



COUNTY *of* VENTURA

County Executive Office Human Resources/Benefits

Open Enrollment
Plan Year 2023

Open Enrollment:
November 1, 2022, through November 30, 2022

Coverage Periods:

Health Plans - December 25, 2022, through December 23, 2023

FSA elections – January 1, 2023, through December 31, 2023- Must enroll each year, plans do NOT roll over
HSA changes and enrollments are effective beginning January 1, 2023

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 displays the 'Employee Self Service' interface with a green header bar containing 'Employee Self Service' and 'Benefit Details'. A navigation menu on the left lists: Benefits Summary, Life Events, Benefits Enrollment, Benefit Statements, Affordable Care Act, and Opt-Out Certification (highlighted in green). The main content area is titled 'Opt-Out Certification' and includes a search bar at the top right with links for 'New Window', 'Help', and 'Personalize Page'. The form contains the following sections:

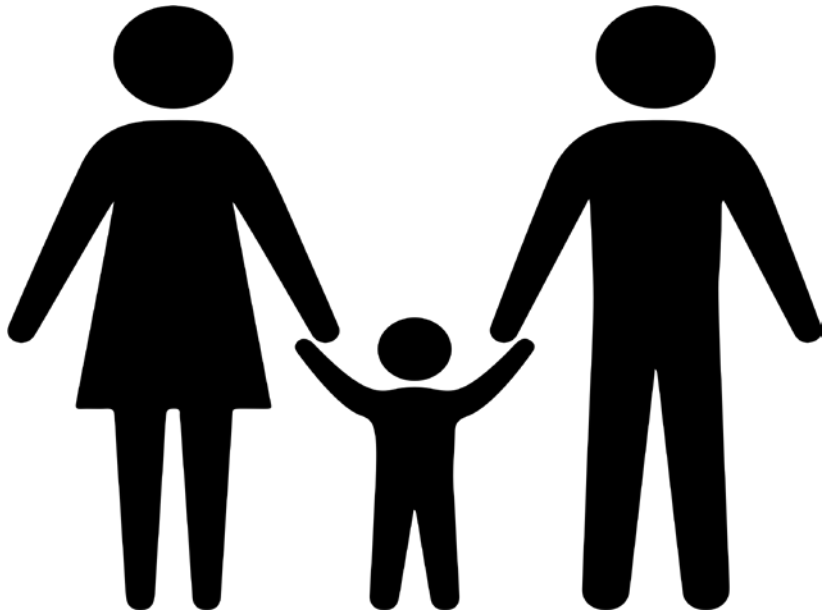
- Instructions:** A section with a right-aligned timestamp 'Details Updated On 10/20/2020'.
- Select the Type of Your Current Medical Coverage:** Two radio button options: 'I am covered by an External Group Insurance Provider' (selected) and 'I am covered as a dependent of a Ventura County Employee'.
- Enter Details of Your Current Coverage:** A grid of input fields for: 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), and Coverage Effective Date (01/01/2020). A 'Sponsoring Employer' field contains 'Amgen'.
- Upload Proof of Medical Coverage:** A section with an 'Upload Document' button.
- I certify that I have read, understand, and agree to:** A section containing a detailed legal disclaimer and an 'I Agree and Sign' button.

Important Information

- All County Sponsored Medical Plans in 2022 continue to be offered in 2023 with a change to our vision provider, as well as an increase to the annual contribution amounts for FSAs and HSA accounts.
- 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 2023 plan year.
- However, if you are currently enrolled in any Flexible Spending accounts and want to be enrolled in them in 2023, 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 2023 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.

2023 Medical Plan Rates Per Pay Period

Plan	Coverage Tier	PY 2022 Biweekly Rates	PY 2023 Rates
VCHCP HMO	EE only	365.03	346.10
	EE + 1	634.89	691.87
	EE + 2 or more	810.24	899.33
BlueShield Access+ HMO (Full HMO Network)	EE only	417.58	410.73
	EE + 1	723.22	759.70
	EE + 2 or more	891.29	987.49
BlueShield Trio HMO (ACO Network)	EE only	352.81	333.79
	EE + 1	614.90	632.80
	EE + 2 or more	767.44	822.54
BlueShield HDHP PPO	EE only	459.72	467.07
	EE + 1	755.38	834.17
	EE + 2 or more	923.46	1,083.90
Opt-Out Fee	N/A	334.75	352.06

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

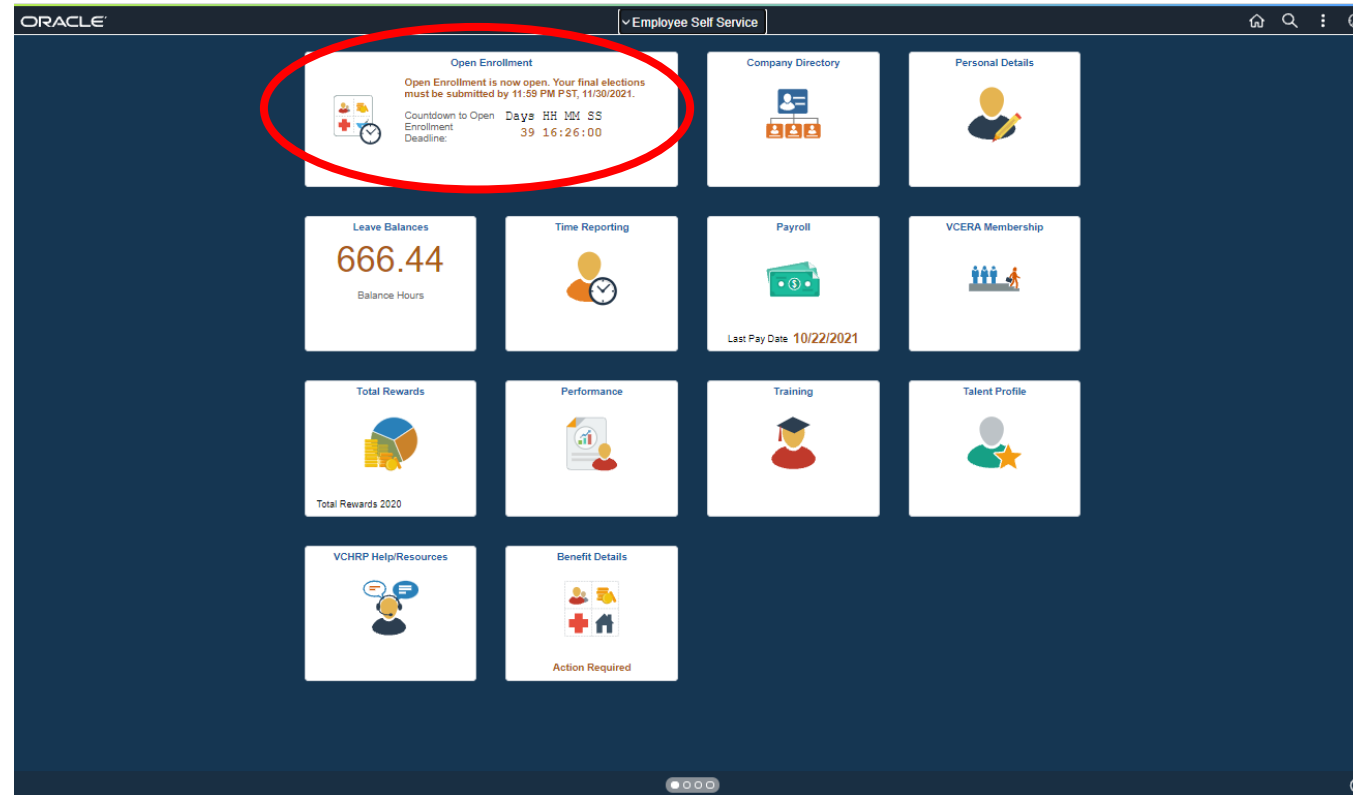
Step-by-Step

Log into VCHRP

by using the link on the County Benefits Open Enrollment page: <https://hr.ventura.org/benefits/py2023>

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.

Open Enrollment

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

Next >

Welcome ● 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. <u>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.</u>
▶ Review/Update Personal Information ✓ Complete	
* Acknowledgement ✓ Complete	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.
Benefits Enrollment ● Visited	

Update Your Contact Information (If Needed)

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

Previous Next

Welcome
Visted

Review/Update Personal Information
Complete

Home and Mailing Address
Complete

Contact Information
Complete

Acknowledgement
Complete

Benefits Enrollment
Visted

Review/Update Personal Information - Contact Information

Phone

+ []

Number	Extension	Type	Preferred	
[]		Mobile	✓	>
[]		Home		>

Email

+ []

Email Address	Type	Preferred	
[]	Work	✓	>

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

Previous Next

Welcome
Visted

Review/Update Personal Information
Complete

Home and Mailing Address
Complete

Contact Information
Complete

Acknowledgement
Complete

Benefits Enrollment
Visted

Review/Update Personal Information - Home and Mailing Address

Home Address

[] Current >

Mailing Address

[] Current >

Acknowledgment Page

A Required Step

Open Enrollment

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

← Previous **Next** →

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

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	Full Cost	\$582.58
Status	Pending Review	General Credits	\$0.00
Excess Credit	Cash	Plan Credits	\$-497.00

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			Pending Review	Review
Flex Spending Dependent Care	No Coverage	No Coverage			Pending Review	Review
Health Savings Account	HealthEquity HSA	HealthEquity HSA \$2,000			Pending Review	Review

OR

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

Benefits Enrollment
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Enrollment Summary

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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			Pending Review	Review
Flex Spending Dependent Care	No Coverage	No Coverage			Pending Review	Review
Health Savings Account	HealthEquity HSA	HealthEquity HSA \$2,000			Pending Review	Review
Flex Spending Limited Purpose	No Coverage	No Coverage			Pending Review	Review

Submit Enrollment

[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

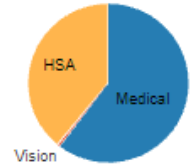
This Enrollment Overview displays which benefit options are open for edits. Review your options by clicking on the tiles below. If the "Contact Information/Resources" panel on the right side of this screen is overlapping your benefit options, you may click on the small blue tab to close this panel.

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

Enrollment Summary

Your Pay Period Cost	\$309.32	Full Cost	\$1,046.32
Status	Pending Review	General Credits	\$0.00
Excess Credit	Cash	Plan Credits	-\$737.00

Submit Enrollment



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](#)



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
BlueShield High-Deductible PPO

Dependent

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	Full Cost	\$1,046.32
Status	Submitted 10/22/2021 8:31AM	General Credits	\$0.00
Excess Credit	Cash	Plan Credits	\$-737.00

[Submit Enrollment](#)

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?

Plan Type	Current	New	Dependents or Beneficiaries	Pay Period Cost	Status	Actions
Medical	BlueShield High-Deductible PPO	BlueShield High-Deductible PPO	3 Dependents	\$188.46	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 \$2,600		\$120.83	Pending Review	Review
Flex Spending Limited Purpose	No Coverage	No Coverage		\$0.00	Pending Review	Review

After Open Enrollment Ends

The screenshot displays the Oracle Employee Self Service dashboard. The top navigation bar includes the Oracle logo, a dropdown menu for "Employee Self Service", and utility icons for home, search, and refresh. The dashboard is organized into a grid of modules:

- Open Enrollment:** A prominent module with a red cross icon and a clock, indicating that open enrollment is active. It states: "Open Enrollment is now open. Your final elections must be submitted by 11:59 PM PST, 11/30/2021." Below this, a countdown timer shows "Days 39 16:26:00".
- Company Directory:** A module with an icon of three people.
- Personal Details:** A module with an icon of a person and a pencil.
- Leave Balances:** A module displaying "666.44" in large orange text, with "Balance Hours" written below.
- Time Reporting:** A module with an icon of a person and a clock.
- Payroll:** A module with a green wallet icon and the text "Last Pay Date 10/22/2021".
- VCERA Membership:** A module with an icon of three people and a person walking.
- Total Rewards:** A module with a pie chart icon and the text "Total Rewards 2020".
- Performance:** A module with an icon of a document and a person.
- Training:** A module with an icon of a person wearing a graduation cap.
- Talent Profile:** A module with an icon of a person and a star.
- VCHRP Help/Resouces:** A module with an icon of a person and a speech bubble.
- Benefit Details:** A module with an icon of a person, a cross, and a house. This module is circled in red and has the text "Action Required" at the bottom.

At the bottom of the dashboard, there are navigation icons for back, forward, and search, along with a refresh icon in the bottom right corner.

Employee Self Service Benefit Details

Benefits Summary

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

My Benefits on

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](#)

2023 Benefits Open Enrollment Outcomes at a Glance

If no changes are submitted by November 30, 2022, your 2023 coverage will be the following based on the plan type shown.



Medical Plan	Current 2022 election remains in effect.
Dental Plan	Current 2022 election remains in effect.
Vision Plan	Current 2022 election remains in effect (carrier will change from MESVision to EyeMed).
All Flexible Spending accounts (Healthcare, Dependent Care FSA's)	No participation- Enrollment terminates
Health savings accounts (HSA's)	2022 election remains in effect as long as you remain enrolled in a qualified High Deductible Health Plan.

More Information Visit:

<https://hr.ventura.org/benefits/py2023>

Reference the Benefit Plans Handbook [2023 Benefit Plans Handbook](#)

Contact each plan individually for specific plan questions. Reference the [Who Do I Contact](#) sheet on the 2023 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.