

## Flexible Benefits Program 2018 PLAN RATES & FLEXIBLE CREDITS

**Flexible Benefits Program Eligibility** - You are eligible if you are a regular County of Ventura employee and you have a regular Work Schedule ("Standard Hours" in VCHRP) of at least 40 hours per biweekly pay period. If you are not eligible for the Flexible Benefits Program, you may still be eligible for a medical plan. Contact County Benefits for more information – <a href="mailto:benefits.ServiceRep@ventura.org">benefits.ServiceRep@ventura.org</a> or (805) 654-2570.

## **County-sponsored Plans**

## **Union-sponsored Plans**

(only employees represented by the unions listed may select these plans)

**Biweekly Premiums** 

**Premium** 

Plan Name	Premium (per biweek)
COUNTY-SPONSORED MEDICAL PLANS	
Ventura County Health Care Plan	
Employee Only	\$ 412.61
Employee + 1	\$ 446.52
Employee + 2 or more	\$ 475.25
Anthem Blue Cross EPO	
Employee Only	\$ 476.33
Employee + 1	\$ 515.15
Employee + 2 or more	\$ 604.17
Anthem BC High-Deductible PPO	
Employee Only	\$ 390.60
Employee + 1	\$ 422.99
Employee + 2 or more	\$ 497.27
Medical Plan Opt-Out <sup>1</sup>	\$ 258.73
DENTAL PLAN	
MetLife Dental PPO	
Employee Only	\$20.46
Employee + 1	\$38.99
Employee + 2 or more	\$58.97
<u>VISION PLAN</u>	
MES Vision Plan	
Employee Only	\$2.03
Employee + 1	\$3.66
Employee + 2 or more	\$5.24
FLEXIBLE SPENDING ACCOUNTS 2	
Health Care - Minimum \$10.00; Maximum \$108.33	
Dependent Care - Minimum \$10.00; Maximum \$208.33	

Opt Out rate will be capped at the part-time flex credit amount for those employees who receive a part-time flex credit.

## **Biweekly Flexible Credits**

When you enroll, you are given a Flexible Credit Allowance that you can use to purchase the benefits you wish. Your credit allowance amount is negotiated by the Bargaining Unit that represents your job classification. Part-time flex credit is for those with a regular biweekly work schedule of 40-59 hours.

Plan Name	Premium (per biweek)
VCDSA-SPONSORED MEDICAL PLANS	
Ventura County Health Care Plan	
Employee Only	\$ 407.12
Employee + 1	\$ 441.03
Employee + 2 or more	\$ 469.76
Kaiser CDHP	
Employee Only	\$ 249.88
Employee + 1	\$ 336.69
Employee + 2 or more	\$ 356.81
Kaiser HMO	
Employee Only	\$ 403.08
Employee + 1	\$ 446.69
Employee + 2 or more	\$ 542.64
Aetna HMO	
Employee Only	\$ 686.00
Employee + 1	\$ 796.93
Employee + 2 or more	\$ 908.99
Aetna High-Deductible PPO (HSA)	
Employee Only	\$ 449.03
Employee + 1	\$ 594.87
Employee + 2 or more	\$ 742.26
Aetna PPO (HRA)	
Employee Only	\$ 920.77
Employee + 1	\$ 1,397.72
Employee + 2 or more	\$ 1,619.63
VCPFA-SPONSORED MEDICAL PLANS	
BlueShield Low HMO Trio (narrow netwoi	rk)
Employee Only	\$ 242.24
Employee + 1 or more	\$ 478.70
BlueShield Low HMO (full network)	·
Employee Only	\$ 264.06
Employee + 1 or more	\$ 544.02
BlueShield High HMO (full network)	·
Employee Only	\$ 283.37
Employee + 1 or more	\$ 663.82
BlueShield High-Deductible PPO	, , , , , , ,
Employee Only	\$ 298.94
Employee + 1 or more	\$ 775.67
, ,	Flexible Credit Allowance

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CJAAVC (part-time & full-time), IUOE, SEIU, VEA, VCPPOA Patrol Unit	\$397.00
CNA, SPOAVC, VCPPOA Probation Unit, VCSCOA	\$347.00
VCDSA, VCPFA	\$322.00
Part-time – CNA, SPOAVC, VCPPOA Probation Unit, VCSCOA	\$243.00
Part-time – VCDSA	\$242.00
Part-time – IUOE, SEIU, MGMT, VEA, VCPPOA Patrol Unit	\$278.00
Management/Confidential Clerical/VCMC Interns & Residents/Other Unrepresented Part-time Employees (40 to 59 hours per PP) hired or promoted to Management before April 1, 2001 - \$347.00	\$397.00

<sup>&</sup>lt;sup>2</sup> Deductions for FSAs will not be taken on any 3rd paycheck of a month (i.e. no deductions in pay periods 18/07 or 18/18).