



Open Enrollment Enrolling Online



Link: <https://vchrp.co.ventura.ca.us>

- 1) **Enter your User ID (EmpIID)** - your Employee ID number is located in the upper left corner of your paycheck stub, to the right of your name and address
- 2) **Enter your Password** - if you forgot your password and have not set up the "Forgot Your Password" feature, please contact Benefits so they can reset your password – (805) 654-2570
- 3) Click the "Sign In" button.



Open Enrollment Enrolling Online



From the Employee Self Service home page, click on the Open Enrollment tile:

ORACLE Employee Self Service

Open Enrollment

Open Enrollment is now open. Your final elections must be submitted by 11:59 PM PST, 11/30/2019.

Countdown to Open Enrollment Deadline: Days HH MM SS
45 16:38:10

Company Directory

Personal Details

Benefits

Enrollment Ends 11/30/2019

Time Reporting

Payroll

Last Pay Date 10/11/2019

Performance

Next Due Date 08/10/2019

Training

Talent Profile

VCHRP Help/Resources



Open Enrollment Enrolling Online



Read the Welcome screen text and click the yellow "Next" button:

Open Enrollment

Enrollment Period 10/1/2019 - 11/30/2019
John Doe

Cancel **Next >**

Welcome
● Visited

▶ **Review/Update Personal Information**
○ Not Started

★ **Acknowledgement**
○ Not Started

Benefits Enrollment
○ Not Started

Task: Welcome

Open enrollment is your annual opportunity to modify your benefit choices. This process will guide you through the necessary steps to complete your enrollment. If you are adding a dependent during this Open Enrollment period, please send a copy of the supporting documentation to County Benefits (email Benefits.ServiceRep@ventura.org, brown mail #1970, fax (805) 654-2665). Acceptable forms of supporting documentation include a copy of the marriage/birth certificate or a copy of the first page of your most recent tax return (with financial data redacted).

For additional information about Open Enrollment and the benefits available to you, please visit our Employee Benefits website: <https://hr.ventura.org/benefits>.

Review your Home and Mailing Addresses. To make a change, click on the address that you need to change and follow the instructions. When finished, click the yellow "Next" button:

Open Enrollment

Enrollment Period 10/1/2019 - 11/30/2019
John Doe

Cancel < Previous **Next >**

Welcome
● Visited

▶ **Review/Update Personal Information**
● Visited

Home and Mailing Address
● Visited

Contact Information
○ Not Started

★ **Acknowledgement**
○ Not Started

Benefits Enrollment
○ Not Started

Task: Review/Update Personal Information - Home and Mailing Address

Home Address
1234 Main St
Ventura, CA 93003 Current

Mailing Address
1234 Main St
Ventura, CA 93003 Current



Open Enrollment

Enrolling Online



Review your Phone Number(s) and Email Address(es). To make a change, click on the row that contains the data you want to change and follow the instructions. When finished, click the yellow "Next" button:

Enrollment Period 10/1/2019 - 11/30/2019
John Doe

Cancel < Previous **Next >**

Task: Review/Update Personal Information - Contact Information

Phone

Number	Extension	Type	Preferred
805/555-5555		Mobile	✓

Email

Email Address	Type	Preferred
	Work	✓



Open Enrollment

Enrolling Online



Read the Acknowledgement. When finished, place a check in the "I Agree" box and click the green "Save" button, then click Next:

On the Benefits Enrollment step, you may review your options by clicking on the blue tiles (Medical, Dental, Vision, etc.).



Open Enrollment

Enrolling Online



After you have clicked on one of the blue tiles, you will see your options for that plan type. The screen shot below is what you'll see when you click on the Medical tile.

To enroll/disenroll a dependent already listed, you should check/uncheck the box next to their name. To add a new dependent who is not listed, click the "Add/Update Dependent" button, and follow the instructions to add/update your dependent. Do not add dependents in VCHRP unless you are actually adding them in health plans. We do not hold dependent information in the system unless they are enrolled in health plans.

Please note that If you are adding a new dependent, you must follow up with the supporting documentation before the dependent will officially be added to your plan(s). This supporting documentation includes a marriage/birth certificate or a copy of your most recent tax return which lists the dependent (financial data should be redacted). This documentation can be emailed to Benefits.ServiceRep@ventura.org, faxed to (805) 654-2665, brown mailed to #1970, or mailed to 800 S Victoria Ave #1970, Ventura, CA 93009. Mail and brown mail are discouraged because all paperwork must be received by November 30th at 5:00 pm.

The screenshot shows the 'Medical' enrollment page. At the top, there are instructions and a 'Cancel' button. Below that, there's a section for 'Enroll Your Dependents' with a table of existing dependents:

Dependent(s)	Relationship
<input checked="" type="checkbox"/> Rhonda K Doe	Spouse
<input checked="" type="checkbox"/> Lion K Doe	Child

Below the table is a circled 'Add/Update Dependent' button. Underneath is the 'Enroll in Your Plan' section, which includes a table of plan options:

Plan Name	Proof of Coverage	Before Tax Cost	After Tax Cost	Before Tax Credit	After Tax Credit	Pay Period Cost
Select Waive	Proof Required					\$0.00
<input checked="" type="checkbox"/> VC Health Care Plan		\$642.92		\$447.00		\$195.92
Select BlueShield HMO Tro		\$661.22		\$447.00		\$214.22
Select BlueShield HMO Access+		\$758.57		\$447.00		\$311.57
Select BlueShield High-Deductible PPO		\$545.25		\$447.00		\$98.25
Select Opt Out						\$0.00

At the bottom of the plan table is an 'Overview of All Plans' button.

To see a summary overview of all plans offered, click on the "Overview of All Plans" button.



Open Enrollment

Enrolling Online



If you enroll in one of the HMO plans, you (and all of your dependents, if you have any) will be required to select a Primary Care Physician (PCP). To do this, click on the magnifying glass in the "Primary Care Provider ID" field(s).

Enrollment in this plan requires you to select a primary care provider (PCP). To select your PCP, click on the magnifying glass below. You must also indicate whether or not you have already established a relationship with this provider, since some providers are not accepting new patients. If you need help selecting a PCP, the "Primary Care Provider List" link below will take you to the insurance carrier's website so you can view a current list of providers.

Please note: If you are already enrolled in this plan and wish to choose a new PCP, please contact your insurance carrier directly as changing your PCP here will not change it through the carrier. This PCP selection process is only for those who are newly enrolling in a plan.

Your Primary Care Provider ID

I have visited this provider before Yes No

Use the same provider for all dependents No

[Primary Care Provider List](#)

Dependent(s)	Primary Care Provider ID	Visited this provider before
Rhonda K Doe	<input type="text" value="PR003881"/> <input type="button" value="Q"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No
Linn K Doe	<input type="text" value="P0213P0040"/> <input type="button" value="Q"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No

Once you've completed your elections/changes, click the green "Done" button to return to the main Benefits Enrollment screen.

Cancel
Medical
Done

Prior to selecting a new plan, please be sure to compare plans, providers, benefits, and co-payments, as well as premiums. You may compare plans by clicking on the "Overview of All Plans" button below or reviewing Chapter 2 of the Benefit Plans Handbook.

Enroll Your Dependents

Dependents that the employee has registered are listed here. To enroll a dependent on this plan type, place a check in the box next to their name. To add a new dependent that is not listed here, click on the Add/Update Dependent button below. You must also submit your supporting documentation to County Benefits (i.e. copy of marriage/birth certificate or first page of your most recent tax return). Supporting documentation can be emailed to Benefits.ServiceRep@ventura.org, brown mailed to #1970, or faxed to (805) 654-2665.

Dependent(s)	Relationship
<input checked="" type="checkbox"/> Rhonda K Doe	Spouse
<input checked="" type="checkbox"/> Linn K Doe	Child

Enroll in Your Plan

The cost showing is based on the number of dependents enrolled (those that are checked above). To see the cost of other coverage options, select the help icon next to each plan option or select the "Overview of All Plans" button below. Please note: Plans that do not offer coverage for dependents are not available to select if you have dependents enrolled above.

Plan Name	Proof of Coverage	Before Tax Cost	After Tax Cost	Before Tax Credit	After Tax Credit	Pay Period Cost
<input type="button" value="Select"/> Waive	Proof Required					\$0.00
<input checked="" type="button" value="Select"/> VC Health Care Plan	<input type="button" value="i"/>	\$642.92		\$447.00		\$195.92
<input type="button" value="Select"/> BlueShield HMO Trio	<input type="button" value="i"/>	\$661.22		\$447.00		\$214.22
<input type="button" value="Select"/> BlueShield HMO Access+	<input type="button" value="i"/>	\$758.57		\$447.00		\$311.57
<input type="button" value="Select"/> BlueShield High-Deductible PPO	<input type="button" value="i"/>	\$545.25		\$447.00		\$98.25
<input type="button" value="Select"/> Opt Out	<input type="button" value="i"/>					\$0.00

Resources

- [VC Health Care Plan](#)
- [Blue Shield of CA](#)



Open Enrollment Enrolling Online



Repeat your review of all plan tiles, and when you are finished with all of your elections/changes, click the green **“Submit Enrollment”** button and then the **“Next”** button:

A box will pop up letting you know if you have any errors in your enrollment. If you do have any errors, click on the correct section to correct. When completed, Click the green **“Submit Enrollment”** button again. Then Click **“Next”** which will take you to the Summary Page:

Step	Status	Date Completed	Required	Go to Step
Welcome	Visited		No	Go to Step
Home and Mailing Address	Visited		No	Go to Step
Contact Information	Visited		No	Go to Step
Acknowledgement	Complete	10/10/2020	Yes	Go to Step
Benefits Enrollment	Visited		No	Go to Step

Click Next again and it will take you to the Benefits Statements Page. View, or print your changes, if needed for your records. The statement will be accessible when you return to this page again later.

Event Date	Issue Date	Enrollment Event	Statement Type
12/09/2019	11/12/2019	MGMT DE PV 2020	Enrollment Review



Open Enrollment Enrolling Online



You may continue to go into the Benefits Enrollment page and make changes throughout the whole month of November, even if you've already submitted changes. When you make changes and click the green "Submit Enrollment" button in the Benefits Enrollment tab, a new Statement with your changes, will override your previous elections.

Once Open Enrollment closes (November 30th), you will receive a Confirmation Statement in the mail. Please review this statement carefully. If you find an error in your elections, please return it to County Benefits by the deadline listed on the statement.