



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

2026 VUSD-CSEBO Annual Open Enrollment

Ventura Unified School District is hosting its annual Health and Welfare Benefits Open Enrollment from October 19th through November 19th, 2026. All changes made during Open Enrollment will go into effect **January 1st, 2027**. At this time, you are being offered the opportunity to change your choice of health and welfare plans. All changes for the 2027 Plan Year will be completed in the CSEBO online enrollment portal, Flock at <https://api.helloflock.com/login>.

If you experience issues logging into Flock, please contact Jodie. Argueta, Risk Management Specialist at Jodie.argueta@venturausd.org or call at 805-640-5000 x 1242.

All changes must be made in Flock no later than 4:00 pm on Thursday, November 19th, 2026. If you do not make any changes in Flock your current health coverage choices will remain as is for the 2027 Plan Year.

To assist employees in evaluating their medical insurance options, CSEBO is offering MyPlan Choices, a health plan recommendation engine to aid employees in selecting the best health plan for their individual needs. You may locate MyPlan Choices at: <https://myplanchoices.com/Default?Client=VUSD17627>



Below is the link to the current health and welfare plan offerings for Ventura Unified School District employees who hold a 50% or more assignment including plan details and rates:

<https://www.venturausd.org/services/business-services/risk-management>

Please review the plan materials and employee share-of-costs carefully as all changes made during Open Enrollment 2026 are binding until the following Open Enrollment in fall of 2027.

IMPORTANT NOTE: Changes to your health plan selection, adding or dropping dependents, or opting out of coverage cannot be made after open enrollment ends on November 19th, 2026 unless you experience a qualifying life change that results in a 60-day Special Enrollment. The next opportunity to make changes to your health plan selection will be Open Enrollment 2027 for Plan Year 2028. Some examples of qualifying life changes are marriage, entering into a registered domestic partnership, birth or adoption of a child, and a permanent change in assignment hours. If you have questions regarding Special Enrollment, feel free to reach out to Risk Management/Insurance for more information.

You must notify Ventura Unified School District's Risk Management/Insurance Department in writing of any dependents changes no more than 60 days following the date of change. This includes the death of a dependent, divorce of a spouse, dissolution or nullification of a domestic partnership. If you do not notify the District, you may be liable for the costs incurred by the health and welfare plans for any overpayment of premiums and/or claims. In addition, you must add newly eligible dependents to your Flock online enrollment portal and submit the required documentation to the Risk Management/Insurance Department within 60 days. Should you have any questions regarding your benefits feel free to contact Jodie Argueta, Risk Management Specialist at 805-641-5000 x 1242 or Jodie.argueta@venturausd.org



Ventura Unified School District Health and Welfare Annual Open Enrollment is October 19th- November 19th, 2026

You are invited to join VUSD's at one of our two Open Enrollment Benefits Fairs

Wednesday, October 21st, 2026, 4:00-5:30 with HSA Presentation from 4:30-5:00pm

Buena High School Cafeteria
5670 Telegraph Road
Ventura, Ca 93003

Join us at Buena High School to learn more about VUSD benefits, meet with reps from American Fidelity, Kaiser, Anthem, Delta Dental, VSP, and more...

Raffle Prizes and Giveaways!

Thursday, November 12th, 2026
Virtual Presentation from 4:00-5:00

The following representatives will be present at Buena High School on October 21st, 2026:

VUSD Risk Management/Insurance Department	CSEBO	Anthem Blue Cross
VSP	Delta Dental	Optum
Sunrise Physical Therapy	Albertsons Pharmacy	Kaiser Permanente
Schools First Federal Credit Union	MyPlan Choices	American Fidelity

Albertsons Pharmacy will be on hand to offer free vaccinations, regardless of health plan, to all attendees at our in-person Benefits Fair. Attendees ages 3-17 must have a parent/guardian present.

Vaccines offered (subject to availability) at no cost will be:

Flu (ages 3+) High dose Flu (ages 65+) Covid-19 (ages 12+) Tdap (ages 12+)
Hepatitis B (ages 12+) Shingles (ages 12+)

In-person support for Flock Open Enrollment registration

In-person support with MyPlan Choices, a health plan recommendation engine to aid employees in selecting the best health plan for their individual needs

Meet with American Fidelity to enroll in Section 125 Plans for the new Plan Year

All changes made during Open Enrollment will go into effect January 1st, 2027.



Health Plan Recommendation Tool

Your Health Choices

The Recommendation Tool helps answer questions about your health choices:

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

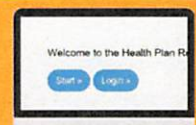
Free Online Tool & Virtual Support

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



Go to this link to access the tool:

bit.ly/myplanchoicesvUSD





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VUSD Classified Legacy Members Hired Before 2/14/2024 Health and Welfare Monthly Premium Rate Worksheet 11-month Employees (219-day work calendar or less) Effective January 1st, 2027-June 30th, 2027

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

Assigned Hours Worked Per Week	Anthem PPO IV Medical	Anthem CDHP PPO 90	*Anthem CDHP PPO 80*	Kaiser HMO 30 Medical	Kaiser CDHP DHMO 90	*Kaiser CDHP DHMO 80*	Delta Dental PPO	VSP Base	VSP Optional Buy-Up
40 hours per week	\$ 0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	\$14.29
30-39.9 hours per week	\$554.68	Single: \$212.58 Two-Party: \$388.51 Family: \$532.51	Single: \$167.26 Two-Party: \$305.70 Family: \$419.34	\$489.89	Single: \$183.54 Two-Party: \$366.14 Family: \$517.70	Single: \$184.31 Two-Party: \$367.71 Family: \$519.94	\$30.04	\$4.19	\$18.48
20-29.9 hours per week	\$1,109.36	Single: \$425.16 Two-Party: \$777.01 Family: \$1,065.01	Single: \$334.52 Two-Party: \$611.41 Family: \$838.68	\$979.77	Single: \$367.08 Two-Party: \$732.28 Family: \$1,035.39	Single: \$368.61 Two-Party: \$735.43 Family: \$1,039.88	\$60.08	\$8.39	\$22.68

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80-100%	\$0.00	\$0.00	0.00	\$0.00	\$0.00	0.00	\$0.00	\$0.00	\$14.29
75%	\$554.68	Single: \$212.58 Two-Party: \$388.51 Family: \$532.51	Single: \$167.26 Two-Party: \$305.70 Family: \$419.34	\$489.89	Single: \$183.54 Two-Party: \$366.14 Family: \$517.70	Single: \$184.31 Two-Party: \$367.71 Family: \$519.94	\$30.04	\$4.19	\$18.48
70%	\$665.61	Single: \$255.10 Two-Party: \$466.21 Family: \$639.01	Single: \$200.71 Two-Party: \$366.84 Family: \$503.21	\$587.86	Single: \$220.25 Two-Party: \$439.37 Family: \$621.24	Single: \$221.17 Two-Party: \$441.26 Family: \$623.93	\$36.05	\$5.03	\$19.32
67%	\$732.18	Single: \$280.61 Two-Party: \$512.83 Family: \$702.91	Single: \$220.78 Two-Party: \$403.53 Family: \$553.53	\$646.65	Single: \$242.27 Two-Party: \$483.30 Family: \$683.36	Single: \$243.28 Two-Party: \$485.38 Family: \$686.32	\$39.65	\$5.54	\$19.83
65%	\$776.55	Single: \$297.61 Two-Party: \$543.91 Family: \$745.51	Single: \$234.16 Two-Party: \$427.98 Family: \$587.08	\$685.84	Single: \$256.96 Two-Party: \$512.59 Family: \$724.77	Single: \$258.03 Two-Party: \$514.80 Family: \$727.92	\$42.05	\$5.87	\$20.16
60%	\$887.49	Single: \$340.13 Two-Party: \$621.61 Family: \$852.01	Single: \$267.61 Two-Party: \$489.12 Family: \$670.94	\$783.82	Single: \$293.66 Two-Party: \$585.82 Family: \$828.31	Single: \$294.89 Two-Party: \$588.34 Family: \$831.91	\$48.06	\$6.71	\$21.00
50%	\$1,109.36	Single: \$425.16 Two-Party: \$777.01 Family: \$1,065.01	Single: \$334.52 Two-Party: \$611.41 Family: \$838.68	\$979.77	Single: \$367.08 Two-Party: \$732.28 Family: \$1,035.39	Single: \$368.61 Two-Party: \$735.43 Family: \$1,039.88	\$60.08	\$8.39	\$22.68

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40 hours per week	\$ 855.64	0.00	0.00	\$596.47	0.00	0.00	\$0.00	\$0.00	\$14.29
30-39.9 hours per week	\$554.68	Single: \$212.58 Two-Party: \$388.51 Family: \$532.51	Single: \$167.26 Two-Party: \$305.70 Family: \$419.34	\$489.89	Single: \$183.54 Two-Party: \$366.14 Family: \$517.70	Single: \$184.31 Two-Party: \$367.71 Family: \$519.94	\$30.04	\$4.19	\$18.48
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80-100%	\$855.64	\$0.00	0.00	\$596.47	\$0.00	0.00	\$0.00	\$0.00	\$14.29
75%	\$554.68	Single: \$212.58 Two-Party: \$388.51 Family: \$532.51	Single: \$167.26 Two-Party: \$305.70 Family: \$419.34	\$489.89	Single: \$183.54 Two-Party: \$366.14 Family: \$517.70	Single: \$184.31 Two-Party: \$367.71 Family: \$519.94	\$30.04	\$4.19	\$18.48
70%	\$665.61	Single: \$255.10 Two-Party: \$466.21 Family: \$639.01	Single: \$200.71 Two-Party: \$366.84 Family: \$503.21	\$587.86	Single: \$220.25 Two-Party: \$439.37 Family: \$621.24	Single: \$221.17 Two-Party: \$441.26 Family: \$623.93	\$36.05	\$5.03	\$19.32
67%	\$732.18	Single: \$280.61 Two-Party: \$512.83 Family: \$702.91	Single: \$220.78 Two-Party: \$403.53 Family: \$553.53	\$646.65	Single: \$242.27 Two-Party: \$483.30 Family: \$683.36	Single: \$243.28 Two-Party: \$485.38 Family: \$686.32	\$39.65	\$5.54	\$19.83
65%	\$776.55	Single: \$297.61 Two-Party: \$543.91 Family: \$745.51	Single: \$234.16 Two-Party: \$427.98 Family: \$587.08	\$685.84	Single: \$256.96 Two-Party: \$512.59 Family: \$724.77	Single: \$258.03 Two-Party: \$514.80 Family: \$727.92	\$42.05	\$5.87	\$20.16
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40 hours per week	\$ 784.34	0.00	0.00	\$546.76	0.00	0.00	\$0.00	\$0.00	\$13.10
30-39.9 hours per week	\$508.46	Single: \$194.87 Two-Party: \$356.13 Family: \$488.13	Single: \$153.32 Two-Party: \$280.23 Family: \$384.40	\$449.06	Single: \$168.25 Two-Party: \$335.63 Family: \$474.56	Single: \$168.95 Two-Party: \$337.07 Family: \$476.61	\$27.54	\$3.85	\$16.95
20-29.9 hours per week	\$1,016.91	Single: \$389.73 Two-Party: \$712.26 Family: \$976.26	Single: \$306.64 Two-Party: \$560.46 Family: \$768.79	\$898.13	Single: \$336.49 Two-Party: \$671.26 Family: \$949.11	Single: \$337.90 Two-Party: \$674.14 Family: \$953.23	\$55.07	\$7.69	\$20.79

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70%	\$610.15	Single: \$233.84 Two-Party: \$427.36 Family: \$585.76	Single: \$183.98 Two-Party: \$336.27 Family: \$461.27	\$538.88	Single: \$201.89 Two-Party: \$402.75 Family: \$569.47	Single: \$202.74 Two-Party: \$404.48 Family: \$571.94	\$33.04	\$4.61	\$17.71
67%	\$671.16	Single: \$257.22 Two-Party: \$470.09 Family: \$644.33	Single: \$202.38 Two-Party: \$369.90 Family: \$507.40	\$592.76	Single: \$222.08 Two-Party: \$443.03 Family: \$626.41	Single: \$223.01 Two-Party: \$444.93 Family: \$629.13	\$36.35	\$5.08	\$18.18
65%	\$711.84	Single: \$272.81 Two-Party: \$498.58 Family: \$683.38	Single: \$214.65 Two-Party: \$392.32 Family: \$538.15	\$628.69	Single: \$235.54 Two-Party: \$469.88 Family: \$664.38	Single: \$236.53 Two-Party: \$471.90 Family: \$667.26	\$38.55	\$5.38	\$18.48
60%	\$813.53	Single: \$311.78 Two-Party: \$569.81 Family: \$781.01	Single: \$245.31 Two-Party: \$448.36 Family: \$615.03	\$718.50	Single: \$269.19 Two-Party: \$537.00 Family: \$759.29	Single: \$270.32 Two-Party: \$539.31 Family: \$762.58	\$44.06	\$6.15	\$19.25
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67%	\$671.16	Single: \$257.22 Two-Party: \$470.09 Family: \$644.33	Single: \$202.38 Two-Party: \$369.90 Family: \$507.40	\$592.76	Single: \$222.08 Two-Party: \$443.03 Family: \$626.41	Single: \$223.01 Two-Party: \$444.93 Family: \$629.13	\$36.35	\$5.08	\$18.18
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2027 CDHP Health Savings Plan (HSA) Flyer

Ventura Unified School District employees who choose to enroll in either the Anthem Blue Cross CDHP PPO 90, Anthem Blue Cross CDHP PPO 80, Kaiser Permanente CDHP DHMO 80, or Kaiser Permanente CDHP DHMO 80 health plans are eligible to establish and contribute to a Health Savings Account (HSA) to help cover qualifying medical, dental, and vision care expenses.

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

To contribute to your HSA, you will need to complete the 2027 [VUSD HSA Deduction Form](#) and return to Risk Management/Insurance no later than the 5th of the month in order for the deduction to be processed for the following pay period.

Voluntary employee HSA contributions can be changed at any time, but employees must submit changes by the 5th of the month for those changes to be reflected on the next paycheck. For example, in order for a voluntary HSA deduction to come out of your January 2027 paycheck, we will need your HSA deduction form no later than January 5th, 2027.

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

- Employer Contributions to employees' HSA-**please note there are no negotiated District contributions to employee health savings accounts for 2027.**
- Employee voluntary contributions to an HSA
- Any spouse/domestic partner contributions to their own HSA if you and your spouse/domestic partner dual-insure each other's HSA-qualifying health plans.

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

The total yearly HSA contribution is set forth by the IRS each year. [The total yearly IRS HSA contribution for 2027 is:](#)

Tier	Under Age 55	Over Age 55
Individual	\$4,500	\$5,500
Family (2 or more covered)	\$9,000	\$10,000

Employee HSA Payroll Deduction Form

Return completed forms to:

ESC- Risk Management/Insurance

Ventura Unified School District

Attn: **Jodie Argueta**

jodie.argueta@venturausd.org

805.641-.5000 x 1242



HSA Contribution Limits and Contribution Calculator

2027 Annual Maximum HSA Contributions

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

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

Employee Information and Authorization

Employee Name		Last 4 of SSN or Employee ID	
Please withhold:			
\$		from my monthly payroll and apply the funds to my HSA.	
Payroll Cycle:		Year: ☐ 2027	
☐ January ☐ February ☐ March ☐ April ☐ May ☐ June ☒ July ☒ August ☐ September			
☐ October ☐ November ☐ December			
Signature		Date	

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

³\$250 deductible applies if utilization review is not obtained (waived for emergency admissions and outpatient freestanding surgery centers).

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

CARRIER		CDHP PPO 80		CDHP DHMO 80	
PLAN NAME					
GENERAL PLAN INFORMATION		IN-NETWORK		OUT-OF-NETWORK ¹	
				IN-NETWORK ONLY	
Annual Medical Out-of-Pocket Limit					
Individual/Individual in Family/Family	\$5,000/\$5,000/\$10,000 (Combined Medical & Rx Out-of-Pocket Max) ³	Unlimited		\$4,500/\$4,500/\$9,000 (Combined Medical & Rx Out-of-Pocket Max) ³	
Annual Medical Deductible - Plan Deductible Applies Unless Otherwise Stated					
Individual/Individual in Family/Family	\$1,850/\$3,500/\$3,700 (Combined Medical & Rx Deductible)	\$4,500/\$4,500/\$9,000 (Combined Medical & Rx Deductible)		\$2,000/\$3,500/\$4,000 ³ (Combined Medical & Rx Deductible)	
Plan Information					
Type of Plan	Preferred Provider Organization (PPO)			Health Maintenance Organization (HMO)	
Referrals Required?	No			Yes	
Plan Coinsurance	Plan Pays 80% (After Deductible)	Plan Pays 50% (After Deductible)		Plan Pays 80% (After Deductible)	
Health Savings Account (HSA) Compatibility:					
HSA-Compatible Plan?	Yes			Yes	
2027 Individual Maximum Contribution	\$4,500			\$4,500	
2027 Family Maximum Contribution	\$9,000			\$9,000	
Over 55 HSA Contribution Catch-Up	\$1,000			\$1,000	
Physician/Diagnostic Services					
Preventive Care	No Charge	50% Coinsurance (After Deductible)		No Charge	
Primary Care Office Visit	20% Coinsurance (After Deductible)	50% Coinsurance (After Deductible)		20% Coinsurance (After Deductible)	
Specialist Office Visit	20% Coinsurance (After Deductible)	50% Coinsurance (After Deductible)		20% Coinsurance (After Deductible)	
Diagnostic X-Ray and Lab Tests	20% Coinsurance (After Deductible)	50% Coinsurance (After Deductible)		20% Coinsurance (After Deductible)	
Advanced Imaging (MRI/PET/CAT Scans)	20% Coinsurance (After Deductible)	50% Coinsurance (After Deductible) up to \$800 per Procedure Maximum		20% Coinsurance (After Deductible)	
Inpatient Hospital Services					
Inpatient Hospitalization	20% Coinsurance (After Deductible)	50% Coinsurance (After Deductible) up to \$1,000 Maximum per Day		20% Coinsurance (After Deductible)	
Outpatient Services					
	In-Network	Out-of-Network		In-Network Only	
Outpatient Surgery	20% Coinsurance (After Deductible)	50% Coinsurance (After Deductible) up to \$350 per Day Maximum		20% Coinsurance (After Deductible)	
Outpatient Lab and Imaging	20% Coinsurance (After Deductible)	50% Coinsurance (After Deductible) up to \$350 per Procedure Maximum		20% Coinsurance (After Deductible)	
Emergency Services					
Ambulance Services	20% Coinsurance (After Deductible)			20% Coinsurance (After Deductible)	
Emergency Room	20% Coinsurance (After Deductible)			20% Coinsurance (After Deductible)	
Urgent Care					
Urgent Care Visits	20% Coinsurance (After Deductible)	50% Coinsurance (After Deductible)		20% Coinsurance (After Deductible)	
Mental Health and Substance Abuse					
Inpatient Mental Health	20% Coinsurance (After Deductible)	50% Coinsurance (After Deductible) up to \$1,000 per Day Maximum		20% Coinsurance (After Deductible)	
Outpatient Mental Health Office Visit	20% Coinsurance (After Deductible)	50% Coinsurance (After Deductible)		20% Coinsurance (After Deductible)	
Other Outpatient Health Services	20% Coinsurance (After Deductible)	50% Coinsurance (After Deductible)		40% Coinsurance (After Deductible)	

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

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



CARRIER		CDHP PPO 80		CDHP DHMO 80	
PLAN NAME		IN-NETWORK		OUT-OF-NETWORK ¹	
GENERAL PLAN INFORMATION		IN-NETWORK		OUT-OF-NETWORK ¹	
Other Services		IN-NETWORK		OUT-OF-NETWORK ¹	
Acupuncture		20% Coinsurance (After Deductible), Maximum of 20 visits per Calendar Year, Then Plan Pays 0%		50% Coinsurance (After Deductible), Maximum of 6 Visits per Calendar Year, Then Plan Pays 0%	
Chiropractor Services		20% Coinsurance (After Deductible), Maximum of 30 Visits per Calendar Year, Then Plan Pays 0%		50% Coinsurance (After Deductible), Maximum of 6 Visits per Calendar Year, Then Plan Pays 0%	
Hearing Aids		\$500 Maximum Benefit per Ear, Every 12 Months		No Coverage	
Infertility Diagnosis & Treatment		No Coverage		No Coverage	
PRESCRIPTION DRUG BENEFITS		IN-NETWORK		OUT-OF-NETWORK	
Annual Prescription Drug Out-of-Pocket Limit		IN-NETWORK		OUT-OF-NETWORK	
Individual/Individual in Family/Family		Combined with Medical		Combined with Medical	
Prescription Drug Deductible		IN-NETWORK		OUT-OF-NETWORK	
Per Individual		Combined with Medical		Combined with Medical	
Prescription Drug Formulary		IN-NETWORK		OUT-OF-NETWORK	
Formulary (Covered Drugs)		National 4-Tier		CA Commercial 3-Tier	
Retail		30-Day Supply		30-Day Supply	
Generic		20% Coinsurance (After Deductible; Not to Exceed \$150)		50% Coinsurance (After Deductible)	
Brand (Formulary/Preferred)				20% Coinsurance (After Deductible)	
Brand (Non-Formulary/Non-Preferred)				20% Coinsurance (After Deductible)	
Specialty Rx (Specialty Pharmacy Only; 30-day supply)				20% Coinsurance - Not to Exceed \$150 (After Deductible)	
Mail Order		90-Day Supply		100-Day Supply	
Generic		20% Coinsurance (After Deductible; Not to Exceed \$150)		20% Coinsurance (After Deductible)	
Brand (Formulary/Preferred)				20% Coinsurance (After Deductible)	
Brand (Non-Formulary/Non-Preferred)				20% Coinsurance (After Deductible)	
Specialty Rx (Specialty Pharmacy Only; 30-day supply)				20% Coinsurance - Not to Exceed \$150 (After Deductible)	

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CSEBO DENTAL INSURANCE
DELTA DENTAL PPO
EFFECTIVE 1/1/2027 – 12/31/2027



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

CSEBO DENTAL INSURANCE
DELTA DENTAL PPO
EFFECTIVE 1/1/2027 – 12/31/2027



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

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

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

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CSEBO VISION INSURANCE
VSP PPO COMPARISON
EFFECTIVE 1/1/2027 – 12/31/2027



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

¹Costco Optical pricing already includes member savings.

²Costco Optical pricing may vary.

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**EMPLOYEE ASSISTANCE PROGRAM
OPTUM
EFFECTIVE 1/1/2027 – 12/31/2027**



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

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

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

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Risk Management/ Insurance

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

VUSD Cash-in-Lieu Frequently Asked Questions

1) What Does Cash in Lieu mean?

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

2) Who is Eligible for Cash in Lieu?

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

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

3) What is qualifying group health coverage?

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

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

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

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

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

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



Risk Management/ Insurance

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

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

- Loss of coverage under a different group health plan or health insurance, or
 - Acquisition of a new dependent by marriage, birth, adoption or placement for adoption, or
 - Following an approved leave of absence, or
 - Increase in assigned hours
- 6) When does an employee's cash in lieu compensation commence?
Employees must sign up by the 5th of the month in order to receive the cash in lieu payment on their paycheck at the end of the month.
- 7) When will Cash in Lieu Payments be issued?
Payments will be issued in equal amounts in monthly payments (no July or August payment).
- 8) What acceptable verifications of coverage will the District accept from an employee in order to enroll in the cash-in-lieu benefits plan?
- A letter of Credible Coverage from the insurance company listing you and current beginning date of medical coverage (the beginning date must be within 12 months), or
 - A signed letter from your spouse's/domestic partner's HR Department on their company letterhead listing you and a current coverage date within the last 12 months), or
 - A copy of your insurance card. The insurance card must include your name and a current beginning date of coverage (within the last 12 months), or
 - A copy of your online proof of coverage showing the insurance company, listing you as covered, and a current beginning date of coverage (within the last 12 months).
- 9) Will these same verifications of coverage examples be used for the annual recertification?
Yes, this documentation will be required annually at open enrollment. If not provided, employees will be dropped from the Cash in Lieu program and will NOT be enrolled in any health and welfare benefits.
- 10) Will cash-in-lieu benefits be retroactive?
No Cash in Lieu cannot be claimed or paid retroactively.
- 11) Will employees be notified when their cash-in-lieu payments will start?
Yes. Once Risk Management/Insurance receives your documentation you will receive confirmation via your VUSD email, or other preferred email or mail address listed on the application that your proof of alternative group medical coverage has been accepted and commencement of your cash-in-lieu benefits on the next open regular pay cycle.



Cash-in-Lieu of Health and Welfare Benefits

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

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

Part 2: Demonstrate Proof of Alternative Group Medical Coverage

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

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

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

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

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

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

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



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

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

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

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

Employee ID# _____

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

Please read each statement carefully and initial next to each statement

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

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

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

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

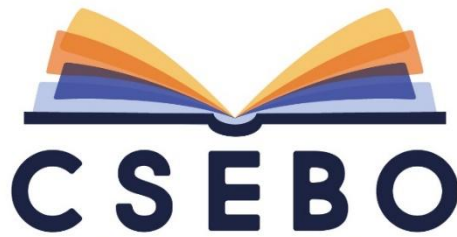
_____ I understand if I opt into VUSD medical, and/or dental, and/or vision my cash-in-lieu benefits will cease the pay
period before my health and welfare benefits commence.

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

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

Employee Signature

Date



California Schools Employee Benefits Organization

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

BENEFITS COMPLIANCE NOTICES

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2026. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: https://www.dhcs.ca.gov/services/health-insurance-premium-payment-program-cost-avoidance/ Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	ILLINOIS - Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Illinois Medicaid Premium Assistance Information Medicaid application website: https://abe.illinois.gov HIPP Hotline Number: 217-524-8268 HIPP Email: mhfs.boc.hipp@illinois.gov

INDIANA – Medicaid	IOWA – Medicaid and CHIP (Hawki)
<p>Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584</p>	<p>Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562</p>
KANSAS – Medicaid	KENTUCKY – Medicaid
<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>	<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>
LOUISIANA – Medicaid	MAINE – Medicaid
<p>Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084</p>	<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>
MASSACHUSETTS – Medicaid and CHIP	MINNESOTA – Medicaid
<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>	<p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</p>

MISSOURI – Medicaid	MONTANA – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPPProgram@mt.gov
NEBRASKA – Medicaid	NEVADA – Medicaid
Website: http://accessnebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345 ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov	Medicaid Website: https://www.nj.gov/humanservices/dmahs/individuals-families/familycare/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)
NEW YORK – Medicaid	NORTH CAROLINA – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
NORTH DAKOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid	PENNSYLVANIA – Medicaid and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP	SOUTH CAROLINA – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	TEXAS – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493
UTAH – Medicaid and CHIP	VERMONT– Medicaid
Utah’s Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/	Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP	WASHINGTON – Medicaid
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
WEST VIRGINIA – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: https://bms.wv.gov/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
WYOMING – Medicaid	
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269	

To see if any other states have added a premium assistance program since July 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security
Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and
Human Services Centers for Medicare
& Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44

U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

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

WHCRA ENROLLMENT NOTICE

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

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

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

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

SPECIAL ENROLLMENT RIGHTS NOTICE

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

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

To request special enrollment or obtain more information, contact your employer's Benefits Department.

ACA PATIENT PROTECTION RIGHTS FOR NON-GRANDFATHERED MEDICAL PLANS

The Anthem HMO and Kaiser HMO plans generally require the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available

to accept you or your family members. Until you make this designation, Anthem HMO and Kaiser HMO designates one for you. For children, you may designate a pediatrician as the primary care provider.

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

Anthem Blue Cross
HMO Member Services: 1-800-227-3771
www.anthem.com

Kaiser Permanente
HMO Member Services: 1-800-464-4000
www.kp.org

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

HIPAA PRIVACY REMINDER

California Schools Employee Benefits Organization (“CSEBO”, the “Plan”) is committed to maintaining the confidentiality of your private medical information. CSEBO maintains a full Notice that describes our efforts to safeguard your health information from improper or unnecessary use or disclosure of your privacy rights. We are providing this abbreviated Notice to you because privacy regulations issued under federal law, the Health Insurance Portability and Accountability Act of 1996, CFR Parts 160 and 164 (“HIPAA”), require the plan to provide you with a summary of the Plan’s privacy practices and related legal duties, and your rights in connection with the use and disclosure of your Plan information. We must follow the privacy practices that are described in the full Notice while it is in effect.

Federal law requires the Plan to have a special policy for safeguarding a category of medical information called protected health information (“PHI”), received or created in the course of administering the Plan. PHI is health information that can identify you and relates to:

- Your physical or mental health condition,
- The provision of health care to you, or
- Payment for your health care.

Your medical, dental and vision records, your claims for medical, dental and vision benefits, and the Explanation of Benefits (“EOB’s”) sent in connection with payment of your claims are all examples of PHI.

The Notice will be provided to each person when they initially enroll for benefits in the Plan (the Notice is provided in the Plan’s Initial Enrollment material/packets). The Notice is also available on the Plan’s website: <http://www.csebo.net/Privacy-Statement>. The Notice will also be provided upon request. This Plan will satisfy the requirements of the HIPAA regulation by providing the Notice to the named insured (covered

employee or retiree) of the Plan; however, you are encouraged to share this Notice with other family members covered under the Plan.

If you have any questions or would like to request a copy of the full HIPAA Privacy Notice, please contact CSEBO at the information below:

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