



# 2023 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](mailto: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
<b>COUNTY-SPONSORED MEDICAL</b>	
<b>Ventura County Health Care Plan</b>	
Employee Only	\$ 346.10
Employee + 1	\$ 691.86
Employee + 2 or more	\$ 899.32
<b>Blue Shield Trio HMO (ACO network)</b>	
Employee Only	\$ 333.79
Employee + 1	\$ 632.79
Employee + 2 or more	\$ 822.53
<b>Blue Shield Access+ HMO (full HMO network)</b>	
Employee Only	\$ 410.72
Employee + 1	\$ 759.69
Employee + 2 or more	\$ 987.49
<b>Blue Shield High-Deductible PPO</b>	
Employee Only	\$ 467.30
Employee + 1	\$ 834.15
Employee + 2 or more	\$ 1,083.89
<b>COUNTY-SPONSORED DENTAL</b>	
<b>MetLife Dental PPO</b>	
Employee Only	\$ 20.54
Employee + 1	\$ 39.16
Employee + 2 or more	\$ 59.21
<b>COUNTY-SPONSORED VISION</b>	
<b>EyeMed Vision Plan</b>	
Employee Only	\$ 2.03
Employee + 1	\$ 3.66
Employee + 2 or more	\$ 5.24
<b>FLEXIBLE SPENDING ACCOUNTS &amp; HEALTH SAVINGS ACCOUNT <sup>1</sup></b>	
Health Care and Limited Purpose FSAs - Annual Maximum \$2,850.00	
Dependent Care FSA - Annual Maximum \$4,999.92	
Health Savings Account – Annual Maximums:	
\$3,849.84 individual (\$4,849.92 if age 55 or over)	
\$7,749.84 family (\$8,749.92 if age 55 or over)	

<sup>1</sup> - Deductions for FSAs & HSAs are not taken on any 3rd paycheck in a month (PPs 23-13 & 23-26. The first deduction for the 2023 plan year for these plans will be in PP23-01 Payday 01/13/23).

### Union-Sponsored Plans

Plan Name	Biweekly Premiums
<b>VCDSA-SPONSORED MEDICAL</b>	
<b>Anthem Blue Cross Basic HMO</b>	
Employee Only	\$ 206.68
Employee + 1	\$ 440.44
Employee + 2 or more	\$ 631.70
<b>Anthem Blue Cross HMO Low (base)</b>	
Employee Only	\$ 236.88
Employee + 1	\$ 503.86
Employee + 2 or more	\$ 722.31
<b>Anthem Blue Cross HMO High (buyup)</b>	
Employee Only	\$ 371.14
Employee + 1	\$ 785.80
Employee + 2 or more	\$ 1,125.07
<b>Anthem Blue Cross PPO</b>	
Employee Only	\$ 496.25
Employee + 1	\$ 1,048.55
Employee + 2 or more	\$ 1,500.41
<b>Anthem Blue Cross HDHP PPO (HSA)</b>	
Employee Only	\$ 348.35
Employee + 1	\$ 737.95
Employee + 2 or more	\$ 1,056.72
<b>VCPFA-SPONSORED MEDICAL</b>	
<b>Blue Shield Low HMO Trio (narrow network)</b>	
Employee Only	\$ 244.42
Employee + 1	\$ 482.64
Employee + 2 or more	\$ 599.86
<b>Blue Shield Low HMO (full network)</b>	
Employee Only	\$ 290.60
Employee + 1	\$ 570.39
Employee + 2 or more	\$ 703.32
<b>Blue Shield High HMO (full network)</b>	
Employee Only	\$ 355.91
Employee + 1	\$ 694.48
Employee + 2 or more	\$ 866.71
<b>Blue Shield High-Deductible PPO</b>	
Employee Only	\$ 405.88
Employee + 1	\$ 789.43
Employee + 2 or more	\$ 1,129.54

### Biweekly Flexible Credit Allowance

When you enroll, you are given a Flexible Credit Allowance that you can use to purchase the plans listed above for which you are eligible. Your Flexible Credit Allowance is negotiated by the Bargaining Unit that represents your job classification. Approved Medical Opt-Outs receive an Opt-Out Allowance (OOA) which varies by each bargaining agreement. The Opt-Out Allowance is not applicable to part-time employees.

Bargaining Unit	Flex Credit Allowance Full-time - (60+ hours per biweek) / OOA	Bargaining Unit	Flexible Credit Allowance - Part-time (40-59 hours per biweek) No OOA for Part-Time EEs
CNA, VEA	\$632 / \$279.94	CNA, VEA	\$442
CJAAVC	\$597 / \$245	CJAAVC	\$597
VCDSA	\$582 / \$229.94	VCDSA	\$429
VCPFA	\$532 / \$179.94	VCPFA	\$532
VCPPOA Probation Unit	\$557 / \$205	VCPPOA Probation Unit	\$390
<b>The following Bargaining Units have Flexible Credit Allowance amounts that vary by medical plan tier: OOA / Employee Only / Employee + 1 / Employee + 2 or more</b>			
APCD, IUOE, MGMT, SEIU, UAPD	\$145 / \$497 / \$678 / \$825	APCD, IUOE, MGMT, SEIU, UAPD	\$348 / \$475 / \$578
VCPPOA Patrol Unit	\$145 / \$497 / \$622 / \$737	VCPPOA Patrol Unit	\$348 / \$435 / \$516
SPOAVC	\$120 / \$472 / \$572 / \$642	SPOAVC	\$330 / \$400 / \$449
VCSCOA	\$130 / \$482 / \$582 / \$652	VCSCOA	\$337 / \$407 / \$456