



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 your agency's IT representative or Benefits so they can reset your password.
- 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: 45 Days 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:

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 (Visited)

Acknowledgement (Not Started)

Benefits Enrollment (Not Started)

Task: Review/Update Personal Information - Contact Information

Phone

Number	Extension	Type	Preferred
805/555-5555		Mobile	✓

Email

Email Address	Type	Preferred
	Work	✓

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

Open Enrollment

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

Cancel | < Previous

Welcome (Visited)

Review/Update Personal Information (Visited)

Acknowledgement (In Progress)

Benefits Enrollment (Not Started)

Task: Acknowledgement

By checking "I Agree" below, I certify the information I provide will be complete and correct, and that all dependents I list meet the eligibility rules of the plan(s) in which I enroll them. I authorize County of Ventura HR/Benefits to perform any investigation necessary to verify eligibility for myself and/or my dependent(s). I understand that misstatements, material misrepresentations, or omissions may result in my coverage being void as of its effective date with no benefits payable. I also understand and agree that:

- I have access to a copy of the Flexible Benefits Program Benefit Plans Handbook (<https://hr.ventura.org/benefits>), and I have read descriptions of benefits plans in which I am enrolling.
- My coverage elections cannot be revoked or modified until the next open enrollment period, unless I have a qualifying change in status as defined by the IRS (see Benefit Plans Handbook, Chapter 1).
- I will verify that the enrollments and deductions I authorize during this enrollment period have been implemented by reviewing my paystub for accuracy during the first pay period my selections are effective. I agree that failure to report an error within 30 days of the error's first appearance on my biweekly paystub is an affirmative election of the benefits listed on the paystub.
- I will notify the County immediately if I and/or my dependents become ineligible. In the event ineligibility is determined, I understand and agree that coverage will be terminated retroactive to the date I/we became ineligible. I authorize the Auditor-Controller to adjust the amount of payroll deductions/reductions/credits (including retroactive adjustments) necessary to correct any premium over-payments or under-payments.
- My pre-tax pay will be reduced by the amount of any required contributions noted for the coverage(s) elected after my flexible credits have been applied (flexible credit amounts are listed on page 3 of this form). My unspent flexible credits will be taxed and added to my paycheck as "Cash Back."
- My enrolled dependents and I are bound by all the terms and conditions of the plans in which I am enrolling.
- The plan administrator and health care professionals/facilities/representatives are authorized to obtain and/or release medical information from/to appropriate providers/agencies if needed to provide necessary health care services and/or administrative services and/or claim adjudication for myself and my enrolled dependent(s).
- If a disagreement arises regarding coverage under a plan, the dispute or claim shall be submitted to the grievance and/or binding arbitration process as specified by the plan, and not by lawsuit or referred to court process, except as provided by California law.

I Agree

Save



Open Enrollment

Enrolling Online



Click the yellow "Next" button to proceed:

✕ Exit
Open Enrollment
⋮

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

John Doe

Cancel
< Previous
Next >

Welcome
● Visited

Review/Update Personal Information
● Visited

Acknowledgement
● Complete

Benefits Enrollment
○ Not Started

Task: Acknowledgement

By checking "I Agree" below, I certify the information I provide will be complete and correct, and that all dependents I list meet the eligibility rules of the plan(s) in which I enroll them. I authorize County of Ventura HR/Benefits to perform any investigation necessary to verify eligibility for myself and/or my dependent(s). I understand that misstatements, material misrepresentations, or omissions may result in my coverage being void as of its effective date with no benefits payable. I also understand and agree that:

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- I will notify the County immediately if I and/or my dependents become ineligible. In the event ineligibility is determined, I understand and agree that coverage will be terminated retroactive to the date I/we became ineligible. I authorize the Auditor-Controller to adjust the amount of payroll deductions/reductions/credits (including retroactive adjustments) necessary to correct any premium over-payments or under-payments.
- My pre-tax pay will be reduced by the amount of any required contributions noted for the coverage(s) elected after my flexible credits have been applied (flexible credit amounts are listed on page 3 of this form). My unspent flexible credits will be taxed and added to my paycheck as "Cash Back."
- My enrolled dependents and I are bound by all the terms and conditions of the plans in which I am enrolling.
- The plan administrator and health care professionals/facilities/representatives are authorized to obtain and/or release medical information from/to appropriate providers/agencies if needed to provide necessary health care services and/or administrative services and/or claim adjudication for myself and my enrolled dependent(s).
- If a disagreement arises regarding coverage under a plan, the dispute or claim shall be submitted to the grievance and/or binding arbitration process as specified by the plan, and not by lawsuit or resort to court process, except as provided by California law.

I Agree

Updated By

User ID 103619	Name John Doe
Date/Time Stamp 10/16/2019 8:25:39AM	

Save

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Open Enrollment

Enrolling Online



On the Benefits Enrollment step, you may review your options by clicking on the blue tiles (Medical, Dental, Vision, etc.). To open/close the "Contact Information/Resources" panel on the right side of the screen, click on the small blue tab.

✕ Exit
Open Enrollment
⋮

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

John Doe

Cancel
← Previous

Welcome
● Visited

Review/Update Personal Information
● Visited

Acknowledgement
● Complete

Benefits Enrollment
● Visited

Task: Benefits Enrollment

This Enrollment Overview displays which benefit options are open for edits. Review your options by clicking on the tiles below. Information/Resources" panel on the right side of this screen, click on the small blue tab.

When you are finished making your election edits, please click the green "Submit Enrollment" button in the upper right-hand corner of this screen. If you have submitted your elections, you may exit this page by clicking the blue "Exit" button in the upper left-hand corner of this screen.

Enrollment Summary

Your Pay Period Cost	\$260.31	Full Cost	\$707.31
Status	Pending Review	General Credits	\$0.00
Excess Credit	Cash	Plan Credits	\$-447.00

Benefit Plans

Medical

Current VC Health Care Plan
New VC Health Care Plan
Status **Pending Review**
👤 2 Dependents

Pay Period Cost **\$195.92**

[Review](#)

Dental

Current MetLife Dental PPO
New MetLife Dental PPO
Status **Pending Review**
👤 2 Dependents

Pay Period Cost **\$60.73**

[Review](#)

Vision

Current MES Vision
New MES Vision
Status **Pending Review**
👤 1 Dependents

Pay Period Cost **\$3.66**

[Review](#)

Flex Spending Health Care

Current No Coverage
New No Coverage
Status **Pending Review**

Pay Period Cost **\$0.00**

[Review](#)

Flex Spending Dependent Care

Current No Coverage
New No Coverage
Status **Pending Review**

Pay Period Cost **\$0.00**

[Review](#)

Health Savings Account

Current No Coverage
New No Coverage
Status **Pending Review**

Pay Period Cost **\$0.00**

[Review](#)

Contact Information

Phone
805/654-2570

Email
Benefits.ServiceRep@ventura.org

Address
<https://hr.ventura.org/benefit>

Resources

[Benefit Plans Handbook](#)



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.

Please note If you are adding a new dependent, you must follow up with the supporting documentation by the close of open enrollment, 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). If you are adding a domestic partner, you will also need to review and submit the completed last page of the Domestic Partner Packet, which you can be found on the Open Enrollment page of the Benefits website.

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. **Please make sure to include your employee ID, name and Open Enrollment add dependent documentation in the subject line of the e-mail or on the cover page of the fax page, or clearly indicated on the documentation via a mailed submission.**

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

Add/Update Dependent

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
Select Waive	Proof Required					\$0.00
<input checked="" type="checkbox"/> VC Health Care Plan		\$642.92		\$447.00		\$195.92
Select BlueShield HMO Trio		\$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

Overview of All Plans

Resources
VC Health Care Plan
Blue Shield of CA



Open Enrollment Enrolling Online



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

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

Add/Update Dependent

Resources

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

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
Select	Waive	Proof Required					\$0.00
<input checked="" type="checkbox"/>	VC Health Care Plan	?	\$642.92		\$447.00		\$195.92
Select	BlueShield HMO Trio	?	\$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

Overview of All Plans

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: Q

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"/> Q	<input checked="" type="radio"/> Yes <input type="radio"/> No
Linn K Doe	<input type="text" value="P0213P0040"/> Q	<input checked="" type="radio"/> Yes <input type="radio"/> No



Open Enrollment

Enrolling Online



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

Add/Update Dependent

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
Select	Waive	Proof Required					\$0.00
<input checked="" type="checkbox"/>	VC Health Care Plan	i	\$642.92		\$447.00		\$195.92
Select	BlueShield HMO Trio	i	\$661.22		\$447.00		\$214.22
Select	BlueShield HMO Access+	i	\$758.57		\$447.00		\$311.57
Select	BlueShield High-Deductible PPO	i	\$545.25		\$447.00		\$98.25
Select	Opt Out	i					\$0.00

Overview of All Plans

Resources

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

Repeat your review of all plan tiles, and when you are finished with all of your elections/changes, click the green "Submit Enrollment" button.

Exit
Open Enrollment

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

John Doe

Cancel
Submit Enrollment
< Previous

Welcome
● Visited

Review/Update Personal Information
● Visited

Acknowledgement
● Complete

Benefits Enrollment
● Complete

Task: Benefits Enrollment

This Enrollment Overview displays which benefit options are open for edits. Review your options by clicking on the tiles below. To open/close the "Contact Information/Resources" panel on the right side of this screen, click on the small blue tab.

When you are finished making your election edits, please click the green "Submit Enrollment" button in the upper right-hand corner of this screen. Once you've submitted your elections, you may exit this page by clicking the blue "Exit" button in the upper left-hand corner of this screen.

Enrollment Summary

Your Pay Period Cost	\$372.81	Full Cost	\$819.81
	Status	General Credits	\$0.00
	Excess Credit	Plan Credits	\$-447.00
	Cash		

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Open Enrollment Enrolling Online



A box will pop up letting you know if you have any errors in your enrollment. If there are no errors, you will see the phrase, "Your benefit choices have been successfully submitted to County Benefits." Click on the "View" button to see a summary of the choices you have made.

Click on the "Print View" button to print out a preview of your elections.

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.

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. If everything is correct, please do not return the confirmation statement.



Open Enrollment

Enrolling Online

