

COUNTY OF VENTURA
COBRA PREMIUM AMOUNTS – PLAN YEAR 2021
 January 01, 2021 through December 31, 2021

PLANS	MONTHLY PREMIUM
<i>MEDICAL PLANS</i>	
<i>Ventura County Health Care Plan (HMO)</i> 1 Participant 2 Participants 3 or More Participants	\$951.60 \$1,465.47 \$1,817.57
<i>Blue Shield HMO Trio</i> 1 Participant 2 Participants 3 or More Participants	\$784.14 \$1,568.27 \$2,038.75
<i>Blue Shield HMO Access+</i> 1 Participant 2 Participants 3 or More Participants	\$893.11 \$1,786.21 \$2,322.07
<i>Blue Shield PPO/HDHP</i> 1 Participant 2 Participants 3 or More Participants	\$1,027.07 \$2,054.15 \$2,670.38
<i>DENTAL PLANS</i>	
<i>MetLife Dental PPO (PDP Plus Plan)</i> 1 Participant 2 Participants 3 or More Participants	\$46.57 \$88.75 \$134.22
<i>VISION PLAN</i>	
<i>Medical Eye Services (MES) Vision</i> 1 Participant 2 Participants 3 or More Participants	\$4.49 \$8.08 \$11.58

Under COBRA, you may choose to continue coverage under any or all of the plans you had at the time your coverage ended.

For an overview of plan benefits and limitations, see the *Benefit Plans Handbook* (available at <https://hr.ventura.org/benefits>). The COBRA premiums shown are based on the full premium costs for coverage plus a 2% administrative fee. Different premiums apply after the initial 18 months of coverage for those who are eligible for extended coverage due to disability and for those who are eligible for extended medical coverage under CalCOBRA.

Note: If you are planning to move out of your health plan service area, contact ConnectYourCare directly at (855) 687-2021 or send an email to cobraservice@connectyourcare.com to discuss your options. ConnectYourCare is the County's COBRA Third-Party Administrator.