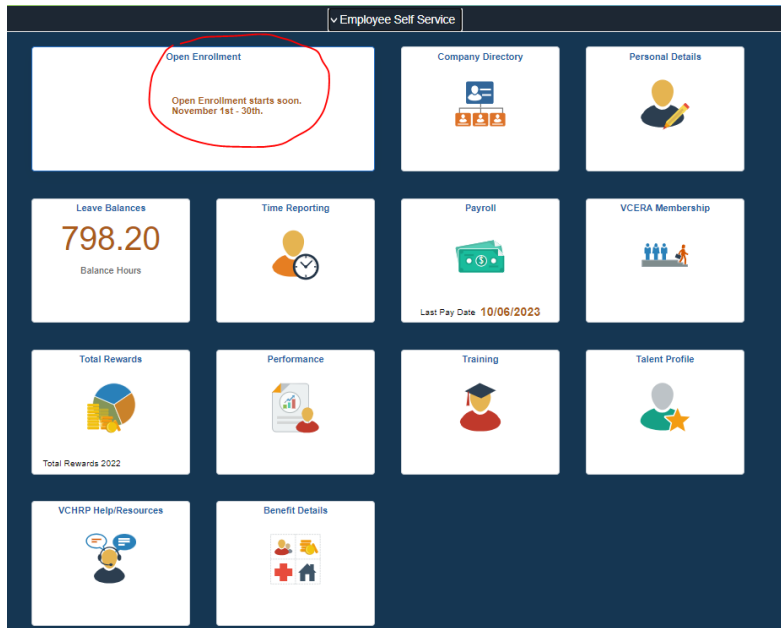


# 2024 VCHRP Open Enrollment User Guide

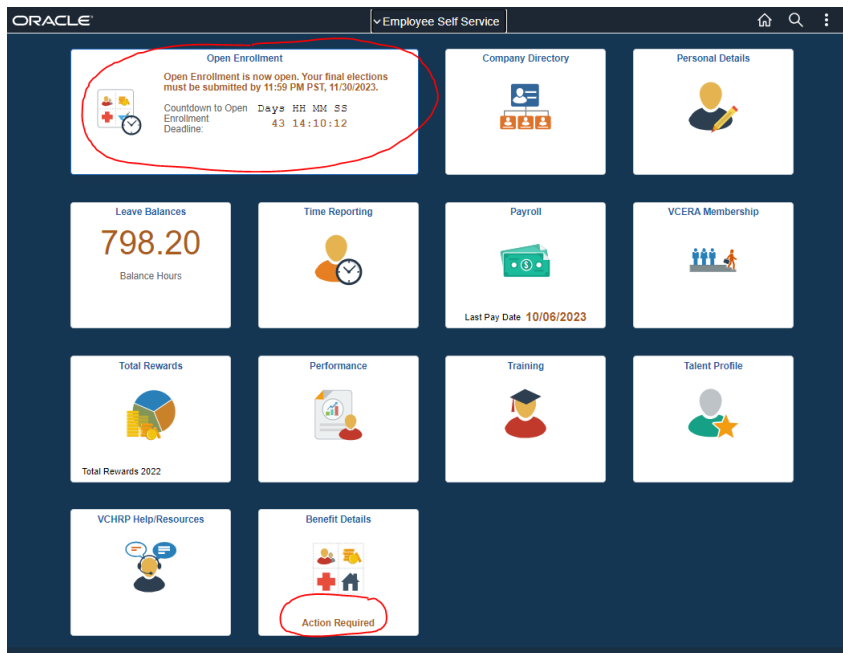
*Read this guide in its entirety if you have any questions about completing open enrollment.*

**Note: If you do not need to make any medical, dental or vision changes and do NOT want to be enrolled in any Flexible Spending Accounts (FSAs) for the 2024 plan year, no action is required. FSA's do not rollover from year-to-year.**

Prior to the beginning of open enrollment, when you log into VCHRP > Employee Self-Service, you will see the Open Enrollment tile which shows the Open Enrollment period.



Once Open Enrollment begins, your tile will be accessible and look similar to the below and show a countdown to the close of open enrollment. Any election enrollments or changes must be completed during the open enrollment period AND submitted via the "Submit Enrollment" button to be valid in the 2024 plan year. (Please note the red "Action Required" message on the Benefit Details tile is only indicating that you have an open life event, which is your open enrollment. This message will remain until open enrollment closes.)



**Welcome Screen-** Employees are responsible to read and understand the Welcome screen of their open enrollment event. Failure to complete open enrollment properly will result in the loss of any intended benefit changes.

**Open Enrollment**

Enrollment Period 10/13/2023 - 11/30/2023

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**Welcome**

!!!ATTENTION- PLEASE READ BEFORE PROCEEDING TO THE NEXT PAGE!!!

Employees are responsible for the below information.

**Open Enrollment is November 1-30th.**

Please plan accordingly. VCHRP will be closed for Payroll Processing as follows:

11/1-11/2 Noon - 7:30 am, 11/13 10:00 am-Noon, 11/15-11/16 Noon - 7:30 am, 11/27 10:00 am-Noon, 11/29-11/30 Noon - 7:30 am

Open enrollment is your annual opportunity to modify your benefit choices.

**Adding Dependents?** 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) 654-2665).

- 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 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 by close of the Open Enrollment period.

**Flexible Spending Accounts-** You **must** make a new election annually. Your enrollment does not rollover from year-to-year per IRS requirements.

**Important-** You must click the blue "Submit Enrollment" button to submit your elections! Any changes made without completing this step will not be communicated to Benefits and will not be processed when open enrollment closes. Review your Benefits Preview Statement, which will Pop-Up to view after you complete this step.

For additional information about Open Enrollment, including detailed information about benefits available to you and a VCHRP Open Enrollment User Guide with step-by-step instructions about completing this online open enrollment process visit the open enrollment benefits webpage: <https://hr.ventura.org/benefits/py2024>.

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

**Home and Mailing Address-** Review and make any needed changes. Click the "Next" button to proceed to the Contact Information Page.

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Next >

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

**Home Address**

100 Test  
Ventura, CA 93004

Current

**Mailing Address**

100 Test  
Ventura, CA 93004

Current

**Contact Information Page-** Review and make any needed changes. Click the “Next” button to proceed to the Acknowledgement page.

Navigation: < Previous | Next >

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

**Phone**

Number	Extension	Type	Preferred	
805/555-5555		Mobile	✓	>
805/222-2222		Home		>

**Email**

Email Address	Type	Preferred	
test-@ventura.org	Work	✓	>
test@gmail.com	Home		>

**Acknowledgement Page-** Read and Acknowledge your understanding of the information provided on this page by checking the “I Agree” box, then click the “Save” button. This will open the “Next” button at the top of the page to proceed. If you have checked the “I Agree” box and the “Save” box, your User ID, name, and date stamp will appear in the “Updated By” section. Once this step is completed allow a second for the next button to populate. If you’ve completed these steps and no “Next” button appears, exit and re-open your open enrollment event and proceed with your elections/enrollments. Proceed to the “Benefits Enrollment” page.

Navigation: < Previous | Next >

**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 and intentional misrepresentations, misstatements or omissions could lead to disciplinary actions. I also understand and agree that:

- I have access to the Flexible Benefits Program Benefit Plans Handbook (<https://hr.ventura.org/benefits>), and I have read descriptions of the benefits plans I am enrolling in. I also understand that I can and should access this site to find information about my benefits enrollment, eligibility, deadlines, and responsibilities anytime I need information about County of Ventura benefits or enrollment and change information.
- My coverage elections on this form 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 have authorized on this form have been implemented by reviewing my paystub for accuracy and enrollment information in VCHRP 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 pay stub is an affirmative election of the benefits listed on the pay stub.
- I authorize the Auditor-Controller to adjust the amount of payroll deductions/reductions/credits (including retroactive adjustments) necessary to correct any premium overpayments or underpayments. I will notify the County immediately if I and/or my dependents become ineligible. If ineligibility is determined, I understand and agree that coverage will be terminated retroactively to the date I/we became ineligible.
- I understand a County policy is that all eligible employees be continuously enrolled in an approved group health plan. If I am enrolled in medical opt-out and lose coverage under my outside group medical plan, I must immediately notify County Benefits and enroll in a plan, so there is no break in medical coverage. If I do not inform timely, I understand I will default retroactively into the lowest cost HMO plan available to me at Employee Only coverage. I also understand that if I submit an enrollment after losing an outside group medical plan, my dependents can only be enrolled prospectively based on the processing period a change is submitted. I also understand if I miss the deadline, I will be enrolled in a medical plan by default, but my dependents will be ineligible for enrollment as a mid-year change.
- 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 the COV Benefits website with the Benefit Plans Handbook). Any 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 I am enrolling in.
- I understand I should not remove a spouse and their dependents in anticipation of or during a divorce. If I believe my spouse should be removed from my health insurance in anticipation of or during a divorce process, I will petition the court for permission first. I understand I must notify County Benefits of any circumstances regarding a change of enrollment for a spouse and any eligible dependents in anticipation of or during a divorce, even during an annual open enrollment period.
- 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 the court process, except as provided by California law.

I Agree

Updated By

User ID	Name
Date/Time Stamp 10/13/2023 11:31:05AM	

Save

**Benefits Enrollment Page-** This is where you can make open enrollment election changes. You can view the Benefit Plans using either tiles or list. This page opens with the tiles showing; however, you can change to the list view by clicking the icons below the “Benefit Plans” section.

**Welcome**  
 Visited

**Review/Update Personal Information**  
 Complete

**Acknowledgement**  
 Complete

**Benefits Enrollment**  
 Complete

**Benefits Enrollment**

**Enrollment Summary**

Your Pay Period Cost **\$255.64**

Status **Submitted** 10/13/2023 11:33AM

Excess Credit **Cash**

**Submit Enrollment**

**Benefit Plans**

Medical Dental

**Adding Dependents-** Click on each Benefit Plan Type you wish to review or make changes to. Note, you can add new dependent information in any of the three medical, dental or vision plan sections, however, to add or remove dependents, you must access and elect enrollment in EACH plan type desired by checking/unchecking next to each dependent’s name. Adding dependent information, without electing enrollment, will not enroll dependents in plans. Newly added dependents must be verified. You must submit Proof of Dependent documentation to [Benefits.ServiceRep@ventura.org](mailto:Benefits.ServiceRep@ventura.org) as soon as you complete and submit any enrollment adding a newly enrolled dependent. Make sure to include your Employee Name, six-digit ID number and “OE Dependent Documentation” in the subject line of these emails.

**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 checked="" type="checkbox"/>	Spouse
<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	Proof of Coverage	Before Tax Cost	After Tax Cost	Before Tax Credit	After Tax Credit	Pay Period Cost
Select Waive	Proof Required					\$0.00
<input checked="" type="checkbox"/> VC Health Care Plan		\$984.24		\$905.00		\$79.24
Select BlueShield HMO Trio		\$879.74		\$905.00		\$-25.26
Select BlueShield HMO Access+		\$1056.70		\$905.00		\$151.70
Select BlueShield High-Deductible PPO		\$1160.01		\$905.00		\$255.01
Select Opt Out						\$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  Yes  No

**Medical Opt-Out-** If you are opting out of medical, you will need to verify your eligible outside group plan information. **You will receive an email once you make your open enrollment medical opt-out election and must complete the medical opt-out certification in VCHRP and upload the documentation by following the steps in the email. Failure to complete this step could lead to continued enrollment in your current medical plan. Please make sure to complete this step promptly.** Note, NEW medical opt-out employees, your other coverage must BEGIN on or before 12/24/23 in order to opt-out during open enrollment. If this is NOT the case with your outside medical plan DO NOT enroll in medical opt-out during open enrollment, you will be defaulted back into your medical plan and coverage level because you do not qualify for medical opt-out. Instead, see your HR Department Rep to complete a mid-year election change.

- **Medical “OptOut” is not the same as electing “Waive”-** under the medical plans section of your open enrollment. If you choose “Waive” under your medical plan election, you are choosing to not participate in the County’s Flexible Benefit Program, which means if eligible, you would not receive any Flex Credit or Opt-out Allowance. Make sure you choose correctly when making medical enrollment elections. Speak to your Department HR Representative if you have any questions.

**Dental and Vision Plans-** If you don’t want to participate in County Dental or Vision options, the correct option is “Waive.”

**Flexible Spending Accounts-** To be enrolled in Health Care Flexible Spending Accounts or Dependent Care Flexible Spending Accounts you must make a new election each year. Enrollment does not rollover year-to-year.

**Health Savings Account-** Enrollment **does** rollover year-to-year, as long as you remain enrolled in an eligible HDHP PPO plan. You can choose to enroll or make changes to this plan at any time during the year. Note: Only employees enrolled in a Health Savings Account are eligible to enroll in a Limited Purpose HealthCare FSA Account. A Limited Purpose HealthCare FSA must be elected each year, if enrollment is desired, they do not rollover year-to-year. Note: Since an H.S.A. is more flexible than an FSA, it is advisable that you max your elections in an H.S.A. before considering enrollment in a Limited Purpose HealthCare FSA plan.

The screenshot shows a web portal interface for managing benefit plans. On the left is a sidebar with navigation items: 'Welcome' (Visited), 'Review/Update Personal Information' (Complete), 'Acknowledgement' (Complete), and 'Benefits Enrollment' (Complete). The main content area is titled 'Benefit Plans' and contains several plan cards:

- Medical:** Current: VC Health Care Plan; New: VC Health Care Plan; Status: Changed; 3 Dependents; Pay Period Cost: \$79.24.
- Dental:** Current: No Coverage; New: MetLife Dental PPO; Status: Changed; 0 Dependents; Pay Period Cost: \$21.16.
- Vision:** Current: EyeMed Vision; New: EyeMed Vision; Status: Changed; 3 Dependents; Pay Period Cost: \$5.24.
- Flex Spending Health Care:** Current: No Coverage; New: Health Care FSA \$1,200; Status: Changed; Pay Period Cost: \$50.00.
- Flex Spending Dependent Care:** Current: No Coverage; New: Dependent Care FSA \$2,400; Status: Changed; Pay Period Cost: \$100.00.
- Health Savings Account:** Current: No Coverage; New: No Coverage; Status: Pending Review; Pay Period Cost: \$0.00.
- Flex Spending Limited Purpose:** Current: No Coverage; New: No Coverage; Status: Pending Review; Pay Period Cost: \$0.00.

**SUBMIT YOUR ENROLLMENT-** Once you've made any enrollment or election changes, you **MUST click the blue "Submit Enrollment" button in order for your changes to be processed.** If you fail to complete this step any pending changes will NOT be processed after OE closes. Think of it as having your elections in your Amazon cart but not purchasing them and they are no longer available to you.

You can change your mind/change your open enrollment elections as many times as you want to during open enrollment, however, you must click the blue "Submit Enrollment" button every time you make a change. Again, if you don't, those changes will not be made for the 2024 plan year and will be lost/unavailable to you after open enrollment closes. You can view your Preview Statement immediately after you click the Submit Enrollment button. It will pop-up for viewing as soon as you click the button. Verify that your submitted changes are what you wanted. If not, repeat the process until they are.

**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 **\$255.64** Full Cost **\$1,160.64**  
General Credits **\$0.00**  
Plan Credits **-\$905.00**

Status **Changed - Resubmit Required**

Excess Credit **Cash**

**Submit Enrollment**

Benefit Plans

Medical	Dental	Vision
Current VC Health Care Plan New VC Health Care Plan Status <b>Changed</b> 3 Dependents	Current No Coverage New MetLife Dental PPO Status <b>Changed</b> 0 Dependents	Current EyeMed Vision New EyeMed Vision Status <b>Changed</b> 3 Dependents
Pay Period Cost <b>\$79.24</b> Review	Pay Period Cost <b>\$21.16</b> Review	Pay Period Cost <b>\$5.24</b> Review

**IMPORTANT-** Please make sure to give yourself ample time to complete your open enrollment event. We advise against waiting until the last minute to complete open enrollment, as computer issues, confusion with the open enrollment process, or indecision are not eligible reasons for changes or exceptions outside of the annual open enrollment period. Per the County's Plan Document, which follows IRS guidelines, open enrollment is the designated time available for employees to make annual flexible benefit program changes without a mid-year qualifying event.

If you have any plan specific questions review the Chapter 2-4 of the Benefit Plans Handbook or contact each plan individually to answer your plan specific questions, referencing the Who Do I Call page of this packet.

Access handbook, rates, vendor websites, VCHRP login link and much more at: <https://hr.ventura.org/benefits/py2024>.

For help accessing VCHRP please contact your agency's HR or IT Department or email [Benefits.ServiceRep@ventura.org](mailto:Benefits.ServiceRep@ventura.org), or call the Benefits Service Representative phone line at 805-654-2570. This email and phone line serves all agencies for County of Ventura, so longer wait times are possible in comparison to your agency dedicated representatives.