

**COUNTY OF VENTURA**  
**RETIREE HEALTH BENEFITS PROGRAM**  
**Plan Year 2024 vs. Plan Year 2025**  
**Monthly Premium Rates**

		PY 2024		PY 2025		PY 2025 Admin		PY 2025	
		Approved		Carrier		Charge *		Proposed	
	Count	Monthly Rates		Premium Rate				Monthly Rates	% Increase
<b><u>Non-Medicare Eligible Retirees</u></b>									
<b>Blue Shield Trio ACO HMO</b>									
Non-Medicare Eligible									
Retiree	14	\$ 778.75	\$	784.35	\$	21.50	\$	805.85	3.5%
Retiree + 1	14	\$ 1,536.51	\$	1,568.70	\$	21.50	\$	1,590.20	3.5%
Retiree + 2	4	\$ 1,991.15	\$	2,039.30	\$	21.50	\$	2,060.80	3.5%
<b>Blue Shield Access+ HMO</b>									
Non-Medicare Eligible									
Retiree	20	\$ 995.87	\$	1,009.09	\$	21.50	\$	1,030.59	3.5%
Retiree + 1	13	\$ 1,970.71	\$	2,018.14	\$	21.50	\$	2,039.64	3.5%
Retiree + 2	11	\$ 2,555.62	\$	2,623.59	\$	21.50	\$	2,645.09	3.5%
<b>Blue Shield PPO HDHP</b>									
Non-Medicare Eligible									
Retiree	13	\$ 1,134.97	\$	1,204.57	\$	21.50	\$	1,226.07	8.0%
Retiree + 1	10	\$ 2,248.96	\$	2,409.17	\$	21.50	\$	2,430.67	8.1%
Retiree + 2	2	\$ 2,917.33	\$	3,131.90	\$	21.50	\$	3,153.40	8.1%
<b>Ventura County Health Care Plan</b>									
Non-Medicare Eligible									
Retiree	108	\$ 846.43	\$	896.86	\$	21.50	\$	918.36	8.5%
Retiree + 1	40	\$ 1,688.85	\$	1,808.89	\$	21.50	\$	1,830.39	8.4%
Retiree + 2	24	\$ 1,977.32	\$	2,162.66	\$	21.50	\$	2,184.16	10.5%
<b><u>Dental and Vision</u></b>									
<b>MetLife</b>									
Retiree	600	\$ 54.39	\$	54.75	\$	2.50	\$	57.25	5.3%
Retiree + 1	604	\$ 90.91	\$	93.09	\$	2.50	\$	95.59	5.1%
Retiree + 2	61	\$ 137.84	\$	142.37	\$	2.50	\$	144.87	5.1%
<b>EyeMed Vision</b>									
Retiree	329	\$ 4.40	\$	4.40	\$	-	\$	4.40	0.0%
Retiree + 1	318	\$ 7.92	\$	7.92	\$	-	\$	7.92	0.0%
Retiree + 2	38	\$ 11.35	\$	11.35	\$	-	\$	11.35	0.0%

\*Medical Plans include an Administrative fee of \$21.50  
Dental Plans include an Administrative fee of \$2.50

**COUNTY OF VENTURA**  
**RETIREE HEALTH BENEFITS PROGRAM RATES & COBRA RATES**  
**FOR COVERAGE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025**  
**Monthly Premium Rates - COBRA Calculation Detail**

	PY 2025 Proposed Carrier Rates	County Administration 2% of Carrier Premium	PY 2025 Retiree Premium Cobra Rate*
<b><u>Non-Medicare Eligible Retirees</u></b>			
<b>Blue Shield Trio ACO HMO</b>			
Non-Medicare Eligible			
Retiree	\$ 784.35	\$ 15.69	\$ 800.04
Retiree + 1	\$ 1,568.70	\$ 31.37	\$ 1,600.07
Retiree + 2	\$ 2,039.30	\$ 40.79	\$ 2,080.09
<b>Blue Shield Access+ HMO</b>			
Non-Medicare Eligible			
Retiree	\$ 1,009.09	\$ 20.18	\$ 1,029.27
Retiree + 1	\$ 2,018.14	\$ 40.36	\$ 2,058.50
Retiree + 2	\$ 2,623.59	\$ 52.47	\$ 2,676.06
<b>Blue Shield PPO HDHP</b>			
Non-Medicare Eligible			
Retiree	\$ 1,204.57	\$ 24.09	\$ 1,228.66
Retiree + 1	\$ 2,409.17	\$ 48.18	\$ 2,457.35
Retiree + 2	\$ 3,131.90	\$ 62.64	\$ 3,194.54
<b>Ventura County Health Care Plan</b>			
Non-Medicare Eligible			
Retiree	\$ 896.86	\$ 17.94	\$ 914.80
Retiree + 1	\$ 1,808.89	\$ 36.18	\$ 1,845.07
Retiree + 2	\$ 2,162.66	\$ 43.25	\$ 2,205.91
<b><u>Dental and Vision</u></b>			
<b>MetLife Dental</b>			
Retiree	\$ 54.75	\$ 1.10	\$ 55.85
Retiree + 1	\$ 93.09	\$ 1.86	\$ 94.95
Retiree + 2	\$ 142.37	\$ 2.85	\$ 145.22
<b>EyeMed Vision</b>			
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