

# Step-By-Step Guide to Navigate Your 2022 VCHRP Open Enrollment Event

\*\*\*Accessing via a smartphone or pad will limit your ability to view pages. Please access via a laptop or computer.

Once you click on the Open Enrollment Tile in VCHRP Employee Self-Service, you will begin the process of Open Enrollment.

1. First, review the “Welcome” page. Once you’ve read through and understand the information provided on this page, click “Next” to “Review/Update Personal Information.” We encourage you to navigate the Benefits Open Enrollment page (link on the welcome page) to watch the short open enrollment video. We also recommend reviewing the plan information on this page and contacting the insurance plans directly if you have additional questions.

Once done with the “Welcome” page, click “Next.”

**Open Enrollment**

**Enrollment Period 8/12/2021 - 11/30/2021**

**Next >**

**Welcome**  
● Visited

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

**\* Acknowledgement**  
○ Not Started

**Benefits Enrollment**  
○ Not Started

**Welcome**

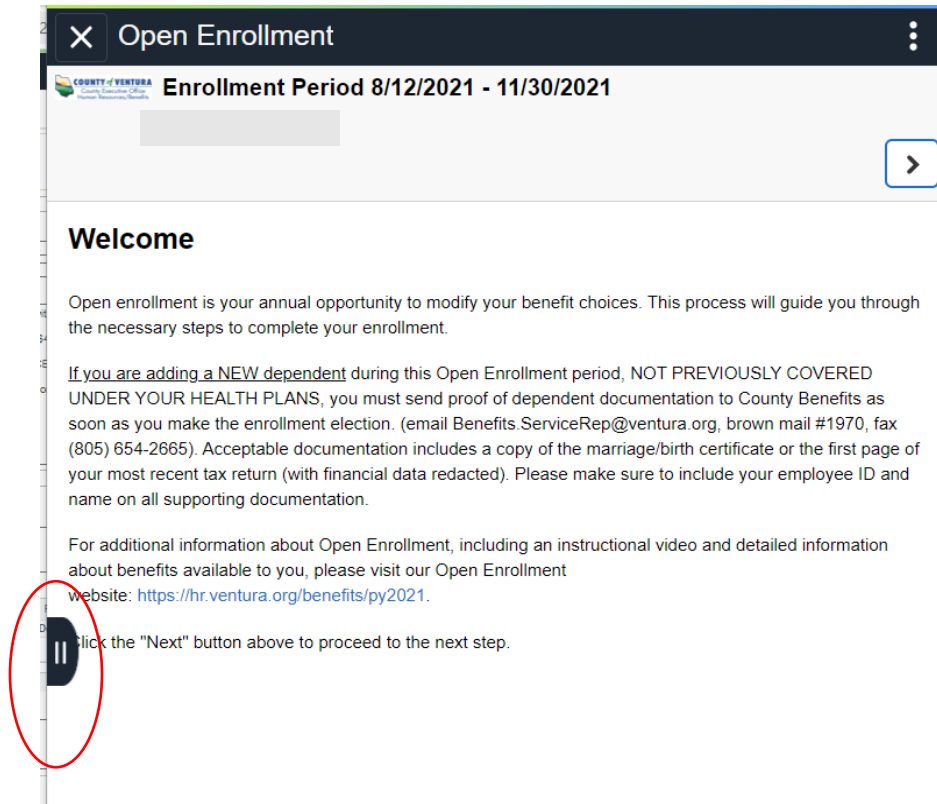
Open enrollment is your annual opportunity to modify your benefit choices. This process will guide you through the necessary steps to complete your enrollment.

If you are adding a NEW dependent during this Open Enrollment period, NOT PREVIOUSLY COVERED UNDER YOUR HEALTH PLANS, you must send proof of dependent documentation to County Benefits as soon as you make the enrollment election. (email Benefits.ServiceRep@ventura.org, brown mail #1970, fax (805) 654-2665). 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 on all supporting documentation.

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/py2021>.

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

Note: If your screen is smaller than needed for the page to expand completely, it will automatically remove the Step-by-Step tabs on the left-hand side of the page and some other contact information and links on the right-hand side of some pages. You will need to click on the double lines icon to expand the selection or expand your window size when this happens.



2. Review/Update Personal Information Pages: Click on the home address or the “Add Mailing Address” button to update as needed or click “Next” to move on to the next page.

Open Enrollment

Enrollment Period 8/12/2021 - 11/30/2021

< 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

**Review/Update Personal Information - Home and Mailing Address**

**Home Address**

Ventura, CA 93003   Current   >

**Mailing**

No data exists.

Add Mailing Address

If needed, you can click on the >, or anywhere on the row your address is listed and from there follow the prompts to update. If you need to add a different mailing address from the home address listed, you can click the “Add Mailing Address” button. Once you’ve reviewed and/or update this section, press “Next.” This step is only needed if you need to update your information.

Cancel   Address   Save

**Employee Instruction**

To save United States addresses at least one of the following fields must get populated: Address 1, Address 2, Address 3

Change As Of 09/21/2021

Address Type Home

Country United States

Address 1

City Ventura

State California


Postal 93003

3. On this screen (Contact Information), consider adding a personal email address. This can become important when you are on a leave, and we need to contact you regarding a health plan enrollment or other benefit-related issues.

✕ Exit

Open Enrollment

⋮

 **Enrollment Period 8/12/2021 - 11/30/2021**

< Previous

Next >

Welcome  
● Visited

Review/Update Personal Information  
● Visited

Home and Mailing Address  
● Visited

Contact Information  
● Visited

\* Acknowledgement  
○ Not Started

Benefits Enrollment  
○ Not Started

**Review/Update Personal Information - Contact Information**

Phone

+

Number	Extension	Type	Preferred
		Mobile	✓ >

Email

+

Email Address	Type	Preferred
	Work	✓ >

4. Read and agree to the Acknowledgment on this screen by clicking the “I Agree” checkmark box and then clicking the “Save” button. This will electronically sign and date your Acknowledgment.


Once you Agree and click Save, you will be able to click the “Next” button, which appears in the upper right-hand corner of the screen. Occasionally, when you click next to proceed to the Benefits Enrollment page, it doesn’t open (remains grayed out). If this occurs, “Exit” the Open Enrollment event and return immediately.

The system then opens the page, and you can continue.

✕ Exit

Open Enrollment

⋮

 **Enrollment Period 8/12/2021 - 11/30/2021**

⏪ Previous

Next ⏩

**Welcome**  
● Visited

**Review/Update Personal Information**  
● Visited

**\* Acknowledgement**  
● Complete

**Benefits Enrollment**  
○ Not Started

### 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 09/21/2021 3:13:30PM

Save

Step 1, read and check this box.

Step 2 Click the “Save” button.

## 5. Benefits Elections Tab/Screen

Now you've reached the Benefits Enrollment screen (Again, if this page is greyed out, just "Exit" out of the Open Enrollment event and go back in. This will make the system open this page for you to continue.) If your page is not displaying everything, you will need to click the II (example below) to expand or increase your screen size.

The screenshot shows a web application window titled "Open Enrollment". The main heading is "Benefits Enrollment". Below this, there is a paragraph explaining the enrollment overview and a "Previous" button. An "Enrollment Summary" section is expanded, showing the following details:

- Your Pay Period Cost: **\$323.97**
- Status: **Pending Review**
- Full Cost: **\$870.97**
- General Credits: **\$0.00**
- Plan Credits: **\$-547.00**

A pie chart is displayed, showing the breakdown of costs: Medical (blue, the largest portion) and Dental (orange, a smaller portion). Below the pie chart, it says "Excess Credit: Cash". At the bottom of the summary section is a blue button labeled "Submit Enrollment".

Two red circles highlight the expand/collapse icons. The first circle is on the left side of the screen, and the second circle is on the right side of the screen, both containing a double vertical bar (II) icon.

On the “Benefits Enrollment” page (shown below), you can review and make changes to your Benefits Elections if needed. **(Remember, if you want to be enrolled in a HealthCare Flexible Spending Account and/or a Dependent Care Flexible Spending Account, you must elect EVERY year you wish to be enrolled).** Review and follow the steps below. Below is a close example of what you will see in the “Tile” view, taking into consideration you will need to scroll down some to see all plan tiles depending on your screen size and magnification.

Exit

Open Enrollment

Enrollment Period 8/12/2021 - 11/30/2021

Previous

Welcome

Visited

Review/Update Personal Information

Visited

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 \$323.97

Status Pending Review

Excess Credit Cash

Full Cost \$870.97

General Credits \$0.00

Plan Credits \$-547.00

Submit Enrollment

Dental

Medical

Benefit Plans

Medical

Dental

Vision

COVID-19 Supl Paid Sick Leave

Flex Spending Health Care

Flex Spending Dependent Care

Health Savings Account

Flex Spending Limited Purpose

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

You can click between these two icons to change your view from tiles (like below) to line-by line view

Medical	Dental	Vision
<div>Current VC Health Care Plan</div> <div>New VC Health Care Plan</div> <div>Status Pending Review</div> <div>3 Dependents</div> <div>Pay Period Cost \$263.24</div> <div>Review</div>	<div>Current MetLife Dental PPO</div> <div>New MetLife Dental PPO</div> <div>Status Pending Review</div> <div>3 Dependents</div> <div>Pay Period Cost \$60.73</div> <div>Review</div>	<div>Current No Coverage</div> <div>New No Coverage</div> <div>Status Pending Review</div> <div>0 Dependents</div> <div>Pay Period Cost \$0.00</div> <div>Review</div>

COVID-19 Supl Paid Sick Leave	Flex Spending Health Care	Flex Spending Dependent Care
<div>Current COVID-19 Supl Paid Sick Leave</div> <div>New COVID-19 Supl Paid Sick Leave</div> <div>Status Not Available</div> <div>Pay Period Cost \$0.00</div>	<div>Current No Coverage</div> <div>New No Coverage</div> <div>Status Pending Review</div> <div>Pay Period Cost \$0.00</div> <div>Review</div>	<div>Current No Coverage</div> <div>New No Coverage</div> <div>Status Pending Review</div> <div>Pay Period Cost \$0.00</div> <div>Review</div>

Health Savings Account	Flex Spending Limited Purpose
<div>Current No Coverage</div> <div>New No Coverage</div> <div>Status Pending Review</div> <div>Pay Period Cost \$0.00</div>	<div>Current No Coverage</div> <div>New No Coverage</div> <div>Status Pending Review</div> <div>Pay Period Cost \$0.00</div>

Resources

County Benefits Website

If you'd rather not view your Benefits Elections page in the "Tile" view shown above, you also have the option of viewing it in the "Line" view (below). Click the Benefit Plans icon shown below.

Enrollment Period 8/12/2021 - 11/30/2021

Welcome

Visited

Review/Update Personal Information

Visited

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

\$323.97

Status

Pending Review

Excess Credit

Cash

Submit Enrollment

Full Cost

\$870.97

General Credits

\$0.00

Plan Credits

\$-547.00

Dental

Medical

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

Benefit Plans

Below is an example of line-by-line view. Use whichever you are most comfortable with.

Plan type	Current	New	Dependents or Beneficiaries	Pay Period Cost	Status	Actions
Medical	VC Health Care Plan	VC Health Care Plan	3 Dependents	\$263.24	Pending Review	Review
Dental	MetLife Dental PPO	MetLife Dental PPO	3 Dependents	\$60.73	Pending Review	Review
Vision	No Coverage	No Coverage	0 Dependents	\$0.00	Pending Review	Review
COVID-19 Supl Paid Sick Leave	COVID-19 Supl Paid Sick Leave	COVID-19 Supl Paid Sick Leave		\$0.00	Not Available	Review
Flex Spending Health Care	No Coverage	No Coverage		\$0.00	Pending Review	Review
Flex Spending Dependent Care	No Coverage	No Coverage		\$0.00	Pending Review	Review
Health Savings Account	No Coverage	No Coverage		\$0.00	Pending Review	Review
Flex Spending Limited Purpose	No Coverage	No Coverage		\$0.00	Pending Review	Review



5. Continued- Medical Plan Elections- Click on Medical if needed, and you will see the medical plan enrollment page. Follow the directions on the page, as well as see below for important pitfalls. When you're done with the Medical Enrollment section, click the "Done" button.

5-1. Reiterating information noted in the image below. If you are adding a new dependent using the "Add/Update Dependents" button OR you show a dependent listed, but they have never been enrolled under one of your health plans, you MUST submit proof of dependent status to [Benefits.ServiceRep@ventura.org](mailto:Benefits.ServiceRep@ventura.org) as soon as you complete your enrollment.

Email the documentation and make sure to include your name and Employee ID, noting in the Subject Line: Open Enrollment Dependent Doc Proof, Name, and Employee ID. We will not process enrollment for dependents who are not verified by close of open enrollment.

5-2. Medical Opt-Out vs. Waive under the Medical section.

Most employees want to "Opt-Out" of medical rather than "Waive" under medical.

Waiving means you will NOT receive any portion of your Employer-provided Flexible Credit Allowance.

You will also be ineligible to enroll in health plans mid-year for ANY reason.

You can "Opt-Out" of medical during open enrollment ONLY if you are enrolled in other Employer Group Health Coverage BY December 26, 2021 (12/26/21). If your coverage begins AFTER 12/26/21, which we will verify before processing, and you elect Opt-out under medical, we will re-enroll you in whatever medical plan and coverage level (enroll dependents) you were enrolled in before your open enrollment elections.

If you want to Opt-out of medical coverage and your outside plan begins after 12/26/21, contact your Department HR Representative. They will help you submit a mid-year change to Opt-out as soon as possible after your medical coverage is effective. DO NOT elect Opt-out under medical in this situation.

5-3. If electing any of the HMO plans, the system requires you to select a Primary Care Physician. HOWEVER, the PCP information will only be transmitted if you and/or dependents are newly enrolling in the plan. If not, pick a PCP to continue your Open Enrollment elections in the system, but MAKE SURE to contact the plan directly to make any PCP changes to you and/or dependent's enrollments.

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.

Dependent(s)	Relationship
<input checked="" type="checkbox"/> [Redacted]	Child
<input checked="" type="checkbox"/> [Redacted]	Child
<input checked="" type="checkbox"/> [Redacted]	Child

Add/Update Dependent

Enroll in Your Plan

Resources

VC Health Care Plan

Blue Shield of CA

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
<div><div>Select</div>Waive</div>	Proof Required					\$0.00
<div><div>✓</div>VC Health Care Plan</div>	<div><div>?</div></div>	\$810.24		\$547.00		\$263.24
<div><div>Select</div>BlueShield HMO Trio</div>	<div><div>?</div></div>	\$767.44		\$547.00		\$220.44
<div><div>Select</div>BlueShield HMO Access+</div>	<div><div>?</div></div>	\$891.29		\$547.00		\$344.29
<div><div>Select</div>BlueShield High-Deductible PPO</div>	<div><div>?</div></div>	\$923.46		\$517.00		\$406.46
<div><div>Select</div>Opt Out</div>	<div><div>?</div></div>					\$0.00

Overview of All Plans

▼ Select Primary Care Provider

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

No

Use the same provider for all dependents

No

Primary Care Provider List

Dependent(s)	Primary Care Provider ID	Visited this provider before
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5-1. If you need to add a qualified dependent not listed under current dependents (above), click this button to add. Make sure to enter the dependent name (capital first, Capital Last (not all caps), provide a Date of Birth, and add an SSN by clicking on the National ID button and following the directions. Send your proof immediately to [Benefits.ServiceRep@ventura.org](mailto:Benefits.ServiceRep@ventura.org). See notes below.

5-2. Important Notes about medical plans: "Waive" under medical means you are unable to participate in the County's Flexible Benefits program (cannot enroll in any plans) and will not receive a County-provided Flexible Credit Allowance. Most employees want to Opt-Out of medical, not waive. If you Opt-Out of medical during the 2022 Open Enrollment period, you MUST have outside employer group coverage with an effective date of 12/26/21 or before. If this is not the case, DO NOT CHOOSE OPTOUT, instead contact your HR Department Rep to complete a MID-YEAR Change. If you do not have outside coverage on or before 12/26/21, you cannot make this election if you have dependent checked in the section above. You must uncheck next to their name to choose Opt-Out. See Chapter 2 of the Benefits Handbook for more detailed information about medical options. See notes below.

5-3.-If electing any of the HMO plans, the system requires a PCP for all enrollees. The PCP will only be communicated for new plan enrollments; however, it is a system requirement to move forward. If you need to make a PCP change and you are not newly enrolled in a plan, contact the plan directly to make the change.

6. Continued- Other Plans- Dental, Vision, Flexible Spending Accounts, etc. on the Benefits Elections tab.

For all plans EXCEPT Medical (dental, vision, flexible spending accounts, and health savings accounts), "Waive" means you don't want to participate in that plan. If you are newly waiving one of these plans and waive is greyed out, make sure all your dependents' names are unchecked. You cannot waive a plan if you have dependents checked because you cannot "waive" a plan and have dependents checked as needing coverage under that plan.

Cancel

Dental

Done

For information about the dental plan offered by the County, click on the "Overview of All Plans" button below or refer to Chapter 3 of the Benefit Plans Handbook.

Resources

MetLife Dental

▼ Enroll Your Dep.....

Dependents that the  
ere. 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 checked="" type="checkbox"/>	Child
<input checked="" type="checkbox"/>	Child
<input checked="" 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	Before Tax Cost	After Tax Cost	Before Tax Credit	After Tax Credit	Pay Period Cost
<div>Select</div> Waive					\$0.00
<input checked="" type="checkbox"/> MetLife Dental PPO Requires enrollment to any Medical plan		\$60.73			\$60.73

Overview of All Plans

7. Flexible Spending Accounts (HealthCare FSA – Healthcare Expenses other than those enrolled in a High Deductible Health Plan and/or Dependent Care FSA – For childcare expenses for dependents under 13 years old or some qualifying disabled adult dependents). Even if you are enrolled in one of these plans in 2021, you must make a **NEW** election for 2022 if you want to be enrolled in the plan(s), per IRS rules. Make sure your election amount is divisible by 24. If you visit one of these plans and decide not to enroll, you will need to choose "waive" to continue with your open enrollment.

Cancel

Flex Spending Health Care

Done

The Health Care Flexible Spending Account (HCFSA) allows you to set aside pre-tax dollars in an account from which your funds are released for eligible health care expenses.

FSAs are administered by Chard Snyder (<https://www.chard-snyder.com/benefits/flexible-spending-account-fsa/>). Please review Chapter 5 of the Benefit Plans Handbook prior to enrolling.

These accounts must be re-elected every year during Open Enrollment (plan enrollment will not roll-over automatically).

▼ Enroll in Your Plan

Plan Name	
Select	Waive
✓	Health Care FSA <span>?</span>

▼ Contribution Amount

Annual Pledge

Annual Minimum \$24.00  
Annual Maximum \$2,749.92  
Annual pledge amounts for all FSAs (including both Health Care & Dependent Care FSAs) must not exceed \$7,749.84.  
Please make sure your annual pledge is evenly divisible by 24 contribution periods.

[Flexible Spending Account Worksheet](#)

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

NOTE: Health Savings Accounts and Limited Purpose Flexible Spending Accounts can only be enrolled in by those employees enrolled in a High Deductible Health Plan with the County's Blue Shield HDHP. Health Savings Accounts roll over from year to year if you remain in a qualifying High Deductible Health Plan. Limited Purpose Healthcare F.S.A.'s must be enrolled in each year, just like regular F.S.A.'s. Limited HealthCare F.S.A.s is only for qualifying dental and vision expenses.

It is wise to consider contributing up to the maximum under an H.S.A. before enrolling in a Limited Purpose HealthCare F.S.A.

## 8. Finish and SUBMIT your Open Enrollment Elections:

You MUST CLICK the blue "Submit Enrollment" button before exiting your Open Enrollment event, or your elections will NOT be transmitted to the Benefits Division. If you fail to submit your open enrollment elections, your enrollment will remain the same as your current 2021 elections, except for any Flexible Spending Accounts, which you will NOT be enrolled in for the 2022 plan year. You can revisit and submit changes as many times as needed during Open Enrollment. Please make sure to submit your changes by taking the essential final step of clicking the "Submit Enrollment" button.

Exit

Open Enrollment

Enrollment Period 8/12/2021 - 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

\$323.97

Status

Pending Review

Excess Credit

Cash

Full Cost

\$870.97

General Credits

\$0.00

Plan Credits

\$-547.00

Submit Enrollment

Dental

Medical

Benefit Plans

Plan Type

Current

New

Dependents or Beneficiaries

Pay Period Cost

Status

Actions

Medical

VC Health Care Plan

VC Health Care Plan

2 Dependents

\$263.24

Changed

Review

Dental

MetLife Dental PPO

MetLife Dental PPO

3 Dependents

\$60.73

Visited

Review

Vision

No Coverage

No Coverage

0 Dependents

\$0.00

Pending Review

Review

\$0.00

Not Available

Review

Flex Spending Health Care

No Coverage

Waive

\$0.00

Changed

Review

Flex Spending Dependent Care

No Coverage

No Coverage

\$0.00

Pending Review

Review

Health Savings Account

No Coverage

Waive

\$0.00

Changed

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

9. Once you click on the "Submit Enrollment" button, a message will pop up "Benefits Alerts." It says that your choices were successfully submitted to County Benefits and asks you if you want to view your Preview Statement. Click to "View" and save your statement for your records. If you reaccess your Open Enrollment event and "Submit Enrollment" again, your latest elections will be updated and overwrite your Elections Preview Statement.

County of Ventura

  
**COUNTY of VENTURA**  
County Executive Office  
Human Resources/Benefits

**ELECTIONS PREVIEW**  
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](mailto:Benefits.ServiceRep@ventura.org) or (805) 654-2570. Please keep a copy of this form for your records.

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**PERSONAL INFORMATION**

Home Address  
Mailing Address  
Email Address  
Birthdate

CA 93003  
  
  
1980-07-06

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**BIWEEKLY COST SUMMARY**

	AMOUNT
Total Pay Period Deduction from Pay	\$ 323.97
Total Pay Period Cost	\$ 870.97
Total Pay Period Credit	\$ \$47.00
Credit Rollover to	Cash

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**ELECTION SUMMARY**

Benefit	Coverage	Annual Pledge	Your Biweekly Cost
VC Health Care Plan	EE+Family		\$ 263.24
MetLife Dental PPO	EE+Family		\$ 60.73
Vision	No Coverage		
Life and AD and D	No Coverage		
Dependent Life	No Coverage		
Short-Term Disability	No Coverage		
COVID-19 Suppl Paid Sick Leave			
Flex Spending Health Care			
Flex Spending Dependent Care	No Coverage		
Health Savings Account			
Flex Spending Limited Purpose	No Coverage		

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**DEPENDENTS**

Name	Date of Birth	Relationship
		Child
		Child
		Child

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**DEPENDENT ENROLLMENTS**

Benefit Option	Dependent
VC Health Care Plan	
MetLife Dental PPO	

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10. When you push the "Exit" button to exit the Open Enrollment area, the system will give you a message you should read, which says if you didn't click the "Submit Enrollment" button, you didn't submit your open enrollment elections. If you don't come back and do that before open enrollment ends, your changes will be disregarded. If you did click the submit enrollment button and the Benefits Alerts message came up stating you submitted, say "yes" you do want to exit.

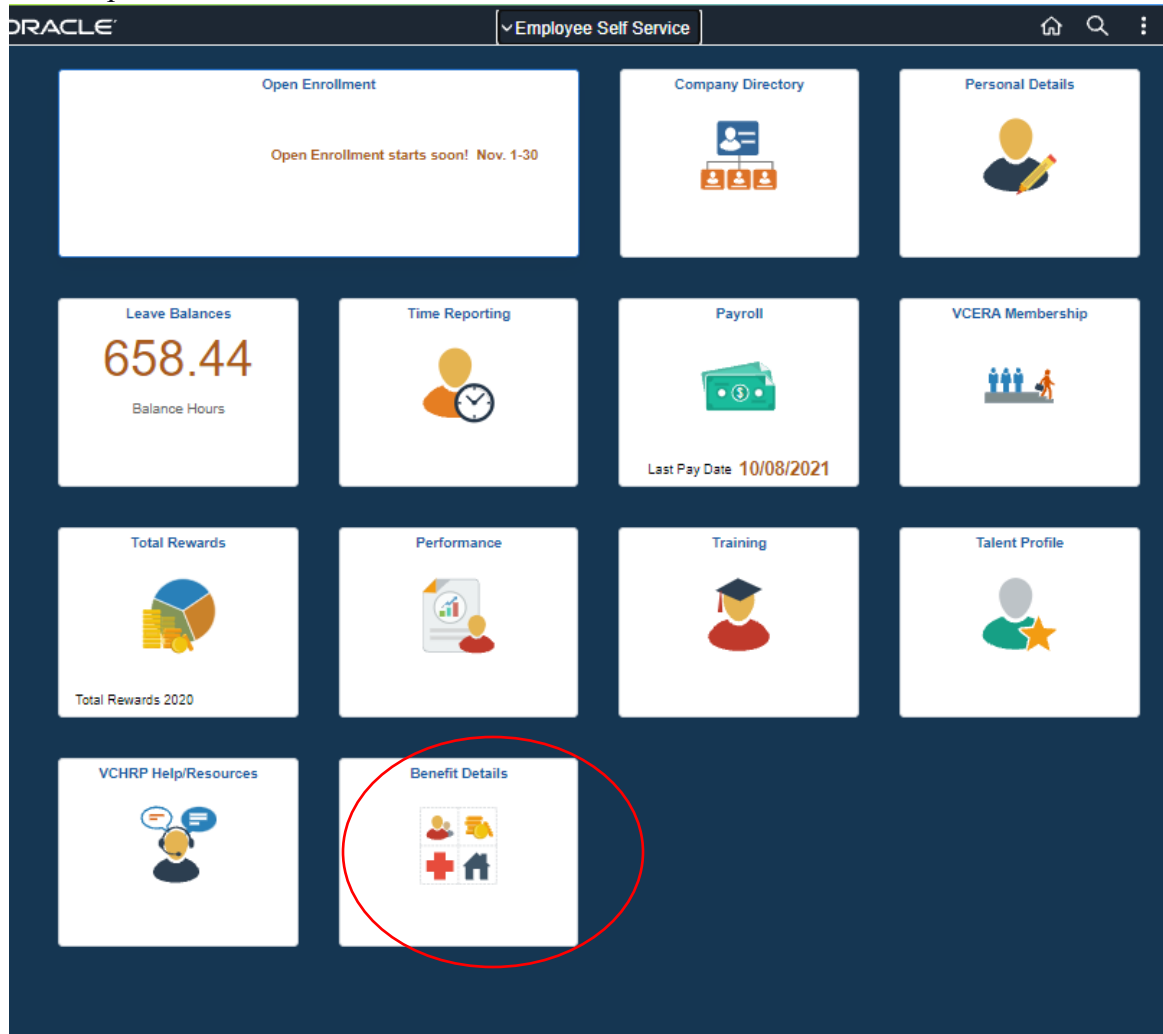
11. If you want to view your Preview Benefits Statement outside of the Open Enrollment event, go to Employee Self-Service, Benefits Details tile, Click on Benefits Statements. Review the "PY 2022" Statement.

The screenshot shows the 'Employee Self-Service' interface. The top navigation bar is green with 'Employee Self Service' and 'Benefit Details' labels. The left sidebar contains a menu with the following items: 'Benefits Summary', 'Life Events', 'Dependent/Beneficiary Info', 'Designate Beneficiaries', 'Benefits Enrollment', 'Affordable Care Act', 'Benefit Statements' (highlighted with a red circle), and 'Opt-Out Certification'. The main content area is titled 'Benefit Statements' and features a 'Statement Type' dropdown menu. Below this is a table with 3 rows. The first row is circled in red and shows 'Submitted Enrollment' for 'MGMT OE PY 2022'. The other two rows show 'Enrollment Preview' for 'MGMT OE PY 2021' and 'MGMT OE PY 2020'.

Event Date	Issue Date	Enrollment Event	Statement Type
12/26/2021	10/07/2021 11:18:11AM	MGMT OE PY 2022	Submitted Enrollment
12/27/2020	11/18/2020	MGMT OE PY 2021	Enrollment Preview
12/29/2019	11/12/2019	MGMT OE PY 2020	Enrollment Preview

12. If you need to return to the Open Enrollment event to make changes and submit those before the close of open enrollment, just follow the steps above and make sure to click the Blue "Submit Enrollment" button on the Benefits Enrollments page before exiting. This will elect or overwrite (if you've previously submitted) changes.

13. After Open Enrollment closes between December 6th and December 16th return to VCHRP, Self-Service, Benefits Details Tile.





14. Input 01/01/22 in the date field and push "Refresh."

This will show all your Benefit elections as of the new year. If there are any errors, you must immediately print your Preview Statement (under Benefits Statements Tab), detail the corrections, and return it to [Benefits.ServiceRep@ventura.org](mailto:Benefits.ServiceRep@ventura.org) no later than 5:00 PM December 17.

Make sure to use delivery and read receipt if you want confirmation of receipt. Avoid mail or brown mail, as we cannot guarantee your statement will be received timely. We will also mail a Confirmation Statement after open enrollment closes; however, not receiving a statement or reviewing it timely is not a reason for a correction after 5:00 PM, December 17. Make sure you visit VCHRP and follow the above steps to verify your elections are correct. DO NOT RETURN the Confirmation Statement or your Preview Statement if no errors need to be reported. This could cause an error to be entered trying to "correct" a mistake that isn't there.

Employee Self-Service

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 01/01/22 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

**Holiday PTO**

Plan Holiday Banked - PTO

Coverage Enrolled

**COVID-19 Suppl Paid Sick Leave**

Plan COVID-19 Suppl Paid Sick Leave

Coverage Enrolled