



2020 Flexible Benefits Program

PLAN RATES & FLEXIBLE CREDITS GUIDE

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

Plan Name	Biweekly Premiums
COUNTY-SPONSORED MEDICAL	
<i>Ventura County Health Care Plan</i>	
Employee Only	\$ 393.28
Employee + 1	\$ 529.44
Employee + 2 or more	\$ 642.92
<i>Blue Shield Trio HMO (ACO network)</i>	
Employee Only	\$ 411.93
Employee + 1	\$ 549.18
Employee + 2 or more	\$ 661.22
<i>Blue Shield Access+ HMO (full HMO network)</i>	
Employee Only	\$ 473.39
Employee + 1	\$ 630.64
Employee + 2 or more	\$ 758.57
<i>Blue Shield High-Deductible PPO</i>	
Employee Only	\$ 336.56
Employee + 1	\$ 450.07
Employee + 2 or more	\$ 545.25
<i>Medical Plan Opt-Out ¹</i>	
	\$ 300.09
DENTAL	
<i>MetLife Dental PPO</i>	
Employee Only	\$ 21.07
Employee + 1	\$ 40.16
Employee + 2 or more	\$ 60.73
VISION	
<i>MES Vision Plan</i>	
Employee Only	\$ 2.03
Employee + 1	\$ 3.66
Employee + 2 or more	\$ 5.24
FLEXIBLE SPENDING ACCOUNTS ²	
<i>Health Care</i> - Minimum \$10.00; Maximum \$112.50	
<i>Dependent Care</i> - 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

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).

Union-Sponsored Plans

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

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

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 – Full-time	Bargaining Unit	Flexible Credit Allowance – Part-time
CNA	\$472	CNA	\$330
CJAAVC	\$497	CJAAVC	\$497
SPOAVC	\$447	SPOAVC	\$313
VCDSA	\$432	VCDSA	\$324
VCPFA	\$432	VCPFA	\$432
VCPPOA Probation Unit	\$457	VCPPOA Probation Unit	\$313
VCSCOA	\$457	VCSCOA	\$320
VEA	\$497	VEA	\$348
The following Bargaining Units Flexible Credit Allowance amounts vary by medical plan tier; Employee Only / Employee + 1 / Employee + 1 or more			
IUOE	\$447 / \$522 / \$547	IUOE	\$313 / \$365 / \$383
MGMT	\$447 / \$522 / \$547	MGMT	\$313 / \$365 / \$383
SEIU	\$447 / \$522 / \$547	SEIU	\$313 / \$365 / \$383
VCPPOA Patrol	\$447 / \$522 / \$547	VCPPOA Patrol	\$313 / \$365 / \$383