

**COUNTY OF VENTURA  
RETIREE HEALTH BENEFITS PROGRAM  
2024 MONTHLY PREMIUMS**

~PLAN YEAR: JANUARY 1, 2024 - DECEMBER 31, 2024~

<p><b>MEDICAL PLANS - Non-Medicare</b> <i>Retiree/dependent(s) <b>not</b> enrolled in or entitled to Medicare</i></p>
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<b>Ventura County Health Care Plan HMO</b>		
One Individual Covered	\$	846.43
Two Individuals Covered	\$	1,688.85
Three or More Individuals Covered	\$	1,977.32

<b>Blue Shield Trio ACO HMO</b>		
One Individual Covered	\$	778.75
Two Individuals Covered	\$	1,536.51
Three or More Individuals Covered	\$	1,991.15

<b>Blue Shield Access+ HMO</b>		
One Individual Covered	\$	995.87
Two Individuals Covered	\$	1,970.71
Three or More Individuals Covered	\$	2,555.62

<b>Blue Shield High-Deductible PPO</b>		
One Individual Covered	\$	1,134.97
Two Individuals Covered	\$	2,248.96
Three or More Individuals Covered	\$	2,917.33

**NOTE:** If you are planning to move out of your health plan service area, contact your Retiree Health Benefits Coordinator by email at [Retiree.Benefits@ventura.org](mailto:Retiree.Benefits@ventura.org) or call at (805) 477-1580.

**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 and dependents, regardless of Medicare status*

**MetLife Dental PPO**

One Individual Covered	\$	54.39
Two Individuals Covered	\$	90.91
Three or More Individuals Covered	\$	137.84

**EyeMed Vision**

One Individual Covered	\$	4.40
Two Individuals Covered	\$	7.92
Three or More Individuals Covered	\$	11.35

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