



COUNTY *of* VENTURA

County Executive Office Human Resources/Benefits

Open Enrollment
Plan Year 2022

Open Enrollment:
November 1, 2021, through November 30, 2021

Coverage Periods:

Health Plans - December 26, 2021, through December 24, 2022

FSAs elections – January 1, 2022, through December 31, 2022- Must enroll each year, plans do NOT roll over
HSA changes and enrollments are effective beginning January 1, 2022



Current Medical Opt-Out Re-Certification Required during Open Enrollment

- Current and new Medical Opt-Out participants should receive an email to certify/recertify their medical opt-out information. Follow the instructions on the email, which says to navigate to the Opt-Out Certification page and enter your medical opt-out details as well as upload documentation.
- Current medical opt-outs must recertify during Open Enrollment Nov 1st – 30th or will be enrolled in a plan.

The screenshot shows the 'Employee Self Service' portal with a green header bar. The left sidebar contains a menu with 'Opt-Out Certification' highlighted. The main content area is titled 'Benefit Details' and includes a search bar and navigation links. The 'Opt-Out Certification' section has a sub-header 'Instructions' and two radio button options for current medical coverage. Below this is a form to 'Enter Details of Your Current Coverage' with fields for subscriber information and insurance details. An 'Upload Proof of Medical Coverage' section with an 'Upload Document' button follows. At the bottom, there is a certification statement and an 'I Agree and Sign' button.

Employee Self Service **Benefit Details** [New Window](#) [Help](#) [Personalize Page](#)

Opt-Out Certification

Instructions

Select the Type of Your Current Medical Coverage

☒ I am covered by an External Group Insurance Provider Details Updated On 10/20/2020

☐ I am covered as a dependent of a Ventura County Employee

Enter Details of Your Current Coverage

Subscriber's Name	John Smith	Subscriber's ID No.	123123123
Subscriber's SSN	555-55-5555	Group No.	123
Subscriber's ZIP Code	93004	Medical Plan Insurance Company	KAISER
Subscriber's Date of Birth	05/05/1955	Medical Plan Telephone Number	800/555-5555
Relationship To You	Spouse	Coverage Effective Date	01/01/2020
Sponsoring Employer	Amgen		

Upload Proof of Medical Coverage

[Upload Document](#)

I certify that I have read, understand, and agree to:

I authorize the County of Ventura HR/Benefits to perform any investigation necessary to verify my current enrollment/eligibility for the above-named medical insurance plan, and I attest to the accuracy of the information contained within this form. I further acknowledge that at any time while opting-out of medical coverage, I lose other eligible group medical plan coverage, I will notify County Benefits within 31 days, in order to enroll in an available County medical plan.

I agree to comply with the County's Flexible Benefit Program which includes providing updated proof of other eligible group medical plan coverage and meeting eligibility requirements. Failure to comply with these terms and annual audit may result in collection of retroactive medical premiums and/or repayment of cash back received for any period in which I was not able to demonstrate eligibility.

[I Agree and Sign](#)

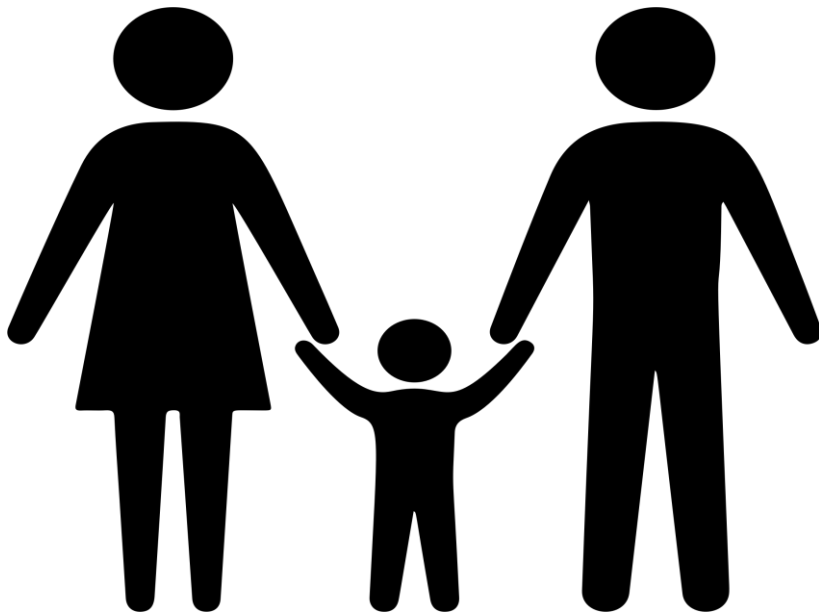
Important Information

- All County Sponsored Plans in 2021 continue to be offered in 2022 with no major plan changes.
- If you do NOT want to make any plan changes, and you do NOT want to be enrolled in any Flexible Spending Accounts, no action is required. Your coverage will roll over to the 2022 plan year.
- However, if you are currently enrolled in any Flexible Spending accounts and want to be enrolled in them in 2022, you must make a new enrollment. IRS requires a new enrollment election by the employee each year for all FSA plans. FSA enrollment never rolls over from year to year.
- If you are currently enrolled in an HSA plan and continue to be eligible because you are enrolled in a County High Deductible Health Plan, your HSA enrollment will roll over to the 2022 plan year unless you change your election or terminate your enrollment in the plan.

Note: As stated previously current medical opt-outs must recertify in VCHRP, Employee Self-Service, Benefit Details, Opt-Out Certification.



Are you adding any dependents to your health plans?



- If you enroll a dependent who has not previously been enrolled in one of your health plans, you must provide proof of dependent documentation (i.e. birth certificate, marriage certificate, most recent tax return with dependents listed) as soon as you make the open enrollment change, and no later than 5:00 p.m. November 30th, or the dependent will be termed as if never enrolled.
- Send email with the documentation to:
Benefits.ServiceRep@ventura.org.
 - Include your Employee ID#
 - Name
 - And OE Dependent Proof in the subject line
 - If multiple pages are being submitted, they should be submitted as one document.
 - Use a delivery and read receipt if you would like proof of receipt. Contact your agency HR Department if you need help with this.



2022 Medical Rates Per Pay Period

Plan	Coverage Tier	PY 2021 Rates	PY 2022 Rates
VCHCP	EE only	395.46	365.03
	EE + 1	608.89	634.89
	EE + 2 or more	754.7	810.24
Blue Shield Access+ HMO (Full HMO Network)	EE only	476.15	417.58
	EE + 1	722.87	723.22
	EE + 2 or more	891.33	891.29
Blue Shield Trio HMO (ACO Network)	EE only	411.85	352.81
	EE + 1	614.66	614.9
	EE + 2 or more	767.56	767.44
Blue Shield HDHP/PPO	EE only	502.51	459.72
	EE + 1	755.49	755.38
	EE + 2 or more	923.39	923.46
Opt-Out	N/A	333.95	334.75



<u>COUNTY-SPONSORED DENTAL</u>	
<i>MetLife Dental PPO</i>	
Employee Only	\$ 21.07
Employee + 1	\$ 40.16
Employee + 2 or more	\$ 60.73
<u>COUNTY-SPONSORED VISION</u>	
<i>MES Vision Plan</i>	
Employee Only	\$ 2.03
Employee + 1	\$ 3.66
Employee + 2 or more	\$ 5.24

2022 MetLife Dental & MES Vision Rates



Flexible Spending Accounts (FSA)

Non-taxable accounts for the purpose of reimbursement of eligible expenses. FSA accounts are use it or lose it, meaning that any funds left unused at the end of the year/grace period are forfeited. See complete details in Chapter 5 of the Benefits Plans Handbook.

- FSA accounts available:
 - Health Care (Health Care expenses for you and your family)
 - Limited Purpose HealthCare (HDHP/H.S.A. enrollees only)
 - Dependent Care (Daycare Expenses dependents to age 13 & qualifying disabled dependents)



[Link to image info](#)



Navigating VCHRP Open Enrollment

Step-by-Step

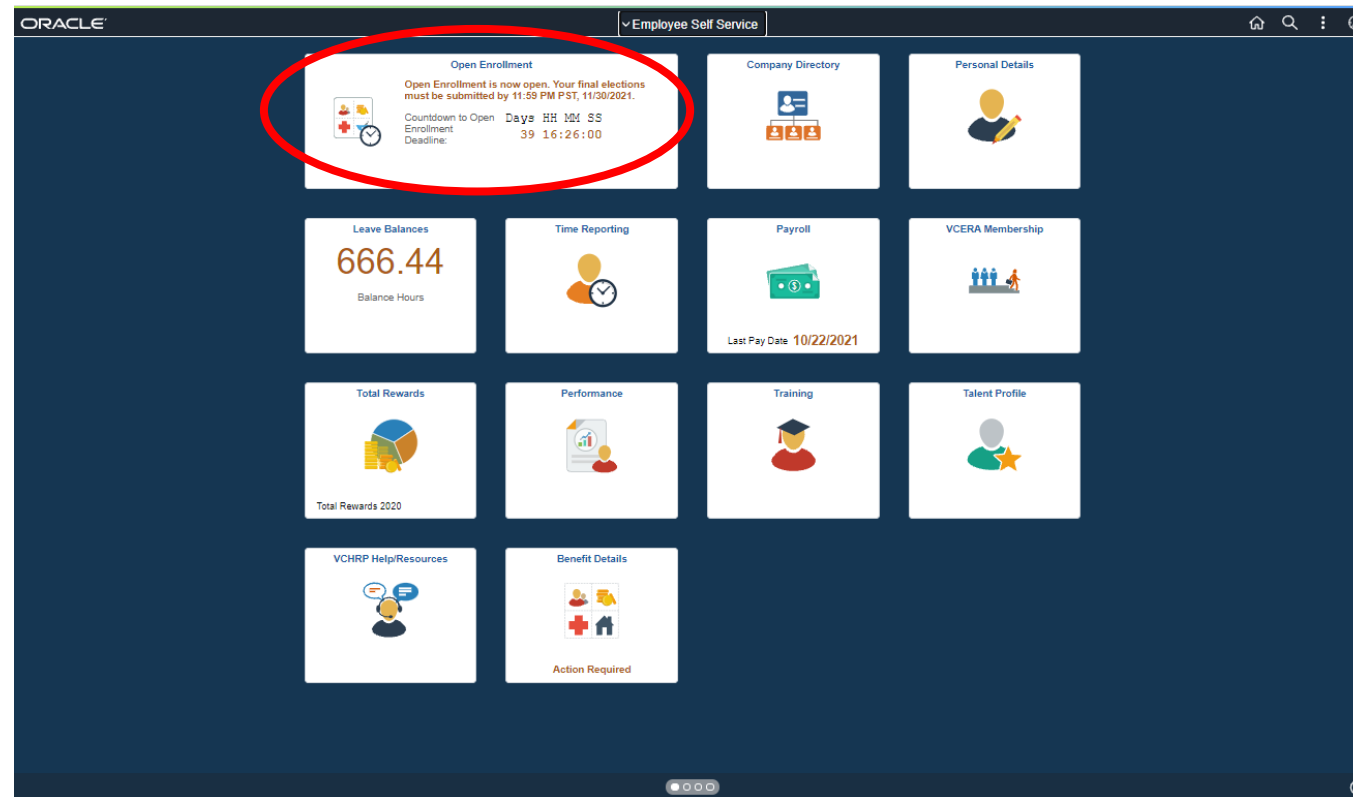


Log into VCHRP

by using the link on the County Benefits Open Enrollment page: <https://hr.ventura.org/benefits/py2022>

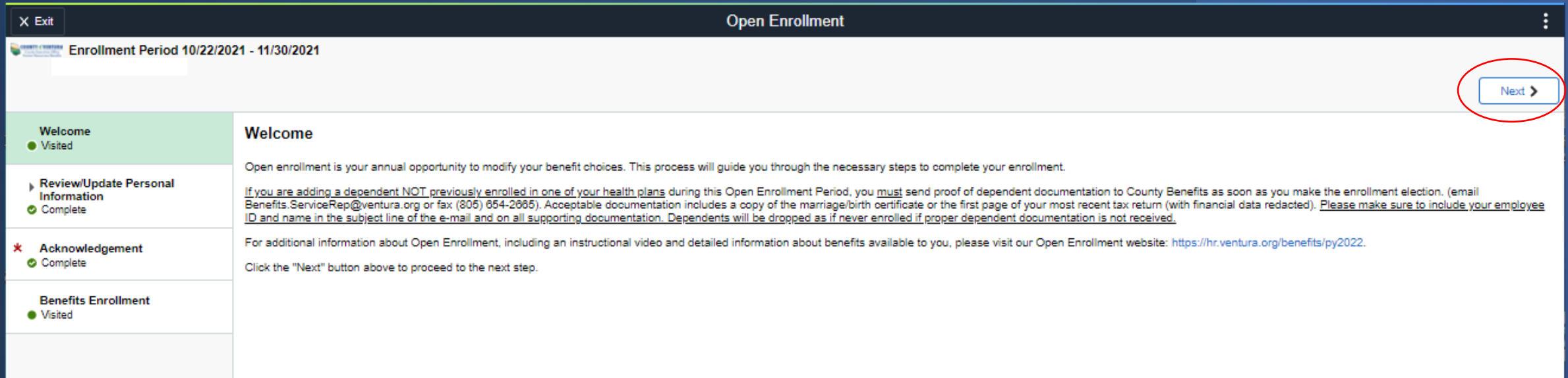
Or at: <https://vchrp.co.ventura.ca.us>

If you need password or login help and you have not setup the “Forgot Your Password” feature, contact your agency for help. Once logged in make sure to setup Forgot Your Password help for email link retrieval for future login issues.



Open Enrollment Welcome Page

Review the "Welcome" page. If you have not yet reviewed the Benefits Plans Handbook, or need information about any plans, rates or to view the "Who Do I Contact" list to contact the plans directly if you have questions about each plan, you can click on the link provided on this page to the County's Benefits Open Enrollment page.



The screenshot shows the "Open Enrollment" interface. At the top, there is a black header with "Exit" on the left and "Open Enrollment" in the center. Below the header, a white banner displays the "Enrollment Period 10/22/2021 - 11/30/2021". On the right side of this banner, a "Next >" button is circled in red. The main content area is divided into a left sidebar and a right panel. The sidebar contains four items: "Welcome" (marked "Visited"), "Review/Update Personal Information" (marked "Complete"), "Acknowledgement" (marked "Complete" with a red star icon), and "Benefits Enrollment" (marked "Visited"). The right panel, titled "Welcome", contains the following text: "Open enrollment is your annual opportunity to modify your benefit choices. This process will guide you through the necessary steps to complete your enrollment." followed by a paragraph of instructions for adding dependents, and a link to the Open Enrollment website: <https://hr.ventura.org/benefits/py2022>. It concludes with the instruction: "Click the 'Next' button above to proceed to the next step."

Open Enrollment

Enrollment Period 10/22/2021 - 11/30/2021

Next >

Welcome
● Visited

Review/Update Personal Information
✓ Complete

Acknowledgement
✓ Complete

Benefits Enrollment
● Visited

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 NOT previously enrolled in one of your health plans during this Open Enrollment Period, you must send proof of dependent documentation to County Benefits as soon as you make the enrollment election. (email Benefits.ServiceRep@ventura.org or fax (805) 654-2685). Acceptable documentation includes a copy of the marriage/birth certificate or the first page of your most recent tax return (with financial data redacted). Please make sure to include your employee ID and name in the subject line of the e-mail and on all supporting documentation. Dependents will be dropped as if never enrolled if proper dependent documentation is not received.

For additional information about Open Enrollment, including an instructional video and detailed information about benefits available to you, please visit our Open Enrollment website: <https://hr.ventura.org/benefits/py2022>.

Click the "Next" button above to proceed to the next step.



Update Your Contact Information (If Needed)

Open Enrollment

Enrollment Period 10/22/2021 - 11/30/2021
Jennifer Coray

Previous Next

Welcome Visited

Review/Update Personal Information Complete

Home and Mailing Address Complete

Contact Information Complete

Acknowledgement Complete

Benefits Enrollment Visited

Review/Update Personal Information - Contact Information

Phone

+

Number	Extension	Type	Preferred	
<input type="text"/>		Mobile	✓	>
		Home		>

Email

+

Email Address	Type	Preferred	
<input type="text"/>	Work	✓	>

Open Enrollment

Enrollment Period 10/22/2021 - 11/30/2021
Jennifer Coray

Previous Next

Welcome Visited

Review/Update Personal Information Complete

Home and Mailing Address Complete

Contact Information Complete

Acknowledgement Complete

Benefits Enrollment Visited

Review/Update Personal Information - Home and Mailing Address

Home Address

Current >

Mailing Address


Current >



Acknowledgment Page

A Required Step

✕ ExitOpen Enrollment

**Enrollment Period 10/22/2021 - 11/30/2021**

< PreviousNext >

Welcome
● Visited

▶ Review/Update Personal Information
✓ Complete

★ Acknowledgement
✓ Complete

Benefits Enrollment
● Visited

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 resort to court process, except as provided by California law.

☐ I Agree

Updated By

User ID	Name
Date/Time Stamp 10/22/2021 8:19:57AM	

Save



Benefits Enrollment Page

Open Enrollment

Enrollment Period 10/22/2021 - 11/30/2021

[Previous](#)

Welcome

Review/Update Personal Information

Acknowledgement

Benefits Enrollment

Benefits Enrollment

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

IMPORTANT: When you are finished making your elections, please click the "Submit Enrollment" button.

▼ Enrollment Summary

Your Pay Period Cost **\$85.58**

Status **Pending Review**

Excess Credit: Cash

[Submit Enrollment](#)

Full Cost **\$582.58**

General Credits **\$0.00**

Plan Credits **\$-497.00**

Vision

HSA

Benefit Plans

Medical

Current: BlueShield High-Deductible PPO

New: BlueShield High-Deductible PPO

Status: **Pending Review**

0 Dependents

Pay Period Cost **\$-37.28**

[Review](#)

Dental

Current: No Coverage

New: No Coverage

Status: **Pending Review**

0 Dependents

Pay Period Cost **\$0.00**

[Review](#)

Vision

Current: MES Vision

New: MES Vision

Status: **Pending Review**

0 Dependents

Pay Period Cost **\$2.03**

[Review](#)

Flex Spending Health Care

Current: Waive

New: No Coverage

Status: **Pending Review**

Flex Spending Dependent Care

Current: No Coverage

New: No Coverage

Status: **Pending Review**

Health Savings Account

Current: HealthEquity HSA

New: HealthEquity HSA \$2,000

Status: **Pending Review**

Contact Information

Phone: 805-654-2570

Email: Benefits.ServiceRep@ventura.org

Address: 800 S Victoria Ave #1970, Ventura, CA 93009-1970

Resources

[County Benefits Website](#)

OR

Open Enrollment

Enrollment Period 10/22/2021 - 11/30/2021

[Previous](#)

Welcome

Review/Update Personal Information

Acknowledgement

Benefits Enrollment

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Status **Pending Review**

Excess Credit: Cash

[Submit Enrollment](#)

Full Cost **\$582.58**

General Credits **\$0.00**

Plan Credits **\$-497.00**

Vision

HSA

Benefit Plans

Plan Type	Current	New	Dependents or Beneficiaries	Pay Period Cost	Status	Actions
Medical	BlueShield High-Deductible PPO	BlueShield High-Deductible PPO	0 Dependents	\$-37.28	Pending Review	Review
Dental	No Coverage	No Coverage	0 Dependents	\$0.00	Pending Review	Review
Vision	MES Vision	MES Vision	0 Dependents	\$2.03	Pending Review	Review
Flex Spending Health Care	Waive	No Coverage		\$0.00	Pending Review	Review
Flex Spending Dependent Care	No Coverage	No Coverage		\$0.00	Pending Review	Review
Health Savings Account	HealthEquity HSA	HealthEquity HSA \$2,000		\$120.63	Pending Review	Review
Flex Spending Limited Purpose	No Coverage	No Coverage		\$0.00	Pending Review	Review

Contact Information

Phone: 805-654-2570

Email: Benefits.ServiceRep@ventura.org

Address: 800 S Victoria Ave #1970, Ventura, CA 93009-1970

Resources

[County Benefits Website](#)



[Cancel](#)

Medical

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.

Dependent(s)	Relationship
<input type="checkbox"/>	Spouse
<input type="checkbox"/>	Child
<input type="checkbox"/>	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
<input type="button" value="Select"/>	Waive	Proof Required					\$0.00
<input type="button" value="Select"/>	VC Health Care Plan		\$365.03		\$497.00		\$-131.97
<input type="button" value="Select"/>	BlueShield HMO Trio		\$352.81		\$497.00		\$-144.19
<input type="button" value="Select"/>	BlueShield HMO Access+		\$417.58		\$497.00		\$-79.42
<input checked="" type="checkbox"/>	BlueShield High-Deductible PPO		\$459.72		\$497.00		\$-37.28
<input type="button" value="Select"/>	Opt Out		\$334.75		\$497.00		\$-162.25

[Overview of All Plans](#) **Resources**[VC Health Care Plan](#)[Blue Shield of CA](#)

Enrollment Period 10/22/2021 - 11/30/2021

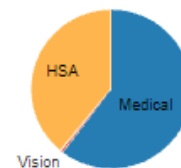
[< Previous](#)**Welcome**
● Visited**Review/Update Personal Information**
● Complete**Acknowledgement**
● Complete**Benefits Enrollment**
● Visited

Benefits Enrollment

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

IMPORTANT: When you are finished making your elections, please click the "Submit Enrollment" button.

Enrollment Summary

Your Pay Period Cost **\$309.32**Status **Pending Review**Excess Credit **Cash**[Submit Enrollment](#)Full Cost **\$1,046.32**General Credits **\$0.00**Plan Credits **\$-737.00**

Vision

Benefit Plans



Plan Type	Current	New	Dependents or Beneficiaries	Pay Period Cost	Status	Actions
Medical	BlueShield High-Deductible PPO	BlueShield High-Deductible PPO	3 Dependents	\$186.46	● Changed	Review
Dental	No Coverage	No Coverage	0 Dependents	\$0.00	Pending Review	Review
Vision	MES Vision	MES Vision	0 Dependents	\$2.03	Pending Review	Review
Flex Spending Health Care	Waive	No Coverage		\$0.00	Pending Review	Review
Flex Spending Dependent Care	No Coverage	No Coverage		\$0.00	Pending Review	Review
Health Savings Account	HealthEquity HSA	HealthEquity HSA \$2,900		\$120.83	Pending Review	Review
Flex Spending Limited Purpose	No Coverage	No Coverage		\$0.00	Pending Review	Review

Contact Information

Phone
805/654-2570**Email**
Benefits.ServiceRep@ventura.org**Address**
800 S Victoria Ave #1970
Ventura, CA 93009-1970

Resources

[County Benefits Website](#)

County of Ventura
MGMT M4 Employees



ELECTIONS PREVIEW
MGMT OE PY 2022
Event Date: 12/26/2021

Employee ID:

This election preview records your benefit selections, costs, and dependent information for this event. If no additional changes are made before this event closes, these elections will be finalized (after County Benefits has confirmed eligibility for plan and/or dependent changes). For plan information, please visit the County Benefits website (<https://hr.ventura.org/benefits>). You may also contact County Benefits at Benefits.ServiceRep@ventura.org or (805) 654-2570. Please keep a copy of this form for your records.

PERSONAL INFORMATION

Home Address 104 Gorrión Ave , Ventura, CA 93004
Mailing Address 104 Gorrión Ave , Ventura, CA 93004
Email Address
Birthdate 1973-06-04

BIWEEKLY COST SUMMARY

	AMOUNT
Total Pay Period Deduction from Pay	\$ 309.32
Total Pay Period Cost	\$ 1,046.32
Total Pay Period Credit	\$ 737.00
Credit Rollover to	Cash

ELECTION SUMMARY

Benefit	Coverage	Annual Pledge	Your Biweekly Cost
BlueShield High-Deductible PPO	EE+ Family		\$ 186.46
Dental	No Coverage		
MES Vision	EE Only		\$ 2.03
Flex Spending Health Care	No Coverage		
Flex Spending Dependent Care	No Coverage		
HealthEquity HSA		\$ 2,899.92	\$ 120.83
Flex Spending Limited Purpose	No Coverage		

DEPENDENTS

Name	Date of Birth	Relationship
<input type="text"/>		Spouse
		Child
		Child

DEPENDENT ENROLLMENTS

Benefit Option	Dependent
BlueShield High-Deductible PPO	<input type="text"/>



Exit

Open Enrollment

Enrollment Period 10/22/2021 - 11/30/2021

Previous

Welcome

Visted

Review/Update Personal Information

Complete

Acknowledgement

Complete

Benefits Enrollment

Complete

Benefits Enrollment

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

IMPORTANT: When you are finished making your elections, please click the "Submit Enrollment" button.

Enrollment Summary

Your Pay Period Cost

\$309.32

Status

Submitted

10/22/2021 8:31AM

Excess Credit

Cash

Full Cost

\$1,046.32

General Credits

\$0.00

Plan Credits

\$-737.00

Submit Enrollment

HSA

Medical

Vision

Contact Information

Phone

805/854-2570

Email

Benefits.ServiceRep@ventura.org

Address

800 S Victoria Ave #1970
Ventura, CA 93009-1970

Resources

County Benefits Website

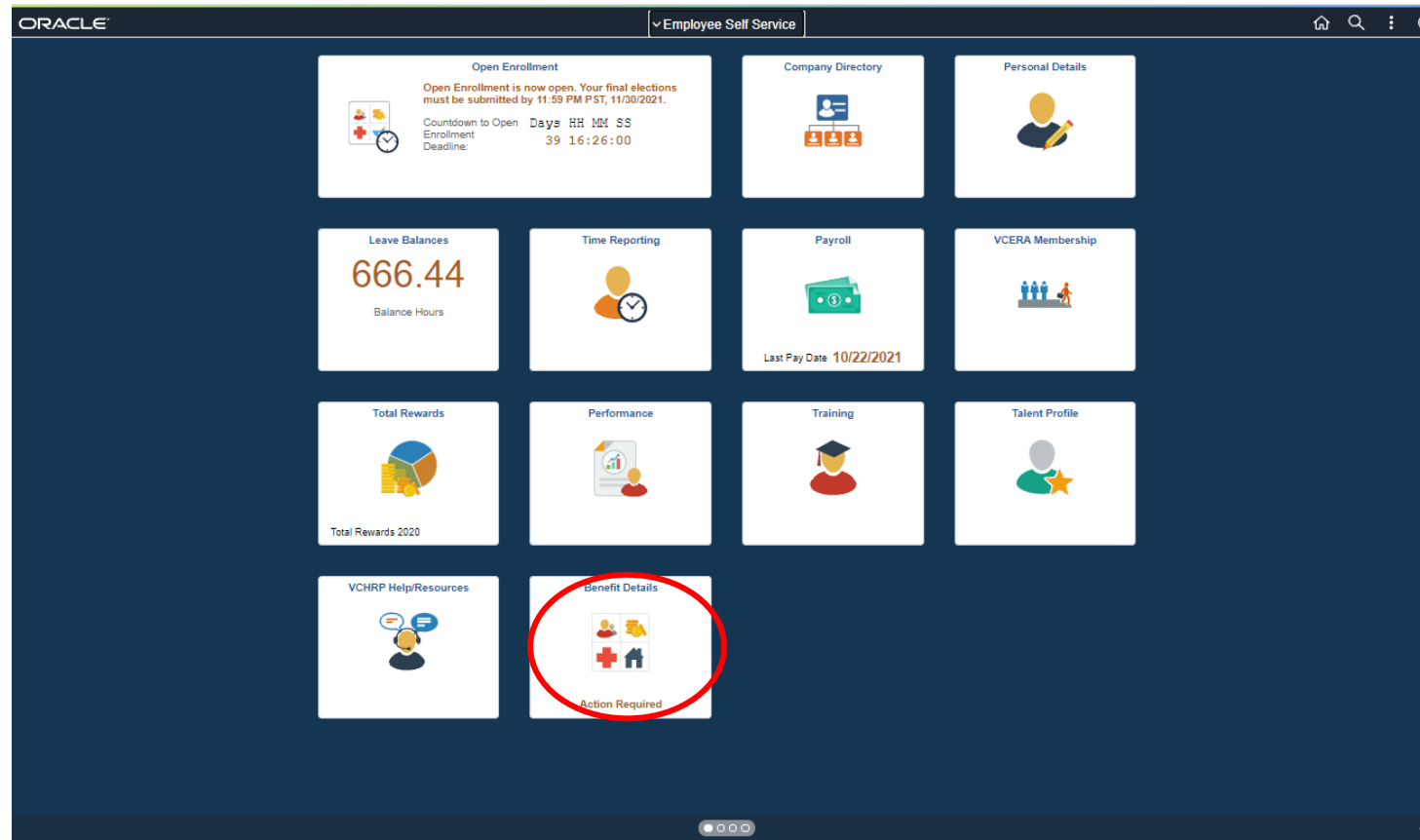
Your elections have NOT been saved if you did not click the blue "Submit Enrollment" button on the Benefits Elections page. If you have clicked the button and reviewed your elections click "Yes" to exit. If you still need to click the "Submit Enrollment" button to save your changes, click "No." Note that you can return to this Open Enrollment event until the close of Open Enrollment and make changes if needed. Do you want to Exit?

Yes

No

Plan Type	Current	New	Dependents or Beneficiaries	Pay Period Cost	Status	Actions
Medical	BlueShield High-Deductible PPO	BlueShield High-Deductible PPO	3 Dependents	\$188.48	Changed	Review
Dental	No Coverage	No Coverage	0 Dependents	\$0.00	Pending Review	Review
Vision	MES Vision	MES Vision	0 Dependents	\$2.03	Pending Review	Review
Flex Spending Health Care	Waive	No Coverage		\$0.00	Pending Review	Review
Flex Spending Dependent Care	No Coverage	No Coverage		\$0.00	Pending Review	Review
Health Savings Account	HealthEquity HSA	HealthEquity HSA \$2,900		\$120.83	Pending Review	Review
Flex Spending Limited Purpose	No Coverage	No Coverage		\$0.00	Pending Review	Review

After Open Enrollment Ends



Employee Self Service

Benefit Details

Home

Search

Menu

Refresh

Benefits Summary

Life Events

Dependent/Beneficiary Info

Designate Beneficiaries

Benefits Enrollment

Affordable Care Act

Benefit Statements

Opt-Out Certification

Benefits Summary

To view your benefits as of another date, enter the date and select Refresh.

My Benefits on 10/22/2021 Refresh

Benefit Plans

Medical

Plan BlueShield High-Deductible PPO

Coverage Employee Only

0 Dependents

Review

Vision

Plan MES Vision

Coverage Employee Only

0 Dependents

Review

Life

Plan Basic Management Life

Coverage \$50000

Review

Long-Term Disability

Plan Long Term Disability - Class 1

Coverage 66.666% of Salary

Review

401(k)

Plan MGMT 6% - 100% contribution

Coverage 6% Before Tax

Review

Sick

Plan No Accrual Sick Plan

Coverage Enrolled

Review

Vacation

Plan Annual Leave MGMT/CJAA<10yrsFT

Coverage Enrolled

Review

Holiday PTO

Plan Holiday Banked - PTO

Coverage Enrolled

Review

COVID-19 Supl Paid Sick Leave

Plan COVID-19 Supl Paid Sick Leave

Coverage Enrolled

Review

Contact Information

Phone 805/654-2570

Email Benefits.ServiceRep@ventura.org

Address 800 S Victoria Ave #1970
Ventura, CA 93009-1970

Resources

County Benefits Website



More Information Visit:

<https://hr.ventura.org/benefits/py2022>

Reference the Benefit Plans Handbook [2022 Benefit Plans Handbook](#)

Contact each plan individually for specific plan questions. Reference the [Who Do I Contact](#) sheet on the 2022 Open Enrollment Benefits page link noted above.

Contact your agency's HR Department Rep found at [HR Department Representative Contact Information](#) found on the Open Enrollment website.

Or

Benefits Service Representative Benefits.ServiceRep@ventura.org, 805-654-2570 if you have questions about the enrollment process.

