Flexible Benefits Program

2020 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 – Benefits.ServiceRep@ventura.org or (805) 654-2570. For specific plan information, please visit our website: https://hr.ventura.org/benefits.

County-Sponsored Plans

Biweekly Premiums

Plan Name	Premium (per biweek)
COUNTY-SPONSORED MEDICAL	
Ventura County Health Care Plan	
Employee Only	$ 393.28
Employee + 1	$ 529.44
Employee + 2 or more	$ 642.92
Blue Shield Trio HMO (ACO network)	
Employee Only	$ 411.93
Employee + 1	$ 549.18
Employee + 2 or more	$ 661.22
Blue Shield Access+ HMO (full HMO network)	
Employee Only	$ 473.39
Employee + 1	$ 630.64
Employee + 2 or more	$ 758.57
Blue Shield High-Deductible PPO	
Employee Only	$ 336.56
Employee + 1	$ 450.07
Employee + 2 or more	$ 545.25
Medical Plan Opt-Out [1]	$ 300.09
DENTAL	
MetLife Dental PPO	
Employee Only	$ 21.07
Employee + 1	$ 40.16
Employee + 2 or more	$ 60.73
VISION	
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 $112.50	
Dependent Care - Minimum $10.00; Maximum $208.33	

[1] **Opt Out rate is capped at the flex credit amount if the Opt Out rate exceeds the flex credit allowance**

Union-Sponsored Plans

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

Biweekly Premiums

Plan Name	Premium (per biweek)
VCDSA-SPONSORED MEDICAL	
Anthem Blue Cross Basic HMO	
Employee Only	$ 170.61
Employee + 1	$ 367.51
Employee + 2 or more	$ 528.61
Anthem Blue Cross Select HMO (Low)	
Employee Only	$ 207.62
Employee + 1	$ 445.23
Employee + 2 or more	$ 639.65
Anthem Blue Cross HMO High	
Employee Only	$ 314.91
Employee + 1	$ 670.54
Employee + 2 or more	$ 961.51
Anthem Blue Cross PPO	
Employee Only	$ 414.52
Employee + 1	$ 879.73
Employee + 2 or more	$1,260.35
Anthem Blue Cross HDHP PPO (HSA)	
Employee Only	$ 289.94
Employee + 1	$ 618.11
Employee + 2 or more	$ 886.62
VCPFA-SPONSORED MEDICAL	
Blue Shield Low HMO Trio (narrow network)	
Employee Only	$ 231.49
Employee + 1 or more	$ 551.56
Blue Shield Low HMO (full network)	
Employee Only	$ 271.55
Employee + 1 or more	$ 643.01
Blue Shield High HMO (full network)	
Employee Only	$ 332.04
Employee + 1 or more	$ 781.53
Blue Shield High-Deductible PPO	
Employee Only	$ 378.33
Employee + 1 or more	$ 989.54

[2] **Deductions for FSAs will not be taken on any 3rd paycheck of a month (i.e. no deductions in pay periods 20-03, 20-16 or 20-27).**

Biweekly Flexible Credit Allowance

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.

Bargaining Unit	Flexible Credit Allowance
CJAAVC (part-time & full-time), SPOAVC, VCPPOA Patrol Unit	$447.00
CNA, VCPPOA Probation Unit, VCSCOA	$397.00
VEA	$497.00
MGMT, SEIU, IUOE (varies by medical plan tier; Employee Only / Employee Plus One Dependent / Employee Plus Two or More Dependents)	$447 / $522 / $547
VCDSA, VCPFA	$372.00
Part-time – CNA, VCPPOA Probation Unit, VCSCOA	$278.00
Part-time – VCDSA	$279.00
Part-time – SPOAVC, VCPPOA Patrol Unit	$313.00
Part-time - VEA	$348.00
Part-time – MGMT, SEIU, IUOE (varies by medical plan tier; Employee Only / Employee Plus One Dependent / Employee Plus Two or More Dependents)	$313 / $365 / $383