



Risk Management/ Insurance

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California Schools Employee Benefits Organization (CSEBO) COBRA Rates Effective July 1st, 2023-December 31st, 2023 CSEBO COBRA Rates Billed Monthly

| Tier | Anthem PPO ¹ Medical | Kaiser HMO ² Medical (composite rate) | Delta Dental PPO ³ | VSP Base | VSP Optional Enhanced Buy-Up |
|-----------|------------------------------------|--|----------------------------------|----------|------------------------------------|
| Single | \$716.00 | \$1,468.92 | \$72.63 | \$8.23 | \$18.58 |
| Two-Party | \$1,431.00 | \$1,468.92 | \$130.58 | \$14.88 | \$34.11 |
| Family | \$1,932.00 | \$1,468.92 | \$202.76 | \$23.02 | \$53.09 |

In Accordance with the Consolidated Omnibus Budget Reconciliation Act (COBRA), when healthcare coverage ends, you or your covered dependents may be eligible to continue your benefits at your own expense for a temporary period. To be eligible you and your covered dependents must:

- Experience a qualifying event that causes a loss of coverage, and
- Make an election to continue coverage within 60 days of the date of coverage termination or the date of the Qualifying Event Notification, whichever is later

Please reach out to [California Schools Employee Benefits Organization \(CSEBO\)](mailto:California Schools Employee Benefits Organization (CSEBO) at 805-383-9388) at 805-383-9388 for eligibility, details of coverage, and payments.

The following chart lists qualifying events which an employee and their dependents may be eligible to enroll in COBRA.

| Qualifying Event (the reason coverage terminated) | Qualified Beneficiaries (who may continue coverage under COBRA) | Longest Period of Continuation Coverage |
|--|---|--|
| Your employment ends for any reason other than gross misconduct (separation, layoff, retirement, leave of absence) | You and your currently covered dependents | 18 months |
| Any reduction in hours that prevents you from meeting the eligibility requirements | You and your currently covered dependents | 18 months |
| You divorce or legally separate | Ex-spouse and/or children | 36 months |
| You become entitled to Medicare | currently covered dependents | 36 months |
| You die | currently covered dependents | 36 months |
| Your dependent children no longer meet the eligibility requirements | Former dependent | 36 months |

NOTE: COBRA rates do not include the permissible 2% administrative load. Please refer to the COBRA Notes page for more information.

¹Includes \$20K lifetime maximum infertility benefits, 50% coinsurance, in and out of network

²Includes chiropractic and acupuncture rider.

³Based on In-Network/Out-of-Network annual maximum of \$1,700/\$1,500 with incentive levels of 70/80/90/100, implant coverage, night guards, and 2 cleanings per year.