

PLAN YEAR 2025 HEALTHCARE RATES - ACTIVE EMPLOYEES¹
FOR COVERAGE PERIOD DECEMBER 22, 2024 THROUGH DECEMBER 20, 2025

		Plan Year 2024 Active Employees with Offsets Biweekly rates	Plan Year 2025 Active Employees with Offsets Biweekly rates	% Increase
<u>Medical</u>				
Ventura County Healthcare Plan	EE Only	379.07	412.59	8.8%
Ventura County Healthcare Plan	EE + 1	757.30	824.26	8.8%
Ventura County Healthcare Plan	EE + Family	984.24	1,071.26	8.8%
		-		
Blue Shield HMO Access+	EE Only	439.35	440.66	0.3%
Blue Shield HMO Access+	EE + 1	813.05	880.40	8.3%
Blue Shield HMO Access+	EE Family	1,056.70	1,144.25	8.3%
		-		
Blue Shield HMO Trio	EE Only	357.07	344.18	-3.6%
Blue Shield HMO Trio	EE + 1	676.92	687.45	1.6%
Blue Shield HMO Trio	EE Family	879.74	893.40	1.6%
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Blue Shield PPO/HDHP	EE Only	499.96	532.25	6.5%
Blue Shield PPO/HDHP	EE + 1	892.83	984.40	10.3%
Blue Shield PPO/HDHP	EE Family	1,160.01	1,279.03	10.3%
<u>Opt-Out</u>				
Opt-Out (Excludes Part Time Employees) ³		305.43 - 382.84	300.91 - 406.91	N/A
Opt-Out - Part-time employees ²		**	**	N/A
<u>Dental</u>				
MetLife Dental	EE Only	21.16	22.22	5.0%
MetLife Dental	EE + 1	40.33	42.35	5.0%
MetLife Dental	EE + Family	60.99	64.04	5.0%
<u>Vision</u>				
EyeMed	EE Only	2.03	2.03	0.0%
EyeMed	EE + 1	3.66	3.66	0.0%
EyeMed	EE + Family	5.24	5.24	0.0%

Notes

¹ Excluding Medical Rates for VCDSA and VCPFA

² Part-time employees who opt-out of medical coverage are not eligible to receive an opt-out allowance or flexible credit allowance

³ Starting in July 2023, a new Opt-Out structure was implemented. Under the new "Medical Plan Opt-Out Option," employees who choose to opt out of health coverage no longer receive a Flexible Credit Allowance nor are they charged an opt-out fee. Instead, they will receive an opt-out allowance that may be used to purchase benefits, other than medical coverage, offered under the Flexible Benefits Program, or take the amount as taxable compensation. Under the new Opt-Out methodology departments will continue to be charged an amount equal to the lowest flex credit less the opt-out allowance as determined for each employee group. This fee will vary by bargaining unit and non-represented employees due to differences in negotiated flex credit allowances

PLAN YEAR 2025 RATES - COBRA
FOR COVERAGE PERIOD DECEMBER 22, 2024 THROUGH DECEMBER 20, 2025

Medical / Dental / Vision Plan	By Type	COBRA		CalCOBRA ¹		COBRA Disability Extension	
		Approved Plan Year 2024 Monthly Rates	Proposed Plan Year 2025 Monthly Rates	Approved Plan Year 2024 Monthly Rates	Proposed Plan Year 2025 Monthly Rates	Approved Plan Year 2024 Monthly Rates	Proposed Plan Year 2025 Monthly Rates
Ventura County Healthcare Plan	EE Only	888.01	967.22	957.66	1,043.08	1,305.90	1,422.38
	EE + 1	1,776.02	1,934.44	1,915.32	2,086.16	2,611.80	2,844.77
	EE + Family	2,308.82	2,514.77	2,489.91	2,712.01	3,395.33	3,698.19
Blue Shield HMO Access+	EE Only	994.37	1,029.27	1,072.36	1,110.00	1,462.31	1,513.64
	EE + 1	1,988.70	2,058.50	2,144.68	2,219.95	2,924.57	3,027.21
	EE + Family	2,585.31	2,676.06	2,788.08	2,885.95	3,801.93	3,935.39
Blue Shield HMO Trio	EE Only	772.91	800.04	833.53	862.79	1,136.63	1,176.53
	EE + 1	1,545.82	1,600.07	1,667.06	1,725.57	2,273.27	2,353.05
	EE + Family	2,009.55	2,080.09	2,167.17	2,243.23	2,955.23	3,058.95
Blue Shield PPO/HDHP	EE Only	1,136.25	1,228.66	1,225.37	1,325.03	1,670.96	1,806.86
	EE + 1	2,272.52	2,457.35	2,450.76	2,650.09	3,341.94	3,613.76
	EE + Family	2,954.26	3,194.54	3,185.96	3,445.09	4,344.50	4,697.85
MetLife Dental	EE Only	46.77	49.10	N/A	N/A	68.78	72.21
	EE + 1	89.13	93.60	N/A	N/A	131.07	137.64
	EE + Family	134.79	141.53	N/A	N/A	198.23	208.13
EyeMed²	EE Only	4.49	4.49	N/A	N/A	6.60	6.60
	EE + 1	8.08	8.08	N/A	N/A	11.88	11.88
	EE + Family	11.58	11.58	N/A	N/A	17.03	17.03

Notes

¹ The CalCobra, as an extension from federal COBRA, only covers the medical coverage.² Formerly Medical Eye Services