in Texas, Missouri and Oklahoma may have different rates. Contact Benefits Management for more information.                                                                                                           |                        |                                     |               |                         |               |                 |        |        |
| <b>VISION OPTIONS</b>                                                                                                                                                                                                                           |                        |                                     |               |                         |               |                 |        |        |
| VISION SERVICE PLAN                                                                                                                                                                                                                             |                        |                                     |               |                         |               |                 |        |        |
|                                                                                                                                                                                                                                                 | Single                 | 0.00                                | 0.64          | 1.19                    | 1.73          | 2.28            |        |        |
|                                                                                                                                                                                                                                                 | Two-Party              | 0.00                                | 1.15          | 2.14                    | 3.12          | 4.11            |        |        |
|                                                                                                                                                                                                                                                 | Family                 | 0.00                                | 1.60          | 2.97                    | 4.34          | 5.71            |        |        |
| <b>DENTAL OPTIONS</b>                                                                                                                                                                                                                           |                        |                                     |               |                         |               |                 |        |        |
| CIGNA DENTAL CARE HMO                                                                                                                                                                                                                           |                        |                                     |               |                         |               |                 |        |        |
|                                                                                                                                                                                                                                                 | Single                 | 0.00                                | 2.01          | 3.74                    | 5.47          | 7.20            |        |        |
|                                                                                                                                                                                                                                                 | Two-Party              | 0.00                                | 3.39          | 6.29                    | 9.19          | 12.10           |        |        |
|                                                                                                                                                                                                                                                 | Family                 | 0.00                                | 5.83          | 10.83                   | 15.83         | 20.83           |        |        |
| CIGNA DENTAL PPO                                                                                                                                                                                                                                |                        |                                     |               |                         |               |                 |        |        |
|                                                                                                                                                                                                                                                 | Single                 | 14.71                               | 17.65         | 20.59                   | 23.53         | 26.47           |        |        |
|                                                                                                                                                                                                                                                 | Two-Party              | 27.00                               | 32.40         | 37.80                   | 43.20         | 48.60           |        |        |
|                                                                                                                                                                                                                                                 | Family                 | 39.29                               | 47.15         | 55.00                   | 62.86         | 70.72           |        |        |
| <b>ADDITIONAL PLANS AT NO COST TO EMPLOYEE - No OCAP contributions</b>                                                                                                                                                                          |                        |                                     |               |                         |               |                 |        |        |
| <b>METLIFE BASIC LIFE PLUS AD&amp;D - Reduced to \$10,000</b>                                                                                                                                                                                   |                        |                                     |               |                         |               |                 |        |        |
| OCAP NOTES:                                                                                                                                                                                                                                     |                        |                                     |               |                         |               |                 |        |        |
| • The following groups that retired on or before <u>June 30, 2011</u> will not be charged an OCAP contribution up to age 65 when Early Retiree Benefits end.<br><b>N-MFT/Certificated, NMAA/Management, NMSU/Supervisor, NMACF/Confidential</b> |                        |                                     |               |                         |               |                 |        |        |
| • The following groups that retired on or before <u>June 30, 2012</u> will not be charged an OCAP contribution up to age 65 when Early Retiree Benefits end.<br><b>CSEA/Classified</b>                                                          |                        |                                     |               |                         |               |                 |        |        |
| Rates are shown 12thlv- Verify with WEX                                                                                                                                                                                                         |                        |                                     |               |                         |               |                 |        |        |

\*CSEA - The rates above reflect the tentative agreement to maintain the 2025-2026 OCAP rates and are pending member ratification and Board approval.

\*NMAA, NMSA - The rates above are based on the 2025-2026 OCAP rates and are subject to change. Current year rates have not yet been finalized and may differ.