Newport-Mesa
Unified School District

BENEFITS MANAGEMENT
www.nmusd.us/benefits
benefitsmanagement@nmusd.us

Early Retirees
October 2026

Open Enrollment Guide to your Group Insurance Benefits

Check List	√
Read Open Enrollment Notice (Separate from this book)	
Review your plans	
Review *Open Enrollment* Section and *What's New* page	
Review Premium Rate Table for 2026-27	
Premiums are paid to WEX Health, Inc.	
Remember - to change your address, you MUST contact NMUSD Benefits	
Remember - cancellation of plans MUST be done through NMUSD Benefits	
Complete & sign your Open Enrollment Form (Separate from this book)	
Deadline to return Open Enrollment Form NMUSD Benefits Management by August 31, 2026	
Keep this booklet for reference throughout this Benefit Year	

2985 Bear Street • Costa Mesa • California 92626 • Ph. (714) 424-5010

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INTRODUCTION

The information in this brochure is designed to help you understand the group insurance offered by Newport- Mesa Unified School District. These benefits include medical, dental, vision and life Insurance.

The information contained in this brochure is presented in non-technical language and is not intended to replace the Group Master Policy (Evidence of Coverage) or Summary Benefit Coverage (SBC) for each of the plans described.

Upon enrollment in each plan, retirees can review the Summary Plan Description or Evidence of Coverage providing additional information including exclusions and limitations of the plans online at www.nmusd.us/benefits.

RESOURCES

You are encouraged to use this brochure as a quick reference to your group insurance benefits and to refer to the Summary of Benefit Coverage for each program for further detail. You may also choose to contact the customer service departments of the various plans if you have additional questions.

NEWPORT-MESA USD JOINT BENEFITS TEAM (JBT)

Laura Garcia-Chandler NMFT	Amber Schumacher CSEA	Todd Hatfield NMAA
Leslie Gallegos NMFT	Amy Ching CSEA	Tracy Knibb NMAA
Rhonda Reid NMFT	Diego Ortega CSEA	Jonathan Wilby NMAA
Jacqueline Gonzalez Conf	Sean Katz CSEA	
Patrick Bullock NMSA		
		Also attending meetings:
		Evette Dang Benefits Supervisor
		Valerie Lockard Aon Consulting

CUSTOMER SERVICE TELEPHONE DIRECTORY

Cigna Customer Service HealthCare for Medical and Dental Plans	800-Cigna24 /800-244-6224 www.cigna.com
Express Scripts Home Delivery	800-835-3784 / 800-285-4812
Kaiser Permanente	800-464-4000 http://kp.org
VSP Vision Service Plan	800-877-7195 www.vsp.com
Hartford Life Insurance and AD&D	800-523-2233
Medicare	800-633-4227 www.medicare.gov
WEX Health, Inc. Send Premiums to: PO Box 2079 Omaha, NE 68103-2079	866-451-3399 option 1, 2 cobraadmin@wexhealth.com Register and Log in to your online account at Cobralogin.wexhealth.com or download the mobile app
NMUSD Benefits 2985 Bear Street, Bldg. A Costa Mesa, CA 92626 Daniela Logan, Technician (A-L) Krystal Cruz, Technician (M-Z) Evette Dang, Supervisor	www.nmusd.us/benefits 714-424-5010 benefits line 714-424-5013 dlogan@nmusd.us 714-424-8982 klcruz@nmusd.us 714-424-8914 edang@nmusd.us

WEB ACCESS

CIGNA Medical & Pharmacy

- Register at www.mycigna.com with a User Name and Password. This will allow you to log on and view your OAP claims and your mail order prescription activity. You can also request a new card or change your primary care physician online.
- To find a Doctor, Specialist, or Facility go to www.cigna.com
  - Click on 'Find a Doctor, Dentist or Facility', then under "How are you Covered?" click on 'Employer or School'.
  - Under 'Find a Doctor, Dentist or Facility in' type your location into the 'Enter Address, City or Zip' search box. Complete a search based on Doctor by Type, Doctor by Name, or Locations.
  - You will then be prompted to Login/Register or continue as guest. Click 'continue as guest'. You will then be prompted to select a plan. Click 'Continue' to select a plan.
  - Under 'Please select a Plan', select the appropriate plan:
    - For the Cigna Network HMO, choose: Southern California
    - For the Cigna Select HMO, choose: Southern California SELECT
    - For the Open Access Plus, choose: Open Access Plus, Open Access Plus Tiered
  - The following page will open with your results. You can click on the doctor's name to view more information.

CIGNA Dental

To find a Cigna dentist go to www.cigna.com

- Click on 'Find a Doctor, Dentist, or Facility', then under "How are you Covered?" click on 'Employer or School'.
- Under 'Find a Doctor, Dentist or Facility in' type your location into the 'Enter Address, City or Zip' search box. Click on 'Doctor by Type' and choose the type of Dentist.
- You will then be prompted to Login/Register or continue as guest. Click 'continue as guest'.
- Under 'Please select a Plan', click 'Continue', then select the appropriate plan:
  - For Dental PPO, choose: Total Cigna DPPO
  - For Dental HMO, choose: Cigna Dental Care Access
- 'SEARCH RESULT' will open. Click on the dentist's name to view further information.
- Or register and log in to www.mycigna.com click on 'FIND A DOCTOR, DENTIST OR FACILITY'. Other plan information is also available on this site, such as your claims and coverage.

KAISER PERMANENTE Medical & Pharmacy

- Register at kp.org
- To find a Doctor, or Facility, go to kp.org
- Click on 'Doctors & Locations', choose your Region in the drop down menu "California – Southern", then search for Doctors or Locations and enter zip code or keywords.
- You may also want to click "Advanced search" to choose the 'Health plans accepted' as "HMO", then click 'Search'.

WEX Health Inc cobraadmin@wexhealth.com

Contact WEX Benefits if you have questions on your premium invoice or payment processing. You can set up automatic payments if you wish.

Vision Service Plan www.vsp.com

To find a VSP provider select Members & Consumers. Select Find a VSP Network Doctor. You may also register with your own username and password. This will allow you to login to view your current status, and learn what you or your family members are currently eligible for.

Benefits Management www.nmusd.us/benefits

Benefits Management page of the NMUSD website includes benefit descriptions, contact information, forms and resources.

If you have not visited the web sites for the various benefit plans, we encourage you to do so. They have so much to offer!

BENEFIT PROGRAM OVERVIEW

ENROLLMENT IN GROUP HEALTH BENEFITS

Retirees may enroll in available health plans upon attaining eligibility. All enrollment information is available from the District Benefits Management Department. Once enrolled, changes of health plans can be made only during the open enrollment period in August for an October 1st effective date.

Enrolling New Spouse, Domestic Partner, Children (0-26)

Dependents may be added to your coverage as follows:

1. During the annual open enrollment period, with an 10/01 effective date, or
2. For new spouse or domestic partner, **the first of the month following date of marriage or domestic partner registration,** or
3. Newborns coverage from date of birth, or
4. A spouse, domestic partner and/or child with coverage outside of the district whose coverage was terminated as a result of the spouse's termination of employment may be enrolled the first of the month following the date in which benefits terminate.

IMPORTANT: COVERAGE FOR A NEW CHILD OR SPOUSE OR DOMESTIC PARTNER IS NEVER AUTOMATIC. WITHIN THIRTY-ONE (31) DAYS OF THE QUALIFYING EVENT YOU MUST CONTACT THE BENEFITS DEPARTMENT TO INITIATE THE ENROLLMENT. FAILURE TO DO SO MAY RESULT IN NO COVERAGE FOR DEPENDENT.

HEALTH BENEFIT ELIGIBILITY GUIDELINES

The following guidelines are designed to provide a convenient summary of the current health benefits provided by the Newport-Mesa Unified School District and may be revised periodically. These guidelines are not intended to constitute a contract between the District and its employees, dependents, or retirees, and the benefits described in these guidelines may be modified periodically through negotiations with the unions and/or by updating Board policy and plan benefits. These guidelines are not intended to stand alone and are subject to bargaining unit contracts, Board policy, and summary plan documents. In the event of any conflict between the terms of these guidelines and applicable bargaining unit contracts, Board policies or plan documents, the terms of those contracts shall control. Specific questions or comments should be addressed to the District's Office of Benefits Management.

Eligibility Requirements –Retirees

Additional eligibility requirements may be available, view bargaining agreement or individual contracts.

To be eligible to participate in the NMUSD Health and Welfare Retiree Benefits, an individual must be a participant in the NMUSD Retiree Benefits or an active employee that has met the following retiree criteria:

- Fifty (50) years of age, working seven (7) or more hours per day with thirty (30) Years of District service (not consecutive); or
- Fifty-five (55) years of age or older who have completed a minimum of ten (10) consecutive years of service during his/her District service history; or
- Sixty-two (62) years of age who have a minimum of ten (10) years of service in the District (not consecutive)

And retiring as:

- An Active School Board Member; or
- An Active Member of the Personnel Commission; or
- An Active full time/part time Management employee; or
- An Active full time/part time Supervisor employee; or
- An Active full time employee in accordance with the provisions of the agreement between CSEA and the District or NMFT and the District and/or District Policy.
- An Active part-time employee in accordance with the provisions of the agreement between CSEA and the District or NMFT and the District and/or District Policy.

A Board Member who retires upon completion of his term in office will continue to be eligible for coverage for himself and his eligible spouse or domestic partner and/or children (0-26) until he reaches age sixty-five (65), provided all required contributions for coverage under the Health and Welfare Program are prepaid monthly.

A Personnel Commission member, who retires upon completion of his term in office, will be given the right to purchase group insurance benefits for himself and his spouse/domestic partner, and/or children (0-26) until he reaches age sixty-five (65). The cost of the benefits provided to a retired Personnel Commission member will be prepaid monthly directly to the District.

Effective Date – Employees/Early Retirees

- The District shall provide health and welfare benefit coverage for all eligible retiree and eligible dependents until the first day of the birthday month when the retiree reaches age sixty-five (65).
- The District provides the eligible early retiree $10,000 in basic Life Insurance.
- All current employees age 55-64 who have met the retirement eligibility requirements for NMUSD early retirees are offered to continue all benefit plans at the same rate as active employees, available in the same proportion as was provided to employee at the time of retirement, paid on a 12-month cycle.
- OCAPs and plan premiums may apply.
- Premiums must be **pre-paid monthly** to WEX Health Inc.
- Early Retirees may decline at any time and will be part of every open enrollment until they reach the age of 65.

Effective Date – 65+ Employees/Retirees

All currently employed over sixty-five (65) years of age employees retiring who have met the retirement eligibility requirements or NMUSD Early Retirees currently enrolled in benefits attaining the age of sixty-five (65) will be offered to purchase into a medical and/or dental plan offered by the District. See 'What Happens at the Age of 65?' on page 31 of this booklet.

- **Cost of the insurance is the sole responsibility of the retiree.**

Upon election, effective dates are as follows:

- Currently enrolled NMUSD Early Retirees will be effective the 1st of their birthday month that they reach age sixty-five (65).
- Currently enrolled NMUSD Employees retiring age sixty-five (65) or older will be effective on the 1st of the month following termination of active benefits.
- Rates and plans are subject to change each Open Enrollment. Those over age sixty-five (65) retirees who decline dental during their first offer of coverage will not be allowed to re-enroll in dental at a later date.

Eligibility Enrollment Requirements – Spouse or Domestic Partner and/or Child (0-26)

An Eligible enrollee of an Employee/Retiree is:

- A legal spouse as verified by a Certificate of Marriage.
- A Domestic Partner as verified by a copy of their state registration form which is the equivalent of the proof required for married couples.
- Any child from birth to twenty-six (26) years of age. Coverage will end at the end of the month that the adult child turns twenty-six (26). Copies of birth certificates for children (0-26) required at enrollment.
- Social Security numbers for all enrollees required at enrollment.
- Any person on active service in the armed forces is <u>not</u> considered an eligible enrollee.

Effective Date – Spouse or Domestic Partner and/or Child (0-26)

The above named enrollees are eligible on the Employee/Retiree's initial eligibility date and may become covered only if the Retiree makes written application for coverage for such enrollees in a form furnished by the District for that purpose. See below for Newborn/Adopted Children. If application is made and received by the District

- on, before or within thirty-one (31) days of the eligibility date, the above named enrollees' coverage shall be effective on the eligibility date; or
- after thirty-one (31) days beyond the initial eligibility date, the above named enrollees coverage will have coverage effective only in accordance with the Open Enrollment or Special Enrollment Rights provisions below. A Spouse, domestic partner, and child coverage will not become effective prior to the Retiree's Effective Date.

Newly Acquired Dependents by Marriage

- Application for enrollment is required within thirty-one (31) days of acquisition of spouse and/or dependent child.
- Coverage will be effective on the first of the month following date acquired. Enrollments for a newly acquired spouse must be accompanied by a Marriage Certificate and Social Security number.
- Enrollments for a newly acquired child by marriage must be accompanied by birth certificate(s) and Social Security number.
- After thirty-one (31) days of marriage or acquisition of spouse, domestic partner or child, the Open enrollment or Special Enrollment Rights provisions will apply.

Newborn/Adopted Children

- A newborn baby (or adoptive child) is covered from birth (or for adoption from date they have responsibility).
- *For coverage to continue* beyond this 31-day period, the subscriber must enroll the child within the 31-day period.
- A birth certificate and/or legal adoption papers are submitted with enrollment application and Social Security number.
- After thirty-one (31) days the Open Enrollment or Special Enrollment Rights provisions will apply.

Open Enrollment

- During the month of August of each Plan Year, covered retirees and their covered spouse, domestic partner, and/or child may change within their benefit options.
- Newly elected coverage will then become effective on October 1.

Special Enrollment Rights

If the retiree elected to continue coverage through the Newport-Mesa USD and at a later date one or more new eligible dependents are acquired through marriage, domestic partner, birth, adoption, or placement of adoption (as defined by Federal Law) and these dependents were not offered the plan when the retiree was first eligible, they will be allowed to apply for coverage under the Program.

- ❖ Application must be made within (31) thirty-one days of the date the new spouse, domestic partner, and/or child are acquired (the "qualifying event") and verification of eligibility is required. Plan coverage will be effective as follows:
- Where marriage, domestic partnership is the "qualifying event" – on the first of the month following qualifying event.
- Where birth, adoption or placement for adoption is the "qualifying event" - on the first day of the first calendar month after the date of the event.
- If the above conditions are met, Program coverage will be effective on the first day of the month following the qualifying event date.

Coverage lost under Medi-Cal or a State health insurance (SCHIP) program or when you and/or your dependents gain eligibility for state premium assistance: you have 60 days to notify Benefits Management and enroll in a District sponsored plan.

To request special enrollment or obtain more information, call Benefits Management at (714) 424-5010 or email benefitsmanagement@nmusd.us

DOMESTIC PARTNER INSURANCE COVERAGE AS A RESULT OF AB2208 and SB 30
Effective January 1, 2005, group medical plans have been mandated to provide health benefit coverage for the registered domestic partners of an employee to the same extent, and subject to the same terms and conditions, as provided to a spouse. Note that the California state registry recognizes same sex couples at age 18 and older.

Effective January 1, 2020 heterosexual couples at age 18 or older. The employee must verify the partnership by providing a copy of their state registration form which is the equivalent of the proof required for married couples. Newport-Mesa USD does not recognize un-registered Domestic Partners. COBRA continuation for health benefits is not included in this legislation. However, they should contact Cigna or Kaiser to see if they are eligible for CAL-COBRA. Domestic partner of employee is required to provide Social Security number at enrollment.

Many other provisions of the law are not represented here. This is meant to be a brief sampling of the law. For further information, contact the Domestic Partner Registry at https://www.sos.ca.gov/registries/domestic-partners-registry/

TERMINATION OF GROUP HEALTH BENEFIT COVERAGE

Retiree Coverage Termination
A Retiree's coverage in the health and welfare benefits under this Program shall terminate upon the earliest of the following:

- The date the Retiree ceases to be eligible under the Program;
- The end of the period for which he has made the required contributions for such coverage, if he fails to make the next required contribution;
- The date the Program is amended to terminate the coverage of a class of Retirees of which he is a member.

Dependent (Spouse, Domestic Partner, and Child (0-26) Coverage Termination
A Dependent's health and welfare benefit coverage shall terminate upon the earliest of the following:

- The date the Retiree's coverage terminates,

or

- The date on which the child ceases to be an enrollee under the plan as defined herein, except that coverage for a child who attains the limiting age twenty-six (26) years of age ends on the last day of the month in which that birthday occurs.

Survivorship
In the event that the retiree dies, dependent(s) would be provided with one (1) year of survivorship on the health plans. Any pro-rata premium for health benefits would be the responsibility of the dependent(s). At the end of one year, the dependent(s) age 64 and under would be offered COBRA. If elected, COBRA continuation would be for up to 36 months providing eligibility continues and premiums are paid as required.
Failure to notify Newport-Mesa USD Benefits department of the death of a retiree my result in legal action to recover premiums paid in error to benefit providers.

OVER CAP CONTRIBUTION (OCAP)

The Benefit Unit Cost is a calculated averaged amount per employee/early retiree. When the Benefit Unit Cost exceeds the Benefit Unit Cap that the District pays per employee/early retiree it results in an "Over Cap" (OCAP) amount that employees/early retirees pay, regardless of the package they choose, since the cost is calculated on an average basis. More information regarding the OCAP is available at www.nmusd.us/benefits.

The following groups retiring on or before June 30, 2011 will not be charged an OCAP contribution up to age 65 at which time early retiree benefits end:

NMFT-Certificated, Management, Supervisor, Confidential

The following groups retiring on or before June 30, 2012 will not be charged an OCAP contribution up to age 65 at which time early retiree benefits end:

CSEA-Classified

DUAL SPOUSE COVERAGE (Married /Domestic Partner Employee Benefit Options)

At Open Enrollment married couples/domestic partners will have these options:

NOT to enroll as a Dual Spouse:

1) One retiree enrolls themselves as the subscriber for all benefits, and the other retiree and/or other children would be listed as dependents. Only the subscriber will pay all the OCAP contributions and PPO Dental premium if elected.

   OR

2) Both retirees enroll as independent subscribers for all benefits, with one of you covering the children. Each retiree is responsible for their individual OCAP contributions and PPO Dental premium if elected.

ENROLL as a Dual Spouse for Cigna Dental and VSP Vision Plan:

1st Retiree	**Spouse/Domestic Partner**
Enrolls in Medical, Enrolls in Dental and Vision with Spouse and any eligible dependents	Enrolls by declining Medical, Enrolls in Dental and Vision with eligible Dependents
Pays **full** OCAPs	Pays OCAP 1 only
No Dental Premium, Pays VSP premium if part time	No Dental Premium, No VSP premium deducted (even if part time)
No Coordination of Benefits with Dental plans	No Coordination of Benefits with Dental plans
Limited Coordination of Benefits with VSP	Coordination of Benefits with VSP

If you would like more information and are interested in enrolling in this option, contact Benefits Management at benefitsmanagement@nmusd.us or call 714-424-5010. Marriage certificate / Domestic Partner State Registration must be provided upon enrollment.

MEDICAL PLANS

Benefit eligible retirees have the option of choosing a Health plan that best fits their personal needs.

- Kaiser Permanente (HMO plan) - Southern CA, or
- Cigna Select Network (HMO plan) - Select SoCal areas, or
- Cigna Network (HMO plan) – Residing in CA, or
- Cigna Open Access Plus (OAP) (PPO like plan) - Nationwide (Except HI)

KAISER PERMANENTE (HMO plan) – Southern CA

- Contact Kaiser Network for all your medical needs.
- $10 co-pay for an Office Visit or $15 for Specialist.
- $10 co-pay for Outpatient Surgery.
- No co-pay for Preventative Care. See summary grid at www.nmusd.us/benefits
- Call 911 for life-threatening emergencies. Follow up with Kaiser within 24 hours.
- $10 co-pay for Urgent Care.
- $150 co-pay for the Emergency Room if not admitted to the hospital.
- $250 Hospital Inpatient Admission.
- $10 co-pay for Physical Therapy.
- $15 co-pay for Chiropractic Care / 30 visits per calendar year.
- Maximum Out-of-Pocket $1,500 per person / $3,000 family.
- For important plan restrictions, and specific exclusions and limitations, consult your Evidence of Coverage located at www.nmusd.us/benefits.
- For questions regarding coverage, visit www.kp.org or call 1-800-464-4000

KAISER PERMANENTE PHARMACY PLAN

What you buy	Retail Pharmacy	Home Delivery
Generic Drugs	$5.00 for 100 days	$5.00 for 100 days
Brand Name	$35.00 for 100 days	$35.00 for 100 days
Specialty items	$60.00 for 30 days	$60.00 for 30 days*

*Some Specialty drugs may not be available through the mail order pharmacy.

CIGNA SELECT NETWORK – Select SoCal Areas.

Network of (Heritage, Hoag, MemorialCare, Providence, Scripps)

- You're required to enroll with a Primary Care Physician and Medical Group that is in-network.
- Contact your Primary Care Physician for all your medical needs. The PCP will direct your care to Emergency Facilities or Specialists as needed.
- $10 co-pay for an Office Visit, $15 co-pay for Specialist.
- $25 co-pay for Outpatient Facility/Surgery.
- No co-pay for Preventative Care.
- Call 911 for life threatening emergencies. Follow up with your Primary Care Physician within 24 hours.
- $25 co-pay for Urgent Care.
- $150 co-pay for the Emergency Room if not admitted to the hospital.
- $250 Hospital Inpatient Admission.
- $10 co-pay or $15 Specialist for Physical Therapy.
- Chiropractic Rider – American Specialty Health. $15 co-pay, no annual limit.
- Maximum out-of-pocket $1,000 per person / $2,000 family.
- For important plan restrictions, and specific exclusions and limitations, consult your Evidence of Coverage (www.nmusd.us/benefits).
- For questions regarding coverage, call the Cigna Enrollment Information line 1-800-Cigna24 (1-800-244-6224).

CIGNA NETWORK HealthCare of California – So. CA HMO

- You're required to enroll with a Primary Care Physician and Medical Group that is in-network.
- Contact your Primary Care Physician for all your medical needs. The PCP will direct your care to Emergency Facilities or Specialists as needed.
- $25 co-pay for an Office Visit or Specialist.
- $30 co-pay for Outpatient Facility/Surgery.
- No co-pay for Preventative Care.
- Call 911 for life threatening emergencies. Follow up with your primary care doctor within 24 hours.
- $25 co-pay for Urgent Care.
- $150 co-pay for the Emergency Room if not admitted to the hospital.
- $250 Hospital Inpatient Admission.
- $25 or $30 co-pay for Physical Therapy.
- Chiropractic Rider – American Specialty Health. $25 or $30 co-pay 24 visits/calendar yr.
- Maximum out-of-pocket $1,500 per person / $3,000 family.
- For important plan restrictions, and specific exclusions and limitations, consult your Evidence of Coverage (www.nmusd.us/benefits).
- For questions regarding coverage, call the Cigna Enrollment Information line 1-800-Cigna24 (1-800-244-6224).

CIGNA OPEN ACCESS PLUS (PPO-Like Plan) / **In-Network**, All States except HI

- You may use a Preferred Provider Cigna 'contracted' physician or hospital of your choice.
- $60 co-pay for an Office Visit, $70 co-pay for Specialist. Annual $2,000 deductible per person (aggregate $6,000 family maximum per year), then Cigna pays 80% and you pay 20%.
- Outpatient Facility / Surgery and Ambulance Services, 20% after deductible.
- No co-pay for Preventative Care.
- Call 911 for life threatening emergencies. Follow up with your Primary Care Physician within 24 hours.
- $55 co-pay for Urgent Care (after deductible, waived if admitted).
- $250 co-pay for the Emergency Room after deductible.
- $250 Hospital Inpatient Admission, plus 20% after deductible.
- $60 or $70 co-pay for Physical Therapy.
- $60 or 70 co-pay for Chiropractic / 20 visits per calendar year.
- Maximum out-of-pocket $6,000 per person / $18,000 family.
- OAP 'contracted' providers will bill Cigna directly.
- You will receive an Explanation of Benefits from Cigna indicating your responsibility of the bill.
- For important plan restrictions, and specific exclusions and limitations, consult your Evidence of Coverage (www.nmusd.us/benefits).
- For questions regarding coverage, call the Cigna Enrollment Information line 1-800-Cigna24 (1-800-244-6224).

CIGNA OPEN ACCESS PLUS (PPO-like plan) / **Out-of-Network**, All States except HI

- See any licensed provider of your choosing.
- Claims will be paid based on Cigna's determined maximum allowed amount. There is no negotiated cost structure for services provided by an out-of-net network provider.
- Annual $2,500 deductible per person (aggregate $7,500 family maximum per year), then Cigna pays 50% and you pay 50% after deductible is met.
- Outpatient Facility / Surgery and Ambulance Services, 50% after deductible.
- Preventative Care up to Age 16, you pay 50% after deductible is met. No coverage for Age 17 and over. See summary grid at www.nmusd.us/benefits.
- Call 911 for life threatening emergencies. Follow up with your primary care doctor within 24 hours.
- $55 co-pay for Urgent Care.
- $250 co-pay for the Emergency Room if not admitted to the hospital.
- $500 Hospital Inpatient Admission, plus 50% after deductible.
- Physical Therapy, 50% after deductible / 20 visits per calendar year.
- Chiropractic Care, 50% after deductible / 20 visits per calendar year.
- Maximum out-of-pocket $8,000 per person / $24,000 family.
- Providers may bill for services up front.
- You must attach the physician's bill for services to a Cigna claim form and submit for payment. Claim forms are available on Cigna's website www.cigna.com.
- You will receive an Explanation of Benefits from Cigna reflecting your responsibility of the bill
- For important plan restrictions, and specific exclusions and limitations, refer to your Group Agreement / Policy (www.nmusd.us/benefits).
- For questions regarding coverage, call the Cigna Enrollment Information line 1-800-Cigna24 (1-800-244-6224).
- No coverage for Out of Network Pharmacy.

CIGNA PHARMACY

SELECT & NETWORK (HMOs)

What you buy	Retail Pharmacy	Home Delivery
Generic Drugs	$5.00 for 30 days	$5.00 for 90 days
Preferred Brand	$35.00 for 30 days	$35.00 for 90 days
Non-Preferred Brand	$50.00 for 30 days	$50.00 for 90 days

OPEN ACCESS PLUS (OAP) / In-Network PHARMACY PLAN

What you buy	Retail Pharmacy	Home Delivery
Generic Drugs	$20.00 for 30 days	$50.00 for 90 days
Preferred Brand	$50.00 for 30 days	$125.00 for 90 days
Non-Preferred Brand	$80.00 for 30 days	$200.00 for 90 days

Express Scripts Pharmacy

- By Doctor: Ask your doctor to send a 90-day prescription electronically to Express Scripts Home Delivery.
- By Phone: 1-800-835-3784, have your medication, doctor's name and payment information ready.
- By Website: my.cigna.com/choosehomedelivery . Follow the online instructions.

Forms and more information are available at www.cigna.com or www.nmusd.us/benefits.

Cigna utilizes 'Step Therapy' a prior authorization program. Certain medications for medical conditions need approval before they are covered. Step Therapy encourages you to try the most cost effective and appropriate medication available to treat your condition. Once you have registered on www.mycigna.com you can view a list of Step Therapy medications by clicking on the 'view prescription drug list' in the Pharmacy section.

MEDICAL BENEFIT PLANS AT A GLANCE

The next few pages' reference some of the highlights of individual plan choices. These are for medical plan comparisons and for general information. These are not intended to replace the Evidence of Coverage.

For more plan specifics see Newport-Mesa USD's insurance certificate or Summary Plan description referencing the corresponding EOCs on www.nmusd.us/benefits

If your spouse and/or dependent(s) are under the age of 65 and you would like information on other plans available to them visit the websites listed above, email benefitsmanagement@nmusd.us or call (714) 424-5010.

Newport-Mesa USD	Kaiser	Cigna Select	Cigna	Cigna	
2026 - 27 Medical Plan Options Retirees Age 55-64	HMO - CA & Select Areas	SELECT (HMO) CA Only	NETWORK (HMO) CA Only	OPEN ACCESS PLUS (OAP) Nationwide except HI	
	Network Only	Network Only	Network Only	In-Network	Out-of-Network
DEDUCTIBLES/MAXIMUMS					
Calendar Year Deductible (Ind / Fam)	None	None	None	$2,000 / $6,000	$2,500 / $7,500
Annual Out of Pocket Max (Ind / Fam)	$1,500 / $3,000	$1,000 / $2,000	$1,500 / $3,000	$6,000 / $18,000	$8,000 / $24,000
PHYSICIAN SERVICES					
PCP Office Visits	$10 co-pay	$10 co-pay	$25 co-pay	$60 co-pay	50% after Ded
Specialist Office Visit	$15 co-pay	$15 co-pay	$30 co-pay	$70 co-pay	50% after Ded
	kp.org	TeleHealth			
Online Visit	No Co-pay	$10 co-pay	$25 co-pay	$40 co-pay	Not Available
PREVENTIVE CARE					
Preventive Care / Immunizations	No Co-pay	No Co-pay	No Co-pay	No Co-pay (Ded. waived)	Birth to Age 16 - 50% Age 17 & up Not Covered
Mammogram / PAP / PSA	No Co-pay	No Co-pay	No Co-pay	No Co-pay (Ded. waived)	Birth to Age 16 - 50% Age 17 & up Not Covered
INPATIENT					
Inpatient Hospital Facility	$250/admit	$250/admit then no Co-pay	$250/admit then no Co-pay	$250/admit + 20% after Ded	$500 admit + 50% after Ded
Inpatient Professional Services	$250/admit	No Co-pay	No Co-pay	20% after Ded	50% after Ded
OUTPATIENT					
Outpatient Facility	$10 or $15 Co-pay	$25 Co-pay	$25 Co-pay	20% after Ded	50% after Ded
Emergency Room Co-pay	$150 co-pay	$150 Co-pay (Waived if admitted)	$150 Co-pay (Waived if admitted)	$250 co-pay after deductible (co-pay waived if admitted)	
Urgent Care	$10 Co-pay	$25 Co-pay (Waived if admitted)	$25 Co-pay (Waived if admitted)	$55 co-pay after Ded (Waived if admitted)	
Ambulance Services	$50 Co-pay	No Co-pay	No Co-pay	20% after Ded	
PRESCRIPTIONS					
Retail Generic/ Day Supply	$5 Co-pay/ 100 days	$5 Co-pay/ 30 days	$5 Co-pay/ 30 days	$20 co-pay/ 30 days	not covered
Preferred Brand Day Supply	$35 Co-pay/ 100 days	$35 Co-pay/ 30 days	$35 Co-pay/ 30 days	$50 co-pay/ 30 days	not covered
Non Preferred/Specialty Day Supply	$60 Co-pay/ 30 days	$50 Co-pay/ 30 days	$50 Co-pay/ 30 days	$80 co-pay/ 30 days	not covered
Home Delivery-Generic/ Day Supply	$5 Co-pay/ 100 days	$5 Co-pay/ 90 days	$5 Co-pay/ 90 days	$50 co-pay/ 90 days	not covered
Home Delivery-Preferred/ Day Supply	$35 Co-pay/ 100 days	$35 Co-pay/ 90 days	$35 Co-pay/90 days	$125 co-pay/ 90 days	not covered
Home Delivery-Specialty/ Day Supply	$60 Co-pay/ 30 days	$50 Co-pay/ 90 days	$50 Co-pay/90 days	$200 co-pay/ 90 days	not covered

Newport-Mesa USD	Kaiser	Cigna Select	Cigna	Cigna	
2026 - 27 Medical Plan Options Retirees Age 55-64	HMO - CA & Select Areas	SELECT (HMO) CA Only	NETWORK (HMO) CA Only	OPEN ACCESS PLUS (OAP) Nationwide except HI	
	Network Only	Network Only	Network Only	In-Network	Out-of-Network
OTHER BENEFITS					
Chiropractic	$15 Co-pay	$15 co-pay (Rider)	$25 or $30 PCP / Specialist co-pay (Rider)	$60 or $70 PCP / Specialist co-pay	50% after Ded
	30 visits/calendar year	unlimited days	24 visits/calendar year	20 visits per calendar year	
Physical Therapy	$10 Co-pay	$10 co-pay / $15 Specialist	$25 or $30 PCP / Specialist co-pay	$60 or $70 PCP / Specialist co-pay	50% after Ded
		unlimited days	unlimited days	20 visits per calendar year	
Allergy Treatment	$10 or $15 PCP / Specialist copay	$10 or $15 PCP / Specialist copay	$25 or $30 PCP / Specialist co-pay	$60 or $70 PCP / Specialist co-pay	50% after Ded
Acupuncture	Not covered	Not covered	Not covered	$60 or $70 PCP / Specialist co-pay	50% after Ded
				12 days max per cal year	
Diagnostic X-ray and Lab	No Co-pay	No Co-pay	No Co-pay	Applicable office copay applies	50% after Ded
Advanced Imaging	No Co-pay	No Co-pay	No Co-pay	$65 Office co-pay 20% Outpt Facility after Ded	50% after Ded
Durable Medical Equipment	No Co-pay	No Co-pay	No Co-pay	20% after Ded	50% after Ded
Hearing Aids	$3,000 max allowable per 36 months (per ear)	$5,000 max allowable per calendar year	$5,000 max allowable per calendar year	20% after Ded	50% after Ded
				$5,000 max allowable benefit every 3 years (after deductible)	
Organ & Tissue Transplants	$250 admit	$250 admit then no Co-pay	$250 admit then no Co-pay	$250 admit + 20% after Ded (Non Life Source Facility)	Not covered
Skilled Nursing Care (Utilization review required for skilled nursing facility stay) 100 calendar days	No Co-pay	No Co-pay	No Co-pay	20% after Ded	50% after Ded
Home Health Limited to 100 calendar days	No Co-pay	No Co-pay	No Co-pay	20% after Ded	50% after Ded
Mental Health & Substance Abuse					
Inpatient Care Facility-based care	$250 per admit	$250 per admit then no Co-pay	$250 per admit then no Co-pay	$250/admit + 20% after Ded	$500/admit + 50% after Ded
Outpatient Care	$10 per visit individual	$10 Office co-pay	$30 Office co-pay	$70 co-pay	50% after Ded

Note: This is a snapshot summary for comparison and general information, it is not intended to replace the Summary of Benefit Coverage. For more plan specifics see Newport-Mesa USD's insurance certificate, Summary of Benefit Coverage at www.nmusd.us/benefits. Or from the contact information listed in the front of the Benefit Book.

CIGNA DENTAL PLANS

Cigna remains our provider for the two dental plans from which you may elect coverage.

CIGNA HMO

- You are required to select and enroll with a Primary Care Dentist from Cigna's Dental HMO network.
- When you visit this dentist, there are no patient charges for most preventive procedures, no claim forms, no deductibles and no annual dollar benefit limit.
- Covered complex procedures are available at low, pre-set patient charges. You may also be referred to a network Specialist with a set fee schedule.
- Services under NMUSD's P210X plan include preventive, restorative, and orthodontia.

CIGNA PPO

- This plan allows you to visit any dentist you choose.
- If you choose a Cigna "contracted" dentist from the extensive Cigna PPO Network, you will receive $2,000 per calendar year in dental benefits.
- Preventive and diagnostic services paid at 100% and restorative at 80% after the $50 deductible ($150 family).
- Cigna "contracted" dentists agree to offer their services to Cigna's PPO participants at reduced, contracted fees, thereby saving on your out-of-pocket expenses.
- Go to cigna.com to find "contracted" Cigna PPO dentists.
- If you choose a dentist who is not "contracted" in the Network, you will receive a reduced limit of $1,000 per calendar year.

Newport-Mesa USD	Cigna	Cigna	
2026 - 27 Dental Plan Options All Members	Dental HMO Network	Dental PPO Plan	
	Network Only	In-Network	Out-of-Network
	Cost with Cigna Dental Care	Based on Reduced Contracted Fee Schedule	Reimburse according to 80% Reasonable and Customary ("R&C")Allowances, the dentist may balance bill up to their usual fees.
DEDUCTIBLES/MAXIMUMS			
Calendar Year Deductible (Ind / Fam)	None	$50 / $150	$50 / $150
Calendar Year Maximum Reimbursement Fee (Individual)	None	$2,000	$1,000
DENTAL SERVICES			
Office Visits	Managed Care	Self Referral	Self Referral
	Select Primary Care HMO Network Dentist	Select Cigna PPO Contracted Dentist	Select Non-Contracted Dentist
PREVENTIVE CARE			
Exams / Routine Prophylaxis	2 per year 100% covered	2 per year 100% covered	2 per year, Cigna pays 100% of the "R&C"
Bitewing X-rays	2 per year 100% covered	2 per year 100% covered	2 per year, Cigna pays 100% of the "R&C"
Full mouth and Panorex X-rays	1 every 3 calendar years, 100% Covered	1 every 3 calendar years, 100% Covered	1 every 3 calendar years, Cigna pays 100% of the "R&C"
Premiums			
Full-Time Employees	No Monthly Payroll Deduction	Pays Monthly Payroll Deduction, see Rate Chart	Pays Monthly Payroll Deduction, see Rate Chart
Dental Procedures			
Minimal	No Charge	20% charge after Ded has been met	20% charge after Ded has been met, Cigna pays 80% of "R&C"
Restorative	Charges apply, reference Patient Charge Schedule (PCS)	20% charge after Ded has been met	20% charge after Ded has been met, Cigna pays 80% of "R&C"
Fluoride	No Charge, 2 per calendar year	No charge, 1 per year under the age of 19.	Cigna pays 100% of "R&C" 1 per year under the age of 19.
Sealants	No charge, no limit per calendar year	No charge, 1 treatment per tooth every 3 years.	Cigna pays 100% of "R&C", 1 treatment per tooth every 3 years.
Crowns and Inlays	Replacement every 5 years	Replacement every 5 years	Replacement every 5 years
Athletic Mouth Guard	One per calendar year, $110 co-pay	Not Covered	Not Covered
Orthodontic	Charges apply, reference Patient Charge Schedule (PCS)	50% of Cigna PPO contracted fee with $1,000 lifetime maximum	50% of Cigna PPO "R&C" fee $1,000 lifetime maximum

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For more plan specifics see Newport-Mesa USD's insurance certificate, Summary of Benefit Coverage at www.nmusd.us/benefits.
Or from the contact information listed in the front of the Benefit Book.

More Information:
Cigna Dental Treatment Cost Estimator **For Dental HMO and PPO Customers**

You can estimate a plan for your dental care costs using Treatment Cost Estimation on mycigna.com. This user friendly web-based tool allows you to get dental estimates based on your specific plan design and geographic location. This tool is flexible, enabling you to get estimates at a procedure or treatment level. A treatment level estimate is usually more accurate because it represents a group of procedures used to treat or resolve a specific dental condition or disease. This gives you a better understanding of what you may pay when you visit the dentist.

More information on all listed above at www.nmusd.us/benefits

VSP – VISION SERVICE PLAN

- No ID cards or claim forms.
- Find a VSP doctor through their website www.vsp.com or customer service 800-877-7195 and make your appointment.
- Tell the doctor you are a Newport-Mesa USD VSP member, your doctor and VSP will handle the rest.
- Eligibility includes an eye exam every 12 months with $20 co-pay, lenses every 12 months and frames every 12 months, with in-network allowance of $160.00 for retail frames.
- For contact lenses exam up to $60 co-pay and $160 contacts allowance.
- Find further information in the Benefits-at-a-Glance Chart.

Newport-Mesa USD *2026 - 27 Vision Plan Options* *Actives and Early Retirees*	Vision Service Plan VSP		
Not affiliated with Cigna or Kaiser, Access Cigna HealthCare or Kaiser Permanente for medical conditions of the eyes.		In-Network copay	Out-of-Network reimbursement
BENEFIT			
WellVision Exam	Focuses on your eyes and overall wellness, 1 Every 12 Months.	$20 co-pay for exam and glasses	up to $50
PRESCRIPTION GLASSES			
Frame	•$160 allowance for a wide selection of frames •$180 allowance for featured frame brands •20% savings on the amount over your allowance •Every 12 months	Combined with exam	up to $70
Lenses	•Single vision, lined bifocal, and lined trifocal lenses, polycarbonate •Impact-resistant lenses for dependent children •Every 12 months	Combined with exam	up to $50
Lens Enhancements	•Standard progressive lenses •Premium/Custom progressive lenses •Average savings of 40% on other lens enhancements	$0 $80 - $160	up to $75 - $100
Contacts			
Instead of glasses	•$160 allowance for contacts, co-pay does not apply •Contact lens exam (fitting and evaluation) •Every 12 months	up to $60	up to $105
Additional Coverage	Diabetic Eyecare Plus Program		
Extra Savings			
Glasses and Sunglasses	•Extra $20 to spend on featured frame brands. Go to vsp.com/special offers for details. •30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP Provider on the same day as your WellVision exam. Or get 20% from any VSP provider within 12 months of your last WellVision exam.		
Retinal Screening	•No more than $39 co-pay on routine retinal screening as an enhancement to a WellVision Exam		
Laser Vision Correction	•Average 15% off regular price or 5% off the promotional price; discounts only available from contracted facilities. •After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor.		
Note: This is a snapshot summary for comparison and general information, it is not intended to replace the Summary of Benefit Coverage. For more plan specifics see Newport-Mesa USD's insurance certificate, Summary of Benefit Coverage at www.nmusd.us/benefits. Or from the contact information listed in the front of the Benefit Book.			

Register at vsp.com once your plan is effective, review your benefit information, get claim forms find more details on your Vision Coverage find a VSP provider, find additional savings and promotions

→At your appointment, tell them you have VSP, no ID card is necessary. If you'd like a card as a reference, you can print one from vsp.com
→Out of Network providers (LensCrafters) may process the claim on your behalf, and you will be balance billed for the difference

More information on all listed above at www.nmusd.us/benefits

GROUP LIFE INSURANCE

RETIREE BASIC LIFE INSURANCE

All eligible Early Retirees are covered with a $10,000 group term life insurance policy until the first of their birthday month that they reach age 65. To be eligible, retirees had to have been eligible for health benefits before retirement.

To file a claim against life insurance benefits, the insured or the family should contact the Benefits Management department. If the employee is considered terminally ill, the family should contact the Benefits Management Department for the necessary claim forms and filing assistance to obtain advance benefits.

LIFE INSURANCE PLAN FEATURES AND OPTIONS

Conversion Privilege
Following termination of group basic life insurance eligibility, employee has 31 days to convert their life insurance to an individual policy, without a physical exam. The carrier will contact you with a conversion offer. (Convert plan to a Whole Life Policy, no longer part of NMUSD group policy)

Portability
Following termination of employment, employee has 31 days to port their optional life insurance policy, without a physical exam. MetLife will contact you for this portability.
(Port coverage keeps the same coverage as NMUSD but moved into a portable pool, no longer part of NMUSD group policy)

Beneficiary Designation
Insured retirees may name anyone they desire as beneficiary and may change the beneficiary at any time. Forms are available from Benefits Management at www.nmusd.us/benefits.

GENERAL NOTICE OF YOUR RIGHTS
GROUP HEALTH CONTINUATION COVERAGE UNDER COBRA

THIS LETTER IS FOR YOUR INFORMATION ONLY. PLEASE RETAIN FOR FUTURE REFERENCE.
THERE HAS NOT BEEN A CHANGE IN YOUR STATUS WITH YOUR COMPANY.

On April 7, 1986, a federal law called COBRA was enacted (Public Law 99-272, Title X), requiring that most employers sponsoring group health plans offer employees and their families (qualified beneficiary/ies) the opportunity for a temporary extension of health coverage at group rates in certain instances where coverage under the plan would otherwise end. This notice is intended to inform you, in a summary fashion, of your rights as a qualified beneficiary and obligations under COBRA. Both you and your spouse, if applicable, should take the time to read this notice carefully. This notice does not fully describe COBRA or other rights under the Newport-Mesa USD's group health plans ("Group Health Plan"). For additional information you should review the Group Health Plan's Summary Plan Description at www.nmusd.us/benefits or contact Newport-Mesa USD's Plan Administrator at (714) 424-5010. Also, you may visit the Department of Labor website (www.dol.gov) for more information on COBRA.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. The Marketplace in California is Covered California at www.coveredca.com. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

QUALIFYING EVENTS

If you are an employee of Newport-Mesa USD covered by a Group Health Plan, you have a right to choose COBRA if you lose your group health coverage because of a reduction in your hours of employment or the termination of your employment (for reasons other than gross misconduct on your part).

If you are the spouse of an employee covered by a Group Health Plan, you have the right to choose COBRA for yourself if you lose group health coverage under a Group Health Plan for any of the following reasons:

1. The death of your spouse;
2. A termination of your spouse's employment (for reasons other than gross misconduct) or reduction in your spouse's hours of employment with Newport-Mesa USD;
3. Divorce or legal separation from your spouse; or
4. Your spouse becomes entitled to Medicare.

In the case of a dependent child of an employee covered by a Group Health Plan, he or she has the right to choose COBRA if the Group Health Plan is lost for any of the following reasons:

1. The death of the parent-employee;
2. A termination of the parent-employee's employment (for reasons other than gross misconduct) or reduction in the parent-employee's hours of employment with Newport-Mesa USD;
3. The parent-employee's divorce or legal separation;
4. The parent-employee became entitled to Medicare prior to his/her qualifying event; or
5. The dependent child ceases to be a dependent child under a Group Health Plan.

Children born to or adopted by a covered employee during the continuation coverage period may also elect continuation coverage, provided that the covered employee has elected COBRA coverage for himself or herself.

The coverage period will be determined according to the date of the qualifying event that resulted in the covered employee's COBRA coverage.

Sometimes, filing a bankruptcy under Title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Newport-Mesa USD and that bankruptcy results in the loss of coverage of any retired employee under a Group Health Plan, the retired employee will become a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under a Group Health Plan.

COVERAGE PROVIDED

Under COBRA, the employee or a family member has the responsibility to inform Newport-Mesa USD Plan Administrator at (714) 424-5010 of a divorce, legal separation, or a child losing dependent status under the Group Health Plan within 60 days of the later of (1) the date of the qualifying event or (2) the date on which coverage would be lost as a result of the qualifying event.

If notification is not made within 60 days after the applicable qualifying event occurs or if you do not timely provide any additional documentation or information (if requested) in a timely manner, your notification will be rejected and COBRA coverage will not be offered.

Newport-Mesa USD has the responsibility to notify the COBRA administrator WEX Health, Inc, LLC of the employee's death, termination, and reduction in hours of employment or Medicare entitlement. Once the plan receives notice that a qualifying event has occurred, COBRA coverage will be offered to each qualified beneficiary. Each qualified beneficiary will have an independent right to elect COBRA coverage for 60 days from the later of the date coverage is lost under the plan or the date of notification to elect COBRA coverage. Covered employees may elect COBRA coverage on behalf of their spouse, and parents may elect COBRA coverage on behalf of their eligible dependent children. If a qualified beneficiary does not elect COBRA/continuation coverage within this period, the right to COBRA/continuation coverage will terminate.

If you elect COBRA, Newport-Mesa USD is required to give you and your covered dependents, if any, coverage that is identical to the coverage provided under the plan to similarly situated employees or family members. Under COBRA, you may have to pay all or part of the premium for your continuation coverage.

PERIOD OF COVERAGE

COBRA requires that you be afforded the opportunity to maintain coverage for 36 months unless you lost group health coverage because of a termination of employment or reduction in hours. In that case, the required COBRA period is 18 months.

The 18-month period may be extended to 29 months if an individual is determined by the Social Security Administration (SSA) to be disabled (for Social Security purposes) at any time during the first 60 days of COBRA coverage or before COBRA coverage began and you are still disabled at the end of the original maximum continuation period of coverage (generally 18 months). To benefit from this extension, a qualified beneficiary must notify WEX Health, Inc at (866) 451-3399 of that determination within 60 days of the later of (1) the date the qualified beneficiary is determined to be disabled by the Social Security Administration; (2) the date of the qualifying event; and (3) the date on which the qualified beneficiary would lose coverage because of the qualifying event, and before the end of the original 18-month period.

If the above notification is not made within 60 days of the date of the disability determination made by the Social Security Administration and before the end of the 18-month period of COBRA/continuation coverage, or if you do not provide the additional documentation or information (if requested) in a timely manner, your notification will be rejected and any additional COBRA/continuation coverage beyond the original 18-month period will not be offered.

The affected individual must also notify WEX Health, Inc within 30 days of any final determination that the individual is no longer disabled.

SECOND QUALIFYING EVENT EXTENSION

If the original event causing the loss of coverage was a termination (other than for gross misconduct) or a reduction in hours, another extension of the 18-month continuation period may occur, if during the 18 months of COBRA coverage, a qualified beneficiary experiences certain secondary qualifying events:

1. Divorce or legal separation
2. Death
3. Medicare entitlement
4. Dependent child ceasing to be a dependent

You will be required to have certain information available about your qualifying event, including: the type of qualifying event (divorce, legal separation, losing dependent coverage); the date of the divorce, legal separation or dependent losing coverage; the name and Social Security number of the covered employee; and the name, address and Social Security number of the covered spouse or dependent who is losing coverage.

When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare eight months before the date on which his employment terminates, COBRA coverage for his spouse and eligible dependents can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months' minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA coverage can be extended.

If a second qualifying event does take place, COBRA provides that the qualified beneficiary may be eligible to extend COBRA up to 36 months from the date of the original qualifying event. If a second qualifying event occurs, it is the qualified beneficiary's responsibility to inform the Newport-Mesa USD Plan Administrator within 60 days of the event. In no event, however, will COBRA last beyond three years from the date of the event that originally made the qualified beneficiary eligible for COBRA. If COBRA coverage is elected, the coverage previously in effect will generally be continued. From time to time, some changes in coverage are possible. For example, benefits and cost will be modified as regular changes are made to the plan. Once you make your election, you will have up to 45 days to pay your first COBRA coverage premium, which will include any make-up premiums you missed. COBRA coverage will be effective the day after the qualifying event or the last day of active coverage, whichever is later.
Premiums will be equal to the entire cost of the coverage, with an additional two percent to cover administrative expenses.

If the above notification is not made within 60 days after the second qualifying event occurs or if you do not provide any additional documentation or information (if requested) in a timely manner, your notification will be rejected and any additional COBRA coverage beyond the original 18- (or 29-) month period will not be offered.

SPECIAL RULE FOR HEALTH FSAs

COBRA coverage under the WEX Health, Inc Health FSA will be offered only to qualified beneficiaries losing coverage that have under-spent accounts. A qualified beneficiary has an under-spent account if the annual limit elected by the covered employee, reduced by reimbursable claims submitted up to the time of the qualifying event, is equal to or more than the amount of the premiums for the WEX Health, Inc Health FSA COBRA coverage that will be charged for the remainder of the plan year. COBRA coverage will consist of the WEX Health, Inc Health FSA coverage in force at

the time of the qualifying event. The use-it-or-lose-it rule will continue to apply, so any unused amounts will be forfeited at the end of the plan year, and the COBRA coverage for the FSA plan will terminate at the end of the plan year.

Unless otherwise elected, all qualified beneficiaries who were covered under the WEX Health, Inc Health FSA will be covered together for Health FSA COBRA coverage. However, each qualified beneficiary could alternatively elect separate COBRA coverage to cover that beneficiary only with a separate Health FSA annual limit and a separate premium. If you are interested in this alternative, contact WEX Health, Inc TEST at (866) 451-3399 during business hours for more information.

SPECIAL RULE FOR EMPLOYEES IN THE UNIFORMED SERVICES

If you are an employee and your coverage under the plan terminates due to your service in the uniformed services, you may elect special continuation coverage under the Uniformed Services Employment and Reemployment Rights Act (USERRA) for yourself and your covered spouse and covered dependents. This special continuation of coverage may extend for up to 24 months beginning from the date your plan coverage would otherwise terminate due to your service in the uniformed services. Service in the uniformed services includes your performance of duty on a voluntary or involuntary basis in the Armed Forces (including the Coast Guard and the Reserves), the Army National Guard, the Air National Guard, and the commissioned corps of the Public Health Service. If you believe this special continuation of coverage rule applies to you, please contact your human resources contact at your employer.

ALTERNATE RECIPIENTS UNDER QMCSOs

A child of the covered employee who is receiving benefits under the Plan pursuant to a qualified medical child support order (QMCSO) received by Newport-Mesa USD during the covered employee's period of employment with Newport-Mesa USD is entitled to the same rights to elect COBRA as an eligible dependent child of the covered employee.

PLAN CONTACT INFORMATION

To ensure that all covered individuals receive information properly and timely, it is important that you notify Newport-Mesa USD Benefits Department at benefitsmanagement@nmusd.us or at (714) 424-5010 of any change in dependent status or any address change of any family member as soon as possible. Certain changes must be submitted to us in writing. Failure on your part to notify us of any changes may result in delayed notification or loss of continuation of coverage options.

OTHER COVERAGE OPTIONS

Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, Covered California or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov or www.coveredca.com

For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

If you have any questions about COBRA, please contact our Customer Service Department at (866) 451-3399 during business hours.

Sincerely,
WEX Health, Inc.

WHAT HAPPENS AT AGE 65?

- Your Newport-Mesa health insurance comes to an end on the first day of your birthday month. A couple of months before your 65th birthday, you will receive a letter from Newport-Mesa Unified School District Benefits Management containing information on health benefits after age 65.
- Your medical plan options at age 65 will be SCAN Basic or SCAN Enhanced (HMO plans), Kaiser Senior Advantage (HMO plan) or Cigna Medicare Expand OAP (Open Access Plus a PPO like Plan).
- Cigna Dental HMO & PPO will also be offered, however Vision Service Plan and MetLife are **not** available for this group.
- If you choose to continue medical and/or dental, your premiums will be due on the first of each month beginning with the month of your 65th birthday.

    - Your currently enrolled spouse or domestic partner under 65 could remain on their current medical choice, even if you choose to enroll in one of the District's other options.
    - If the currently enrolled spouse is 65, they would have the option of Cigna Medicare Expand OAP, SCAN (Basic or Enhanced) or Kaiser Senior Advantage.
    - Spouse or Domestic Partner can only be enrolled in the same CIGNA dental plan in which retiree is enrolled.

Medicare Part D drug program:

- NMUSD retiree who is over the age of 65, may choose to enroll in the Cigna Medicare Expand OAP, one of the SCAN HMO Medicare Advantage Plans; or in Kaiser Senior Advantage (all include prescription drug coverage);

  OR
- You can choose to enroll in a Medicare prescription drug plan. **If you choose to enroll in a Medicare prescription drug plan (Medicare Part D), you will not be eligible to continue with the District sponsored plans.**

Offer to Re-enroll

- If continuance of Newport-Mesa USD medical coverage is not elected (declined/dis-enrolled), or there is no response, the 65+ retiree will be allowed the opportunity to enroll in a district sponsored medical plan at the next Open Enrollment.
- If the next open enrollment period occurs in less than 12 months, the 65 + retiree will be permitted to enroll in the subsequent open enrollment period in order to provide the retiree a minimum 12-month period to experience coverage in a non-Newport-Mesa USD plan.
- After no re-enrollment or no response (spanning more than 12 months), no additional enrollment request in a NMUSD medical plan will be approved.
- No additional offers of dental enrollment will be allowed once declined/dis-enrolled.

Note: In order for the 65+ Retiree to re-enroll in a Newport-Mesa USD 65+ better medical plan you must contact Newport-Mesa Benefits Department at (714) 424-5010 prior to the next Open Enrollment period. This offer does not extend to dependents that have been termed from a NMUSD medical plan

If you choose to enroll in Cigna Medicare Expand OAP, SCAN Health Plan(s), or Kaiser Senior Advantage, but do not enroll in CIGNA dental, you will be terminated from the CIGNA dental plan and will NOT be eligible to re-enroll in CIGNA dental in the future.

RETIREE RESOURCES

SOCIAL SECURITY	**800-772-1213**
CalPERS	**888-225-7377**
CalSTRS	**800-228-5453**
AON Retiree HealthCare Exchange (Free Service)	**800-350-1470**
	https://retiree.aon.com

INDIVIDUAL HEALTH INSURANCE OPTIONS FOR RETIREES OVER 65 NOT ELECTING CONTINUATION OF DISTRICT MEDICAL BENEFITS.

The following is a partial listing of available options for purchasing individual health insurance coverage. This is not intended as endorsement of any private plan by Newport-Mesa Unified School District:

MEDICARE SUPPLEMENTAL/MEDIGAP PLANS

AARP Medicare Supplement Insurance Plans	866-894-6032
Insured by United HealthCare Insurance Company	
Anthem Blue Cross Supplement Insurance Plans	800-777-6000
Blue Shield Supplement Insurance Plans	800-963-8008
Cigna-HealthSpring Stand Alone Part D	855-391-2557
Cigna Medicare Supplement Insurance	855-569-8741

HMO MEDICARE ADVANTAGE PLANS

United Healthcare	800-950-9355
AETNA Medicare Advantage Plan	800-529-5586
AETNA Medicare Advantage PPO Golden Choice	
Anthem Blue Cross Senior Advantage	800-777-6000
BLUE SHIELD Medicare Advantage	800-963-8008
Cigna-HealthSpring Medicare Advantage	855-552-0698
SCAN Health Plan Medicare Advantage	800-915-7226

INSURANCE BROKERS

Bianca Lee	
SoCal Benefits Insurance Services	949-246-4921
Email: Bianca@medicarehelpshop.com	
Matt McGuirk/Benefits Advisor	949-429-9849
Nautilus Health Services	
Email: matt@lblgroup.com	
Paul Sansevieri	
Sansevieri Insurance Services Inc.	949-722-6078
Email: help@paulsansevieri.com	

Note: Individual health insurance policies are subject to approval by the applicable insurance company.

HICAP - HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM
PROVIDES HEALTH INSURANCE COUNSELING FOR CALIFORNIA SENIOR CITIZENS. CALL THE HICAP TOLL-FREE TELEPHONE NUMBER (800) 434-0222 FOR A REFERRAL TO YOUR LOCAL HICAP OFFICE.
HICAP IS A SERVICE PROVIDED FREE OF CHARGE BY THE STATE OF CALIFORNIA.
www.cahealthadvocates.org/hicap/.

This rate sheet applies to retirees age 65 and over only, it is included here for your reference and planning.

NEWPORT-MESA UNIFIED SCHOOL DISTRICT
65 AND BETTER RATE SHEET
ALL RATES EFFECTIVE October 1, 2026

Pending Board Approval

MEDICAL PLANS:

- **Rates are for Retirees over 65 and spouses OVER 65**
- **Retiree and spouse are responsible for paying their Medicare Part B premium to Social Security**
- ***Part B Medicare premium is NOT included in the rates listed below***

OPTION ONE

Cigna OAP Expand / Coordination of Benefits *(PPO like plan)*

	Single	Two-Party
Must show Medicare card indicating enrollment in **Parts A & B**	1,103.72	2,280.97

Due to State Legislations in Texas, Missouri and Oklahoma may have different rates. Contact Benefits for more information

OPTION TWO

Kaiser Senior Advantage / Medicare Advantage Program *(managed care plan)*

	Single	Two-Party
Must show Medicare card indicating enrollment in **Parts A & B**	226.22	452.56

OPTIONS THREE & FOUR

SCAN / Medicare Advantage Program *(managed care plans)* **– BASIC & ENHANCED**

	Single	Two-Party
Basic Must show Medicare card indicating enrollment in **Parts A & B**	265.08	530.16
Enhanced Must show Medicare card indicating enrollment in **Parts A & B**	384.08	768.16

For Spouse or Dependent under the age of 65, without Medicare, add the following rate to rates above:

Single Kaiser (HMO)	827.48
Single Cigna Select (HMO)	1,095.70
Single Cigna Network (HMO)	1,283.18
Single Cigna Open Access Plus (OAP)	1,475.80

Medical Premium Examples:

Retiree has Medicare A & B	1,103.72	Cigna OAP 65+	265.08	SCAN Basic
Spouse is under 65 with no Medicare	1,475.80	Cigna OAP	827.48	Kaiser
	2,579.52		1,092.56	

For Additional Rates and Combinations NOT shown - Contact NMUSD Benefits Department

DENTAL PLANS:

	Single	Two-Party	Family
CIGNA Dental Care – HMO	28.78	48.38	83.32
CIGNA Dental Care – PPO	58.82	107.99	157.15

MEDICARE PART D and NOTICE OF CREDITABLE COVERAGE

The Medicare Modernization Act of 2003 is a Federal program called Medicare Part D which provides for Medicare prescription drug coverage for Medicare eligible retirees. One of the requirements of the program is that employers provide all Medicare eligible individuals with a Notice of Creditable Coverage.

The Notice contains information about the District's current drug coverage and the coverage from Medicare for people with Medicare. Benefits Management will be sending you an updated notice each year for July 1st. You should keep that updated **Notice of Creditable Coverage** in your personal files.

- The Notice is provided for information purposes only.
- The Medicare Part D plan is geared toward those individuals who have no pharmacy plans.
- You cannot double dip – you cannot be enrolled in the District's plan & Medicare Part D.
- If at some time you decide to leave the District's plan and go on the Medicare Part D plan, you will not be penalized as you will have proof by way of this Notice that you had Creditable Coverage.

  If you enroll in Medicare Part D, you will be dis-enrolled from the Newport- Mesa USD plan. For options on re-enrolling, reference 'Offer to Re-enroll' on page 31 of this booklet.

The following two pages contain a **SAMPLE** of the Notice that you will receive each year.

Newport-Mesa
Unified School District

Important Notice from Newport-Mesa Unified School District
About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Newport-Mesa Unified School District and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Newport-Mesa Unified School District has determined that the prescription drug coverage offered by the Newport-Mesa Unified School District Health and Welfare Benefit Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Newport-Mesa Unified School District coverage may be affected.

You can choose to enroll in a Medicare prescription drug plan OR you can be enrolled in one of the Newport-Mesa USD sponsored plans which include prescription drug coverage. You **cannot** be enrolled in both – you must enroll in one **OR** the other.

If you do decide to join a Medicare drug plan and drop your current Newport-Mesa Unified School District coverage, be aware that you and your dependents will not be able to get this coverage back.

CMS Form 10182-CC

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Notice of Creditable Coverage

Newport-Mesa
Unified School District

When Will You Pay a Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Newport-Mesa Unified School District and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About Your Options Under Drug Coverage

Contact the person listed below for further information. You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Newport-Mesa Unified School District changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	July 1, 2026
Name of Entity/Sender:	Newport-Mesa Unified School District
Contact--Position/Office:	Benefits Management
Address:	2985 Bear Street, Costa Mesa, CA 92626
Phone Number:	(714) 424-5010

CMS Form 10182-CC

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

2026 Open Enrollment

August 1st through August 31st

Welcome to the 2026 Health Benefit Open Enrollment Period for retired employees of the Newport-Mesa Unified School District.

Participation in Open Enrollment is Required. 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.***

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

Dental Plans - CIGNA HMO and PPO

The plans continue with no plan changes.

Vision - VSP (Vision Service Plan)

The plan continues with no plan changes.

ABOUT YOUR OPEN ENROLLMENT FORMS

The following pages contain your Open Enrollment materials.

- Your 'Open Enrollment Form' has been personalized and is provided separate from this booklet.

- All eligible retired employees must return this form by August 31, 2026, in order to enroll in the medical and/or dental benefits offered.
  - Please review your Open Enrollment form.
  - Check the appropriate boxes to let us know your enrollment selection.
  - Please provide any updates to your address, phone number or email.
  - Sign and date the form return it to Benefits Management by August 31, 2026.
  - If you wish to make changes, please note the specific change on the form.

- To Opt-out / Decline coverage:
  - If you choose not to continue your enrollment in one or more of the Newport-Mesa USD benefit plan offers, make selection on Open Enrollment form and return.

- Early Retiree Rate Sheet 2026-27, save to review with your WEX invoice.
  Final OCAP rates may follow after negotiations and Board Approval.

Did you know…?

- You may continue to cover your over age 65 spouse at the same active early retiree rate until the 1st of the month that you turn 65. Your spouse or Domestic Partner should contact Social Security three months prior to their birthday to enroll in Medicare A & B. Medicare becomes primary for them the first of their birthday month.

- If you are enrolled in one of the CIGNA dental plans, your spouse may only be enrolled in the plan in which retiree subscriber is enrolled.

- 65 & Better retirees have the opportunity of declining medical enrollment and have a one-time opportunity to re-enroll in a District offered medical benefit plan during the following open enrollment period. If enrollment is declined mid-year and the next open enrollment period is less than 12 months, the retiree will be allowed to enroll in the subsequent open enrollment period in order to provide a minimum of 12 months in a non-Newport-Mesa USD plan.
  - It is the retiree's responsibility to contact NMUSD Benefits Management Department at (714) 424-5010 or benefitsmanagement@nmusd.us with their intention to re-enroll within the required timeframe. At that time the retiree will be included in the subsequent Open Enrollment. Refer to Page 30 of this booklet '**Offer to Re-enroll'** for more details.

- You can save money! You can receive a 90-day supply of certain monthly prescriptions for 1x to 2.5x month's co-pay with Cigna's Express Scripts Pharmacy. Kaiser's pharmacy co-pay is the same for pick-up or home delivery.

NEWPORT-MESA UNIFIED SCHOOL DISTRICT

Newport-Mesa Unified School District

EARLY RETIREE (Age 55 - 64) RATE TABLE

RATES EFFECTIVE OCTOBER 1, 2025 - SEPTEMBER 30, 2026

Bargaining Units: CSEA, NMSA, NMAA

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
OCAP Deductions						
OCAP 1	All Enrollments	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

		Kaiser HMO & Cigna Select HMO OCAPs		Cigna Network HMO OCAPs		Cigna OAP OCAPs	
Total OCAP examples using Benefit FTE of 1	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
MEDICAL OPTIONS						
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.						
VISION OPTIONS						
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
DENTAL OPTIONS						
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
ADDITIONAL PLANS AT NO COST TO EMPLOYEE - No OCAP contributions						
METLIFE BASIC LIFE PLUS AD&D - Reduced to $10,000						

OCAP NOTES:

- The following groups that retired on or before June 30, 2011 will not be charged an OCAP contribution up to age 65 when Early Retiree Benefits end.

N-MFT/Certificated, NMAA/Management, NMSU/Supervisor, NMACF/Confidential

- The following groups that retired on or before June 30, 2012 will not be charged an OCAP contribution up to age 65 when Early Retiree Benefits end.

CSEA/Classified

Rates are shown 12thly- Verify with WEX

Find more information at: www.nmusd.us/benefits **Health Benefits for Retirees**

*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.

NEWPORT-MESA UNIFIED SCHOOL DISTRICT

EARLY RETIREE (Age 55 - 64) RATE TABLE

Newport-Mesa Unified School District

RATES EFFECTIVE OCTOBER 1, 2025 - SEPTEMBER 30, 2026

Bargaining Units: NMFT

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
OCAP Deductions						
OCAP 1	All Enrollments	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

		Kaiser HMO & Cigna Select HMO OCAPs		Cigna Network HMO OCAPs		Cigna OAP OCAPs	
Total OCAP examples using Benefit FTE of 1	OCAP 1	OCAP 2	TOTAL	OCAP 3	TOTAL	OCAP 4	TOTAL
Single	7.73	13.10	20.83	29.77	37.50	418.10	425.83
Two-Party	7.73	50.60	58.33	92.27	100.00	703.10	710.83
Family	7.73	88.10	95.83	154.77	162.50	968.94	976.67

»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
MEDICAL OPTIONS						
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.						
VISION OPTIONS						
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
DENTAL OPTIONS						
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
ADDITIONAL PLANS AT NO COST TO EMPLOYEE - No OCAP contributions						
METLIFE BASIC LIFE PLUS AD&D - Reduced to $10,000						

OCAP NOTES:

- The following groups that retired on or before *June 30, 2011* will not be charged an OCAP contribution up to age 65 when Early Retiree Benefits end.

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- The following groups that retired on or before *June 30, 2012* will not be charged an OCAP contribution up to age 65 when Early Retiree Benefits end.

CSEA/Classified

Rates are shown 12thly- Verify with WEX

Find more information at: www.nmusd.us/benefits **Health Benefits for Retirees**

*NMFT - The rates above are based on the 2025-2026 OCAP rates and are subject to all applicable provisions of the collective bargaining agreement during negotiations.

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