

**COUNTY OF VENTURA
RETIREE HEALTH BENEFITS PROGRAM
2020 MONTHLY PREMIUMS**

~PLAN YEAR: JANUARY 1, 2020 - DECEMBER 31, 2020~

MEDICAL PLANS - Non-Medicare Eligible Retirees

*Retiree and dependent(s) **not** enrolled in or entitled to Medicare*

Ventura County Health Care Plan HMO

Retiree Only	\$	647.32
Retiree + 1	\$	1,291.55
Retiree + Family	\$	1,605.81

Blue Shield Trio ACO HMO

Retiree Only	\$	706.78
Retiree + 1	\$	1,396.06
Retiree + Family	\$	1,809.63

Blue Shield Access+ HMO

Retiree Only	\$	802.58
Retiree + 1	\$	1,587.64
Retiree + Family	\$	2,058.68

Blue Shield High-Deductible PPO

Retiree Only	\$	587.19
Retiree + 1	\$	1,156.90
Retiree + Family	\$	1,498.71

NOTE: If you are planning to move out of your health plan service area, contact your Retiree Health Benefits Coordinator by email at Patty.vandewater@ventura.org or call at (805) 662-6791.

ABOUT YOUR PREMIUMS:

Monthly premiums for retiree plans are deducted from your pension check one month in advance; for example, your April premium is deducted from your March pension check.

If your premium is greater than your monthly pension, you may make special payment arrangements through your Retiree Health Benefits Coordinator.

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DENTAL AND VISION PLANS

Available to all retirees, regardless of Medicare status

MetLife Dental PPO

Retiree Only	\$	54.17
Retiree + 1	\$	90.54
Retiree + Family	\$	137.27

Medical Eye Services (MES) Vision Plan

Retiree Only	\$	4.40
Retiree + 1	\$	7.92
Retiree + Family	\$	11.35

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Blue Shield Medicare COB PPO* / Blue Shield Trio ACO HMO		
Retiree + 1 (one with Medicare)	\$	1,233.72
Retiree + Family (one with Medicare)	\$	1,647.28
Retiree + Family (two with Medicare)	\$	1,745.44
Retiree + Family (three with Medicare)	\$	2,257.15

Blue Shield Medicare COB PPO* / Blue Shield Access+ HMO		
Retiree + 1 (one with Medicare)	\$	1,329.50
Retiree + Family (one with Medicare)	\$	1,800.54
Retiree + Family (two with Medicare)	\$	1,841.22
Retiree + Family (three with Medicare)	\$	2,352.93

Blue Shield Medicare COB PPO* / Blue Shield High-Deductible PPO		
Retiree + 1 (one with Medicare)	\$	1,114.15
Retiree + Family (one with Medicare)	\$	1,455.96
Retiree + Family (two with Medicare)	\$	1,625.87
Retiree + Family (three with Medicare)	\$	2,137.58

*Blue Shield Medicare COB, Blue Shield Medicare Advantage HMO & Kaiser Senior Advantage Medicare plan rates are subject to change in the event that CMS (Centers for Medicare and Medicaid Services), or the State of California, changes the required benefit package or the level of reimbursement to the carrier.

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MEDICAL PLANS - Combination: Medicare and/or Non-Medicare Eligibles <i>Retiree and/or dependent(s) entitled to and enrolled in Medicare Parts A & B</i>

Blue Shield Medicare Advantage HMO (65 Plus)* / Blue Shield Trio ACO HMO		
Retiree + 1 (one with Medicare)	\$	1,009.84
Retiree + Family (one with Medicare)	\$	1,423.40
Retiree + Family (two with Medicare)	\$	1,312.89
Retiree + Family (three with Medicare)	\$	1,615.95

Blue Shield Medicare Advantage HMO (65 Plus)* / Blue Shield Access+ HMO		
Retiree + 1 (one with Medicare)	\$	1,105.62
Retiree + Family (one with Medicare)	\$	1,576.66
Retiree + Family (two with Medicare)	\$	1,408.68
Retiree + Family (three with Medicare)	\$	1,711.73

Blue Shield Medicare Advantage HMO (65 Plus)* / Blue Shield HDHP PPO		
Retiree + 1 (one with Medicare)	\$	890.27
Retiree + Family (one with Medicare)	\$	1,232.07
Retiree + Family (two with Medicare)	\$	1,193.32
Retiree + Family (three with Medicare)	\$	1,496.38

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MEDICAL PLANS - Medicare Eligible Retirees and dependents <i>Retiree and dependent(s) entitled to and enrolled in Medicare Part A & Part B</i>
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Kaiser Senior Advantage-Medicare Replacement Plan*		
Retiree Only	\$	242.90
Retiree + 1	\$	468.30
Retiree + Family	\$	693.70

Blue Shield Medicare Advantage HMO (65 Plus)*		
Retiree Only	\$	320.56
Retiree + 1	\$	623.61
Retiree + Family	\$	926.67

Blue Shield Medicare COB PPO*		
Retiree Only	\$	544.44
Retiree + 1	\$	1,056.16
Retiree + Family	\$	1,567.87

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