

**COUNTY OF VENTURA
RETIREE HEALTH BENEFITS PROGRAM
2025 MONTHLY PREMIUMS**

~PLAN YEAR: JANUARY 1, 2025 - DECEMBER 31, 2025~

<p>MEDICAL PLANS - Non-Medicare <i>Retiree/dependent(s) not enrolled in or entitled to Medicare</i></p>

Ventura County Health Care Plan HMO		
One Individual Covered	\$	918.36
Two Individuals Covered	\$	1,830.39
Three or More Individuals Covered	\$	2,184.16

Blue Shield Trio ACO HMO		
One Individual Covered	\$	805.85
Two Individuals Covered	\$	1,590.20
Three or More Individuals Covered	\$	2,060.80

Blue Shield Access+ HMO		
One Individual Covered	\$	1,030.59
Two Individuals Covered	\$	2,039.64
Three or More Individuals Covered	\$	2,645.09

Blue Shield High-Deductible PPO		
One Individual Covered	\$	1,226.07
Two Individuals Covered	\$	2,430.67
Three or More Individuals Covered	\$	3,153.40

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 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	\$	57.25
Two Individuals Covered	\$	95.59
Three or More Individuals Covered	\$	144.87

EyeMed Vision

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

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