

COUNTY OF VENTURA
COBRA PREMIUM AMOUNTS – PLAN YEAR 2019
December 30, 2018 through December 28, 2019

PLANS	MONTHLY PREMIUM
<i>MEDICAL PLANS</i>	
<i>Ventura County Health Care Plan (HMO)</i> 1 Participant 2 Participants 3 or More Participants	\$668.77 \$1,380.70 \$1,565.19
<i>Blue Shield HMO Trio</i> 1 Participant 2 Participants 3 or More Participants	\$602.57 \$1,205.13 \$1,566.67
<i>Blue Shield HMO Access+</i> 1 Participant 2 Participants 3 or More Participants	\$686.31 \$1,372.61 \$1,784.39
<i>Blue Shield PPO/HDHP</i> 1 Participant 2 Participants 3 or More Participants	\$498.09 \$996.18 \$1,295.03
<i>DENTAL PLANS</i>	
<i>MetLife Dental PPO (PDP Plus Plan)</i> 1 Participant 2 Participants 3 or More Participants	\$45.22 \$86.17 \$130.33
<i>VISION PLAN</i>	
<i>Medical Eye Services (MES) Vision</i> 1 Participant 2 Participants 3 or More Participants	\$4.49 \$8.09 \$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 your *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 JHC Administrators directly at (805) 644-9678 to discuss your options.