

**COUNTY OF VENTURA
RETIREE HEALTH BENEFITS PROGRAM
Plan Year 2023 vs. Plan Year 2024
Monthly Premium Rates**

			PY 2023 Approved	PY 2024 Carrier	PY 2024 Admin	PY 2024 Proposed	
	Count	Monthly Rates	Premium Rate	Charge *	Monthly Rates	% Increase	
<u>Non-Medicare Eligible Retirees</u>							
Blue Shield Trio ACO HMO							
Non-Medicare Eligible							
Retiree	13	\$ 767.13	\$ 757.75	\$ 21.00	\$ 778.75	1.5%	
Retiree + 1	15	\$ 1,513.27	\$ 1,515.51	\$ 21.00	\$ 1,536.51	1.5%	
Retiree + 2	3	\$ 1,960.94	\$ 1,970.15	\$ 21.00	\$ 1,991.15	1.5%	
Blue Shield Access+ HMO							
Non-Medicare Eligible							
Retiree	17	\$ 971.12	\$ 974.87	\$ 21.00	\$ 995.87	2.5%	
Retiree + 1	24	\$ 1,921.22	\$ 1,949.71	\$ 21.00	\$ 1,970.71	2.6%	
Retiree + 2	15	\$ 2,491.28	\$ 2,534.62	\$ 21.00	\$ 2,555.62	2.6%	
Blue Shield PPO HDHP							
Non-Medicare Eligible							
Retiree	15	\$ 1,090.77	\$ 1,113.97	\$ 21.00	\$ 1,134.97	4.1%	
Retiree + 1	10	\$ 2,160.56	\$ 2,227.96	\$ 21.00	\$ 2,248.96	4.1%	
Retiree + 2	3	\$ 2,802.41	\$ 2,896.33	\$ 21.00	\$ 2,917.33	4.1%	
Ventura County Health Care Plan							
Non-Medicare Eligible							
Retiree	118	\$ 795.67	\$ 825.43	\$ 21.00	\$ 846.43	6.4%	
Retiree + 1	51	\$ 1,549.75	\$ 1,667.85	\$ 21.00	\$ 1,688.85	9.0%	
Retiree + 2	28	\$ 1,848.54	\$ 1,956.32	\$ 21.00	\$ 1,977.32	7.0%	
<u>Dental and Vision</u>							
MetLife							
Retiree	614	\$ 52.87	\$ 52.14	\$ 2.25	\$ 54.39	2.9%	
Retiree + 1	607	\$ 88.33	\$ 88.66	\$ 2.25	\$ 90.91	2.9%	
Retiree + 2	69	\$ 133.89	\$ 135.59	\$ 2.25	\$ 137.84	3.0%	
EyeMed Vision							
Retiree	334	\$ 4.40	\$ 4.40	\$ -	\$ 4.40	0.0%	
Retiree + 1	314	\$ 7.92	\$ 7.92	\$ -	\$ 7.92	0.0%	
Retiree + 2	43	\$ 11.35	\$ 11.35	\$ -	\$ 11.35	0.0%	

*Medical Plans include an Administrative fee of \$21
Dental Plans include an Administrative fee of \$2.25

COUNTY OF VENTURA
RETIREE HEALTH BENEFITS PROGRAM RATES & COBRA RATES
FOR COVERAGE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024
Monthly Premium Rates - COBRA Calculation Detail

	PY 2024 Proposed Carrier Rates	County Administration 2% of Carrier Premium	PY 2024 Retiree Premium Cobra Rate*
<u>Non-Medicare Eligible Retirees</u>			
Blue Shield Trio ACO HMO			
Non-Medicare Eligible			
Retiree	\$ 757.75	\$ 15.16	\$ 772.91
Retiree + 1	\$ 1,515.51	\$ 30.31	\$ 1,545.82
Retiree + 2	\$ 1,970.15	\$ 39.40	\$ 2,009.55
Blue Shield Access+ HMO			
Non-Medicare Eligible			
Retiree	\$ 974.87	\$ 19.50	\$ 994.37
Retiree + 1	\$ 1,949.71	\$ 38.99	\$ 1,988.70
Retiree + 2	\$ 2,534.62	\$ 50.69	\$ 2,585.31
Blue Shield PPO HDHP			
Non-Medicare Eligible			
Retiree	\$ 1,113.97	\$ 22.28	\$ 1,136.25
Retiree + 1	\$ 2,227.96	\$ 44.56	\$ 2,272.52
Retiree + 2	\$ 2,896.33	\$ 57.93	\$ 2,954.26
Ventura County Health Care Plan			
Non-Medicare Eligible			
Retiree	\$ 825.43	\$ 16.51	\$ 841.94
Retiree + 1	\$ 1,667.85	\$ 33.36	\$ 1,701.21
Retiree + 2	\$ 1,956.32	\$ 39.13	\$ 1,995.45
<u>Dental and Vision</u>			
MetLife Dental			
Retiree	\$ 52.14	\$ 1.04	\$ 53.18
Retiree + 1	\$ 88.66	\$ 1.77	\$ 90.43
Retiree + 2	\$ 135.59	\$ 2.71	\$ 138.30
EyeMed Vision			
Retiree	\$ 4.40	\$ 0.09	\$ 4.49
Retiree + 1	\$ 7.92	\$ 0.16	\$ 8.08
Retiree + 2	\$ 11.35	\$ 0.23	\$ 11.58

* COBRA Rates are not applicable on Medicare eligible medical plans