Oxnard School District
OEA 2026 Renewal Presentation

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Agenda

1. Renewal Background
2. Renewal Illustrations
3. Proactive Care Plans
4. SISC All Plans
5. Plan Updates
6. Timeline

Renewal Background

Schools Helping Schools

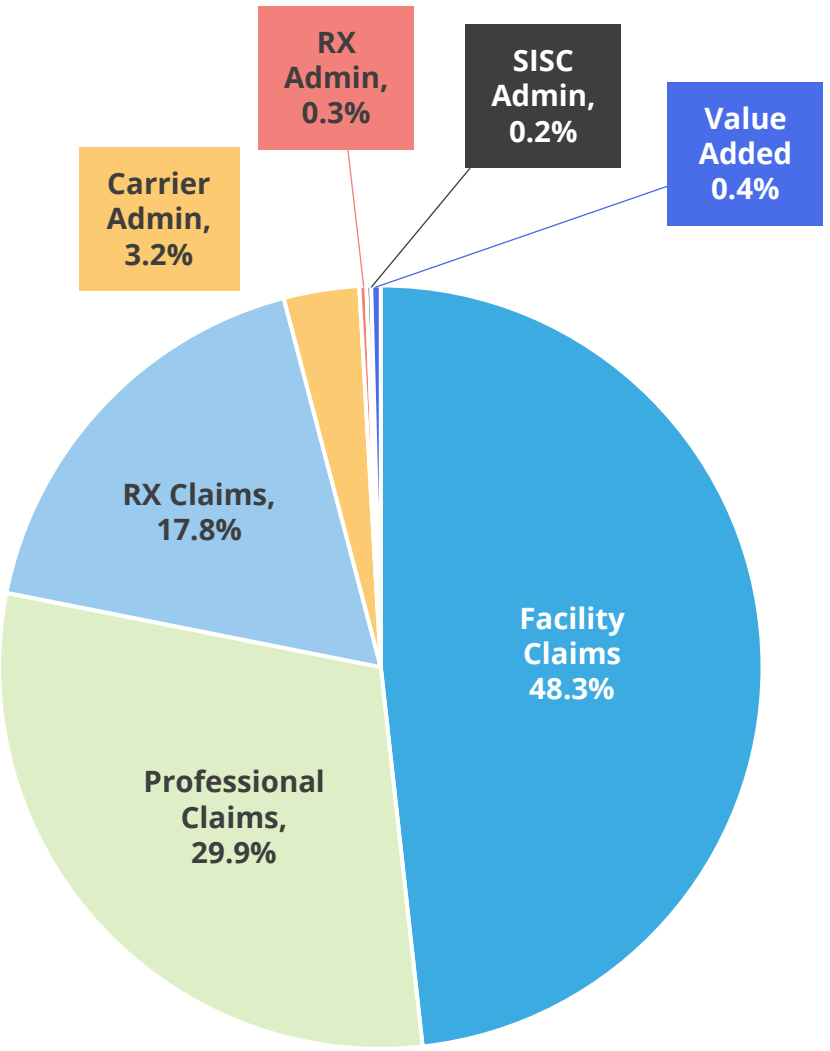
Almost every dollar we collect goes to pay directly for healthcare services

Strength in numbers

With the combined power of 475 California school districts, SISC creates a stronger, more stable health system. By pooling risk for over 423,896 employees and their families, SISC delivers greater value, lower costs, and peace of mind.

Continued Commitment

SISC is committed to serving the needs of members. **Providing value is SISC's top priority - never perks, politics, or profits.**



Medical Renewal

While SISC continues to manage costs more effectively than the broader healthcare market, healthcare costs are **rising rapidly**.

Four Identified Main Cost Drivers

1. Rising Health Care Trends
2. Increasing Utilization Across All Areas of Care
3. Growing Number of High-Cost Claimants
4. Escalating Pharmacy Spend

Potential Solutions to Curb Cost Drivers

1. Focus on Primary Care
2. Prioritize Preventive Care
3. Educate on Care in Appropriate Setting
4. Promote importance of Early Detection

Growing Number Of High-Cost Claimants

		2023	2024	2025
$1.3M+	# of Claimants	19	41	47
	$ Paid	$43,100,868	$99,493,912	$99,673,511
$500K to $1.3M	# of Claimants	208	223	237
	$ Paid	$154,892,946	$162,959,095	$175,049,149
$300K to $500K	# of Claimants	272	347	365
	$ Paid	$102,982,388	$133,013,613	$138,914,970
TOTALS	# of Claimants	499	611	649
	$ Paid	$300,976,203	$395,466,620	$413,637,630

High-cost claimants are members who experience serious or complex health conditions that require extensive medical care, resulting in **more than $300,000 in paid healthcare claims within a single year**.

- ✓ In three years, large claimants grew from **499 to 649 members**.
- ✓ Dollars paid for these claims increased from **$300M to $413M**.
- ✓ Claims exceeding $1.3M increased by 28 cases over the past three years.
- ✓ That's a **147% jump** resulting in an additional **$56.6M** in total paid.

Early Detection Made Easier: SISC At-home Colorectal Cancer Screening (CRC)

- **Early detection** is one of the most effective ways to **improve** health outcomes and **lower** the costs associated with advanced diseases.
- SISC helps make screening more **accessible** for members. One option is the **FIT test** — a simple, **at-home colorectal cancer screening** that you mail to a lab, available to **PPO** members aged **45 and older**.

  - ✓ **JAMA study:** screening completion increased to **30% vs ~10%** with usual care

  - ✓ Kaiser's mailed FIT program increased screening participation from **37% to 80%**, and is associated with substantial reductions in CRC incidence and mortality

SISC CRC Screening Program Results

- **70% of SISC members** are current with their colorectal cancer screenings
- The **FIT** program helps **engage the remaining 30%**

Target Population	**139,357**
Participation Rate	**1.40%**

	Count	Percentage
Individuals with Kits	**4,710**	**3.4%**
Kits Returned	**2,011**	**42.7%**
Positive Results	**60**	**3.0%**

Even with just 1.4% participation, the program identified 60 positive results!

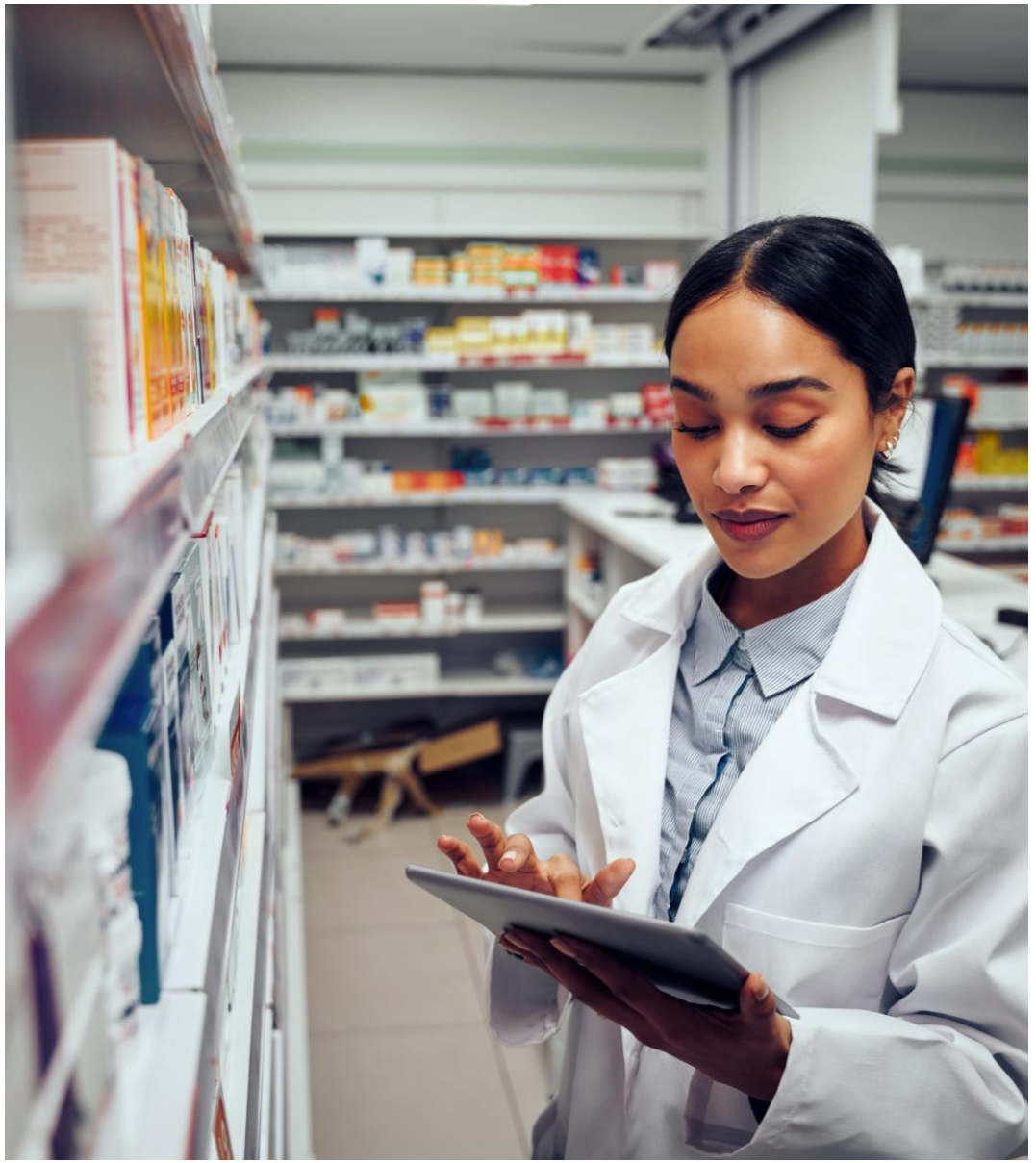
- Early screening is simple and convenient.
- **PPO members age 45+** can request a no-cost at-home annual colorectal cancer screening kit at onsite events or through my.questforhealth.com.

Pharmacy Renewal

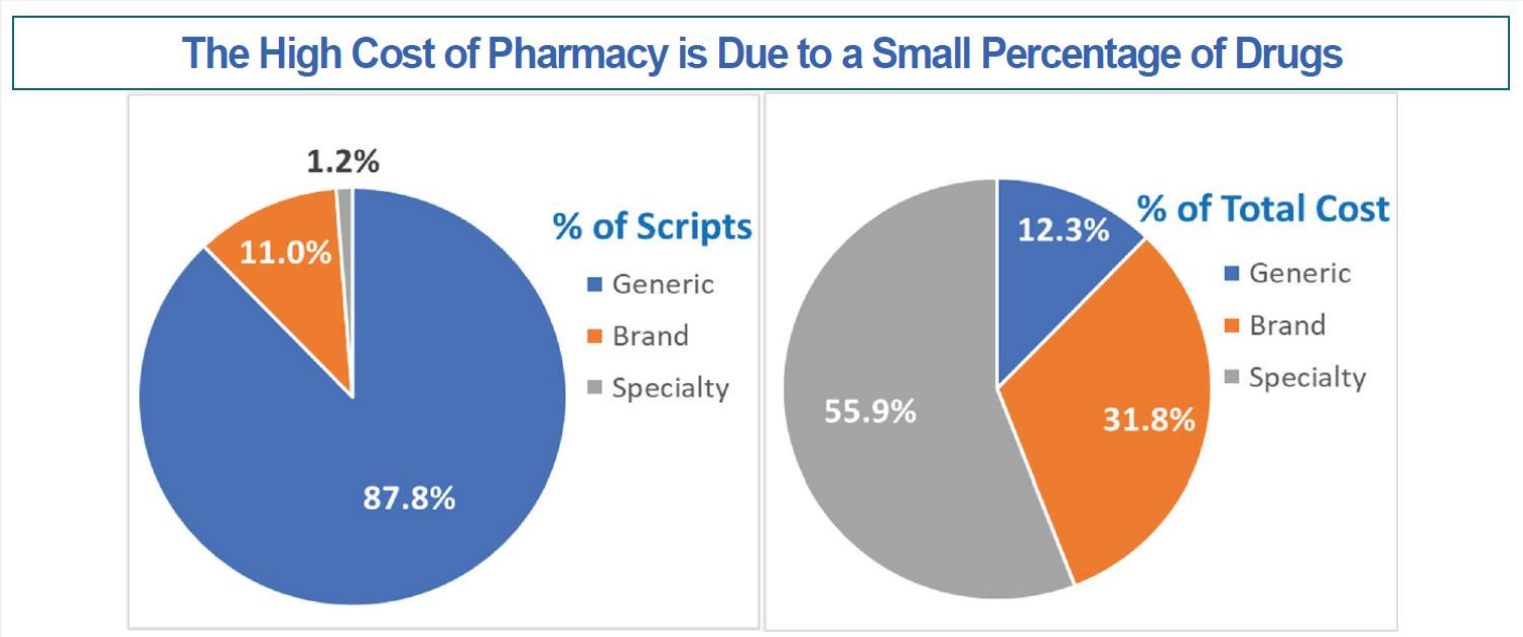
Rising prices for existing drugs and the high cost of new medications replacing lower-cost therapies continue to drive prescription drug trend.

Category	Average Paid per 30 Days
Generic	$16
Brand	$341
Specialty	$5,350

Average Paid Amount Per 30-day Supply



A Small Percentage of Drugs Drives The Majority of Pharmacy Costs



Specialty Drugs

High-cost specialty drugs are being approved by the FDA for **additional indications**, expanding the number of **eligible patients and accelerating pharmacy spending**.

Dupixent: FDA-approved for **nine** distinct indications; average cost **$3,100** per dose.

Skyrizi: FDA-approved for **four** indications; average cost **$14,000** per dose.

Specialty Drug	2024	2025	Percent Change
Dupixent	3,647	4,942	36%
Skyrizi	645	856	33%

GLP-1 Drugs

Brand name drugs used for the treatment of **Type 2 Diabetes** like Mounjaro and Ozempic continue to **drive** pharmacy spending.

GLP-1 prescriptions surged in **2024** — and utilization is accelerating even further in **2025**.

GLP-1 Drug	2024	2025	Percent Change
Mounjaro	19,282	34,422	79%
Ozempic	34,957	42,259	21%
Totals	54,239	76,681	41%

Renewal Illustrations

All Lines Active OEA- Current & Renewal

Gross Cost		CURRENT	RENEWAL
COMBINED MONTHLY PREMIUM		**$1,152,654**	**$1,245,353**
COMBINED ANNUAL PREMIUM		**$13,831,849**	**$14,944,237**
COMBINED ANNUAL CHANGE TO CURRENT			**$1,112,388**
OVERALL RELATIONSHIP TO CURRENT			**8.0%**
MEDICAL			
Monthly Premium	655	$1,040,882	$1,131,065
Change to Current Total Premium			**8.7%**
DENTAL			
Monthly Premium	692	$73,296	$73,296
Change to Current Total Premium			**0.0%**
VISION			
Monthly Premium	692	$13,132	$13,132
Change to Current Total Premium			**0.0%**
WABE			
Monthly Premium	37	$25,345	$27,861
Change to Current Total Premium			**9.9%**

Medical Renewal- OEA

	Anthem			Kaiser Permanente	
	Current	Renewal		Current	Renewal
Combined monthly premium	**$581,630**	**$639,317**		**$459,252**	**$491,748**
Combined annual premium	**$6,979,560**	**$7,671,804**		**$5,511,024**	**$5,900,976**
Annual relationship to current $		**$692,244**			**$389,952**
Relationship to current %		**9.9%**			**7.1%**
Total medical enrollment	**373**		**282**		
PPO/HMO		**90-G $20 (Rx 200; 10-35)**		**HMO $30 OV, Rx 10-30**	
Deductible (individual / family)		$500/$1000		none	
Out of pocket max (individual / family)		$1,000 / $3,000		$1,500 / $3,000	
Office visit copay (PCP / specialist)		$20		$30	
Inpatient hospitalization		ded, 10%		100% covered	
Prescription drugs		$10 / $35 $200 ded		$10 / $30	
Composite	144	$1,741.00	$1,913.00	255	$1,641.00	$1,757.00
Monthly premium	**144**	**$250,704**	**$275,472**	**255**	**$418,455**	**$448,035**
Monthly relationship to current $			**$24,768**			**$29,580**
Annual relationship to current $			**$297,216**			**$354,960**
Relationship to current %			**9.9%**			**7.1%**
PPO		**Platinum**		**DHMO $1,000**	
Deductible (individual / family)		$0/$0		$1,000 / $2,000	
Out of pocket max (individual / family)		$2,000 / $4,000		$3,000/6,000	
Office visit copay (PCP / specialist)		$20 / $70		$20	
Inpatient hospitalization		$400/day		ded, 20%	
Prescription drugs		$9 / $35		$10 / $30	
Composite	13	$1,630.00	$1,787.00	27	$1,511.00	$1,619.00
Monthly premium	**13**	**$21,190**	**$23,231**	**27**	**$40,797**	**$43,713**
Monthly relationship to current $			**$2,041**			**$2,916**
Annual relationship to current $			**$24,492**			**$34,992**
Relationship to current %			**9.6%**			**7.1%**
PPO/HMO		**80-G $30 (Rx 200; 10-35)**			
Deductible (individual / family)		$500 / $1,000			
Out of pocket max (individual / family)		$2,000 / $4,000			
Office visit copay (PCP / specialist)		$30			
Inpatient hospitalization		ded, 20%			
Prescription drugs		$10 / $35 $200 ded			
Composite	126	$1,578.00	$1,735.00		
Monthly premium	**126**	**$198,828**	**$218,610**		
Monthly relationship to current $			**$19,782**		
Annual relationship to current $			**$237,384**		
Relationship to current %			**9.9%**		

		Anthem	
		Current	Renewal
PPO		**80-L $30 (Rx 200; 10-35)**	
Deductible (individual / family)		$2,000 / $4,000	
Out of pocket max (individual / family)		$4,000 / $8,000	
Office visit copay (PCP / specialist)		$30	
Inpatient hospitalization		ded, 20%	
Prescription drugs		$10 / $35 $200 ded	
Composite	30	$1,394.00	$1,534.00
Monthly premium	**30**	**$41,820**	**$46,020**
Monthly relationship to current $			**$4,200**
Annual relationship to current $			**$50,400**
Relationship to current %			**10.0%**
PPO		**80-M $40 (Rx 200; 10-35)**	
Deductible (individual / family)		$3,000/$6,000	
Out of pocket max (individual / family)		$4,000 / $8,000	
Office visit copay (PCP / specialist)		$40	
Inpatient hospitalization		ded, 20%	
Prescription drugs		$10 / $35 $200 ded	
Composite	48	$1,251.00	$1,376.00
Monthly premium	**48**	**$60,048**	**$66,048**
Monthly relationship to current $			**$6,000**
Annual relationship to current $			**$72,000**
Relationship to current %			**10.0%**
HSA		**2-Tier HSA 5000**	
Deductible (individual / family)		$5,000 / $10,000	
Out of pocket max (individual / family)		$6,350 / $12,700	
Office visit copay (PCP / specialist)		ded, 70%	
Inpatient hospitalization		ded, 70%	
Prescription drugs		$9 / $35	
Employee	10	$685.00	$753.00
Employee + Child(ren)	2	$1,095.00	$1,203.00
Monthly premium	**12**	**$9,040**	**$9,936**
Monthly relationship to current $			**$896**
Annual relationship to current $			**$10,752**
Relationship to current %			**9.9%**

Medical Renewal- WABE

Certificated / OEA

		WABE Current	WABE Renewal
Combined monthly premium		**$25,345**	**$27,861**
Combined annual premium		**$304,140**	**$334,332**
Annual relationship to current $			**$30,192**
Relationship to current %			**9.9%**
WABE			
Deductible (individual / family)			
Out of pocket max (individual / fa			
Office visit copay (PCP / specialis		No Medical / Rx	
Inpatient hospitalization			
Prescription drugs			
Employee	37	$685.00	$753.00
Monthly premium	**37**	**$25,345**	**$27,861**
Monthly relationship to current $			**$2,516**
Annual relationship to current $			**$30,192**
Relationship to current %			**9.9%**

Dental Renewal

CERTIFICATED / OEA

		Delta Dental	
		Current	Renewal
Combined monthly premium*		**$73,296**	**$73,296**
Combined annual premium*		**$879,547**	**$879,547**
Annual relationship to current $			**$0**
Relationship to current %			**0.0%**
Total dental enrollment	**692**		
PPO		**PPO $2,000; A 100/1500**	
Composite	541	$103.30	$103.30
Monthly premium	**541**	**$55,885**	**$55,885**
Monthly relationship to current $			**$0**
Annual relationship to current $			**$0**
Relationship to current %			**0.0%**
PPO Incentive		**PPO $2,000 * Incentive / With Ortho**	
Composite	151	$115.30	$115.30
Monthly premium	**151**	**$17,410**	**$17,410**
Monthly relationship to current $			**$0**
Annual relationship to current $			**$0**
Relationship to current %			**0.0%**

Vision Renewal

		CERTIFICATED / OEA		CERTIFICATED / OEA
		Vision- VSP Current		**Vision- XP Current**
Combined monthly premium		**$12,211**		**$15,411**
Combined annual premium		**$146,533**		**$184,930**
Annual relationship to current $				
Relationship to current %				
Rate guarantee		**1 year**		**1 year**
Total vision enrollment	**653**		**39**	
Composite	653	$18.70	39	$23.60
		In-Network		**In-Network**
Exam		$0		$10
Materials copay		$0		$10
Standard lenses				
Single vision		100%		100%
Bifocal vision		100%		100%
Trifocal vision		100%		100%
Standard Progressive		100%		$95
Frames		up to $180		discounts apply
Contact lenses - In lieu of frames & lenses		up to $180		discounts apply
Frequency		date of service		Calendar year
Exams		12 months		12 months
Lenses		12 months		12 months
Frames		24 months		12 months

Proactive Care Plans

SISC PPO Updates: Proactive Care PPO Plan

The Challenge: Traditional PPO Cost-Sharing Can Delay Care—Leading to More Costly Conditions

Our Solution: Five PPO plans with $0 cost-sharing for **proactive** health care services, including:

- Primary & Urgent Care Office Visits
- Outpatient Mental Health Office Visits
- Physical Therapy and Chiropractic Visits
- Freestanding Lab Services
- Select Brand Name Rx Drugs if Prescribed by a Primary Care Physician

Why It Matters

- **Predictable Costs** – $0 or fixed copays simplify budgeting
- **Improved Access** – Encourages timely physical & mental healthcare
- **Better Outcomes** – Promotes preventive care and medication adherence
- **Lower Long-Term Costs** – Reduces ER visits and inpatient claims

Benefit summary information is available in the appendix.

Proactive Care PPO Plan Comparison

	SISC/Anthem Diamond	SISC/Anthem Platinum	SISC/Anthem Gold	SISC/Anthem Silver (NEW)	SISC/Anthem Bronze (NEW)
Benefit Highlights	**In-Network**	**In-Network**	**In-Network**	**In-Network**	**In-Network**
Calendar Year Deductible	$0	$0	$0	**$2,000 / $4,000**	**$3,000 / $6,000**
Out-of-Pocket Maximum – Individual – Family	 $1,000 $3,000	 $2,000 $4,000	 $3,000 $6,000	 $4,000 $8,000	 $5,000 $10,000
Health Services	**You Pay**	**You Pay**	**You Pay**	**You Pay**	**You Pay**
Office Visit Copay – Preventive Care – Primary Care Physician – Specialist – Urgent Care – Mental Health & Substance Abuse	 No charge No charge $40 copay No charge No charge	 No charge No charge $70 copay No charge No charge	 No charge No charge $100 copay No charge No charge	 No charge No charge $100 copay No charge No charge	 No charge No charge $100 copay No charge No charge
Inpatient Hospitalization	$200 copay/day	$400 copay/day	$600 copay/day	$600 copay/day	$600 copay/day
Outpatient Surgery – Hospital – Freestanding Facility	 $600 copay $200 copay	 $1,200 copay $400 copay	 $1,800 copay $600 copay	 $1,800 copay $600 copay	 $1,800 copay $600 copay
Lab	$0 - $50 copay	$0 - $100 copay	$0 - $150 copay	$0 - $150 copay	$0 - $150 copay
X-Ray	$0 - $75 copay	$0 - $150 copay	$0 - $225 copay	$0 - $225 copay	$0 - $225 copay
Complex Imaging	$100 - $250 copay	$200 - $500 copay	$300 - $750 copay	$300 - $750 copay	$300 - $750 copay
Emergency	$300 copay (waived if admitted)	$600 copay (waived if admitted)	$700 copay (waived if admitted)	$700 copay (waived if admitted)	$700 copay (waived if admitted)
Prescription Drugs	**You Pay**	**You Pay**	**You Pay**	**You Pay**	**You Pay**
Retail (30-day supply)	$9 / $35 (Navitus)	$9 / $35 (Navitus)	$9 / $35 (Navitus)	$9 / $35 (Navitus)	$9 / $35 (Navitus)
Mail-Order (90-day supply)	$0 / $90 (Costco)	$0 / $90 (Costco)	$0 / $90 (Costco)	$0 / $90 (Costco)	$0 / $90 (Costco)

Black Font: **Not** Subject to Deductible
Red Font: Subject to Deductible

Proactive Care PPO: $0 Brand Rx Categories

$0 Copay on Select Prescriptions When Prescribed by a PCP:

Diabetic medications, including GLP-1s, such as Mounjaro and Ozempic, Continuous Glucose Monitors (CGMs), Test Strips, and Insulin

Some anticoagulants (blood thinners), such as Eliquis and Xarelto

Most asthma medications, such as Advair and Alvesco

Some specialty drugs, such as Dupixent and Xolair

SISC ALL PLANS

SISC Offerings

SISC allows units with **more than 50 benefit eligible employees** to offer up to **6** Medical Plans, **plus the 2-Tier HSA or MEC, and one Proactive Care Plan, for a total of 8 plans.**

Plans Currently Offered

Bargaining Unit Name

1. Anthem 90-G
2. Anthem 80-G
3. Anthem 80-L
4. Anthem 80-M
5. Kaiser $30
6. Kaiser DHMO
7. 2-Tier HSA or MEC
8. Proactive Platinum Plan

Note: WABE Option does not count against maximum number of plans.

2026 SISC Anthem Plans- OEA

PPO Options	PPO 100 B	PPO 100 G	PPO 90 A	Diamond *Renamed*	PPO 90 G
Deductible (ind / fam)	$100 / $300	$500 / $1,000	$100 / $300	none	$500 / $1,000
Out of pocket max (ind / fam)	$1,000 / $3,000	$1,000 / $3,000	$1,000 / $3,000	$1,000 / $3,000	$1,000 / $3,000
Office visit copay (PCP)	$20	$20	$20	none	$20
Inpatient hospitalization	ded, 0%	ded, 0%	ded, 10%	$200/Day	ded, 10%
Prescription drugs	ded, $10 / $35	ded, $10 / $35	ded, $10 / $35	$9 / $35	Ded, $10 / $35
Composite	**$2,118**	**$2,014**	**$2,048**	**$2,027**	**$1,913**
Enrollment Count					**144**

PPO Options	PPO 80 E	PPO 80 G $20	Platinum*	PPO 80 J
Deductible (ind / fam)	$300 / $600	$500 / $1,000	none	$750 / $1,500
Out of pocket max (ind / fam)	$1,000 / $3,000	$2,000 / $4,000	$2,000 / $4,000	$3,000 / $6,000
Office visit copay (PCP)	$20	$20	none	$30
Inpatient hospitalization	ded, 20%	ded, 20%	$400/Day	ded, 20%
Prescription drugs	ded, $10 / $35	Ded, $10 / $35	$9 / $35	ded, $10 / $35
Composite	**$1,861**	**$1,753**	**$1,787**	**$1,690**
Enrollment Count		**126**	**13**	

PPO Options	PPO 80 K	Gold*	Silver	New! PPO 80 L	New! Bronze	PPO 80 M
Deductible (ind / fam)	$1,000 / $2,000	none	$2,000/$4,000	$2,000 / $4,000	$3,000 / $6,000	$3,000 / $6,000
Out of pocket max (ind / fam)	$3,000 / $6,000	$3,000 / $6,000	$4,000 / $8,000	$4,000 / $8,000	$5,000 / $10,000	$4,000 / $8,000
Office visit copay (PCP)	$30	none	none	$30	none	$40
Inpatient hospitalization	ded, 20%	$600/Day	ded, $600/Day	ded, 20%	ded, $600/Day	ded, 20%
Prescription drugs	ded, $10 / $35	$9 / $35	$9 / $35	Ded, $10 / $35	$9 / $35	Ded, $10 / $35
Composite	**$1,668**	**$1,702**	**$1,568**	**$1,534**	**$1,410**	**$1,376**
Enrollment Count				**30**		**48**

HSA-compatible Options	HSA 1700	HSA 3400	HSA 5000	2 Tier HSA
Deductible (ind / fam)	$1,700 / $3,400	$3,400 / $6,800	$5,000 / $10,000	$5,000 / $10,000
Out of pocket max (ind / fam)	$3,400 / $6,800	$6,000 / $12,000	$6,350 / $12,700	$6,350 / $12,700
Office visit copay (PCP)	ded, 10%	ded, 10%	ded, 30%	ded, 30%
Inpatient hospitalization	ded, 10%	ded, 10%	ded, 30%	ded, 30%
Prescription drugs	$9 / $35	$9 / $35	$9 / $35	$9 / $35
Composite/Single	**$1,551**	**$1,348**	**$1,232**	**$724**
2-Party				**$1,158**
Enrollment Count				**10/2**

2026 SISC Kaiser Plans- OEA

Traditional HMO Options	$10 OV, $10 RX	$15 OV, $5-$20 RX	$20 OV, $10-$30 RX	$30 OV, $10-$30 RX	$30 OV, $10-$30 RX
Deductible (ind / fam)	$0	$0	$0	$0	$0
Out of pocket max (ind / fam)	$1,500 / $3,000	$1,500 / $3,000	$1,500 / $3,000	$1,500 / $3,000	$1,500 / $3,000
Office visit copay (PCP)	$10	$15	$20	$30	$30
Inpatient hospitalization	0	0	0	0	0
Prescription drugs	$10/$10	$5/$20	$10/$30	$10/$30	$10/$30
Prescription day supply	30 day supply	30 day supply	30 day supply	30 day supply	100 day supply
Composite	**$1,735**	**$1,693**	**$1,659**	**$1,641**	**$1,668**
Enrollment Count					**255**

DHMO Options	DHMO 500	DHMO 1000
Deductible (ind / fam)	$500 / $1,000	$1,000 / $2,000
Out of pocket max (ind / fam)	$3,000 / $6,000	$3,000 / $6,000
Office visit copay (PCP)	$20	$20
Inpatient hospitalization	ded, 10%	ded, 20%
Prescription drugs	$10/$30	$10/$30
Composite	**$1,614**	**$1,511**
Enrollment Count		**27**

HSA-compatible Options	HSA 1700	HSA 3400
Deductible (ind / fam)	$1,700 / $3,400	$3,400 / $6,800
Out of pocket max (ind / fam)	$3,400 / $6,800	$6,800 / $12,000
Office visit copay (PCP)	ded, 10%	ded, 20%
Inpatient hospitalization	ded, 10%	ded, 20%
Prescription drugs	ded, $10/$30	ded, $10/$30
Composite	**$1,337**	**$1,156**
Enrollment Count		

SISC Updates

SISC HMO Updates: SB 729 Fertility Treatment Effective 10/1/2026

Treatment & reproductive technology

- Artificial insemination (IUI)
- In vitro fertilization (IVF)
- Egg retrieval and embryo transfer
- Advanced reproductive technologies when medically necessary

Fertility evaluation

- Physician consultation and medical history review
- Laboratory testing, imaging, and genetic screening
- Hormone and ovarian reserve testing
- Male fertility testing (including semen analysis)

Fertility Medications

- Oral and injectable fertility medications
- Medications used during fertility treatment cycles

Fertility preservation

- Cryopreservation of eggs, sperm, embryos, or reproductive tissue
- Storage of preserved reproductive material

Important Reminders:

- Coverage levels and member cost sharing may vary by health plan.
- SB729 coverage applies to Anthem and Shield HMO and Kaiser plans.
- **SISC PPO plans do not include fertility benefits.**

Enrollment & Eligibility Updates

Dependent verification review

SISC will implement Dependent Verification Reviews (DVRs) for each member district on a five-year cycle.

These reviews help ensure that only eligible dependents are covered under the district health plans, protecting districts, maintaining fairness, and controlling overall health plan costs.

SISC has partnered with American Fidelity to manage the process. Reviews will be conducted securely and confidentially using a visual verification process that does not require collecting personal documents.

Open Enrollment Suggested Timeline

March 27th - Ventura County meeting with SISC to release renewal

May 12th - Renewal Meeting

May 26th - Plan change request to district for review

July 1st - Final decisions due to Baldwin

Week of July 1st - Baldwin to produce communication items

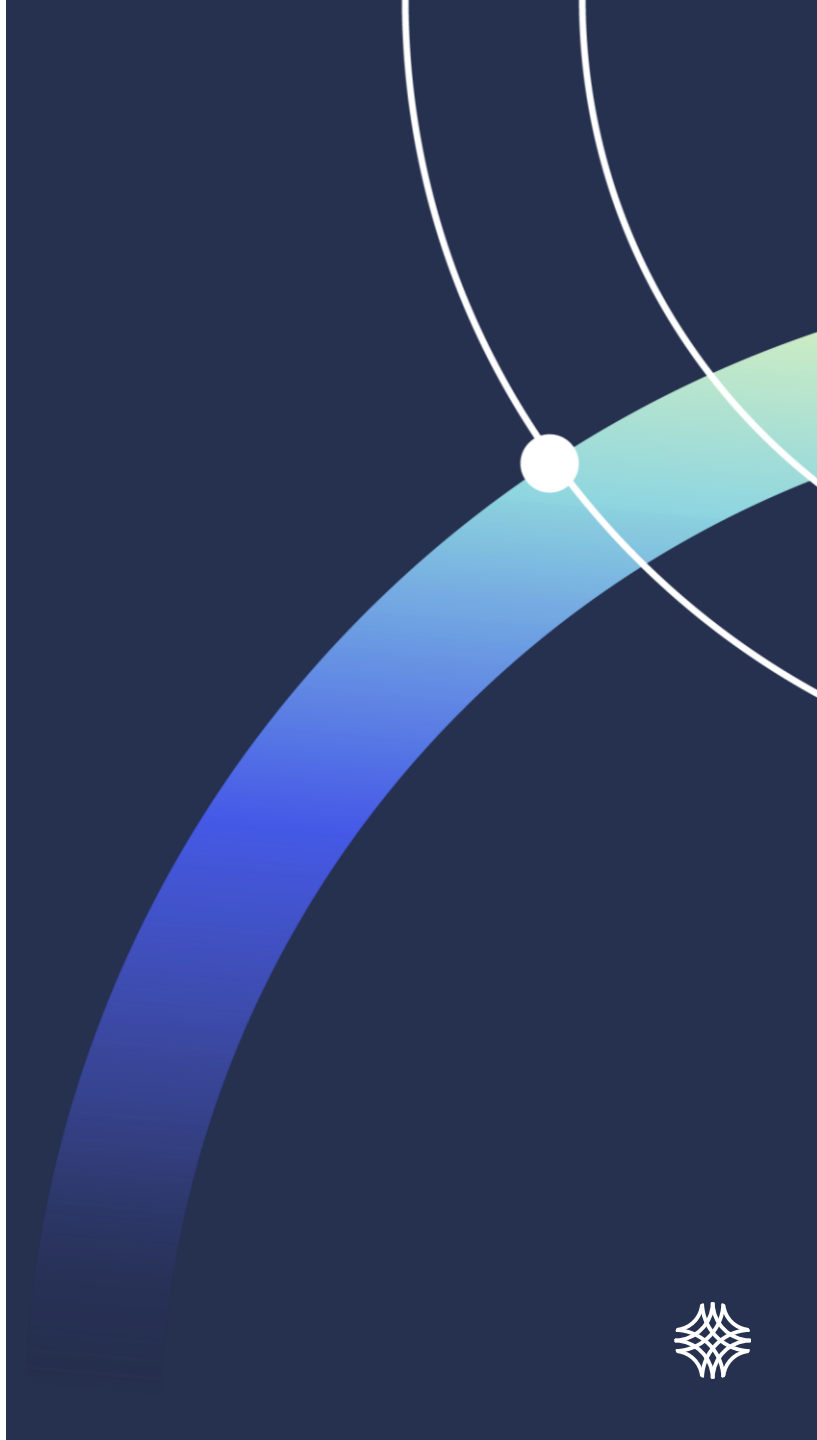
August 1st - Open enrollment begins

August 24th - Health Fair

August 25th - Open enrollment closes

September 1st - All open enrollment changes due to SISC

October 1st - New plan year starts (SISC)



Thank you!