VCHRP User Guide for Employee Self Service Benefits Details Tile

- View Basic Benefit Enrollment Information
- Benefit Statements (Open Enrollment and Mid-Year Changes)
- Designate Beneficiaries
- Life Events- Start an online mid-year change Life Event and submit to Benefits for review and processing.
- Affordable Care Act (ACA)
 - o Online Consent
 - View Form 1095-C Documents (These are from the employer and only show eligibility/Employee enrollment. This does not show dependent enrollment and is not what is needed for taxes. That is a form 1095-B and is provided to you by the insurance company.)
- Opt-Out Certification-
 - \circ Only accessible if you opt-out of County <u>medical</u> insurance.
 - If you are a medical opt-out, you will need to recertify your opt-out information during open enrollment each year.
 - Or if you receive a request during the year (via a request from the Benefits Service Representative, or an email.)
 - Or if any of your previously reported opt-out information changes. If this
 occurs, you should update your information and add a copy of your
 insurance card in this tile and submit / recertify your information.



Benefits Summary

View your plan enrollment information. You can click on each plan for any additional plan information available.



Benefits Summary				
To view your benefits as of anothe	er date, enter the date and select Refresh. My Benefits on 07/02/2024	Refresh		
Benefit Plans				
Medical	Plus Shield Lligh Deductible DDO	Employee Only	0 Dependente	Rectoris
Medical	Biueshiela High-Deauclible PPO	Employee Only	0 Dependents	Review
Vision	EyeMed Vision	Employee Only	0 Dependents	Review
Life	Basic Management Life	\$50000		Review
Long-Term Disability	Long Term Disability - Class 1	66.666% of Salary		Review
401(k)	MGMT 6% - 100% contribution	25% Before Tax		Review
457 Fidelity		Waived		Review
II Sick	No Accrual Sick Plan	Enrolled		Review
Vacation	Annual Leave MGMT/CJAA<10yrsFT	Enrolled		Review
Holiday PTO	Holiday Banked - PTO	Enrolled		Review
Health Savings Account	HealthEquity HSA	\$3,900		Review

Medical	×
	Contact Information
My Benefits on 07/02/2024 This is Current Enrollment	Phone
For additional information about the medical plan that you're enrolled in, click on the link under "Resources" on this page or refer to Chapter 2 of the Benefit Plans Handbook (the handbook can be found on our website: https://br.wanurg.org/negafita)	805/654-2570
Eprolled Days - BhoChield Link Deductible RPO	Email Benefits.ServiceRep@ventura.org
	Address
Plan Provider BLUE SHIELD OF CALIFORNIA	Ventura, CA 93009-1970
Coverage Employee Only	
Group Number W0067449	Resources
Covered Dependents	Blue Shield of CA
You do not have any dependents covered	

You do not have any dependents covered.

Benefits Statements

Benefit Details			
	Benefits Summary	Benefits Statement	Benefits Enrollment
	Dependent/Beneficiary	Designate Beneficiaries	Life Events
	View Form 1095-C	Form 1095-C Consent	Opt-Out Certification

This is where you will find any open enrollment statements, based on your mid-year change and/or open enrollment submissions, as well as your open enrollment confirmation statements. Open Enrollment confirmation statements are added to this tile once open enrollment closes and processed each year.

Benefits Statement		an an a suite a suite an		
-				
	Statement Type	~		0
-				o rows
Event Date 1	Issue Date ↑↓	Enrollment Event ↑↓	Statement Type 1	
12/24/2023	12/08/2023 11:54:34AM	MGMT OE PY 2024	Confirmation Statement	>
12/24/2023	11/01/2023 8:21:23AM	MGMT OE PY 2024	Submitted Enrollment	>
12/25/2022	12/17/2022 9:23:52AM	MGMT OE PY 2023	Confirmation Statement	>
12/25/2022	11/21/2022 8:59:03AM	MGMT OE PY 2023	Submitted Enrollment	>
12/26/2021	12/07/2021 9:02:33AM	MGMT OE PY 2022	Confirmation Statement	>
12/26/2021	11/29/2021 9:27:50AM	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	>

Benefits Enrollment

This tile will only open if you have an open Life Event or Open Enrollment event.



Dependent/Beneficiary and Designate Beneficiaries

Note: You must add ALL your Beneficiary/Dependent Information in the Dependent/Beneficiary tile before you can Designate that Beneficiary in the Designate Beneficiaries tile. If it won't allow you to designate a beneficiary in the Designate Beneficiaries tile it is because there is a required piece of information for a Beneficiary missing under the Dependent/Beneficiary tile.



Designate Beneficiaries

- Choose what benefits to elect beneficiaries for via the drop-down menu at the top of the page.
- Elect one or more Primary Beneficiaries using the + button to add a new row is needed.
- Make sure the Beneficiary Percentage equals 100%.
 - Elect one or more Contingent Beneficiaries following the same criteria as noted above for Primary Beneficiaries.
- \circ $\,$ Click the Save and Sign button to finalize your choices.
- You can make new elections at any time by visiting this page. Make sure to click the Sign and Save button each time you update beneficiaries.

elect Benefits			
Select the Type of Benefits to View/Upd	ate Salary/Wages, Leave and O Accidental Death Benefit	Comp 🗸	
alary/Wages, Leave and Compensa	tory Time Death Benefit-Flexible Ben Life Insurance-Basic	nefit	
or purposes of distributing all monies that i	would hav been payable uneday to me	Comp countries of using, but not limit	ted
 all salary wages, all accrued sick/wacht aims, all dependent/health care reimburse imary Beneficiary(ies) Name of Beneficiary 	would hav comparywork on each work on/annual ment claims, etc), upon my death, all pr	Comp socionemy desarrent embursement roceeds are to go directly to:	ted
in purposes of distributing all montes tractions, all salary wages, all accrued sick/wacht aims, all dependent/health care reimburse imary Beneficiary(ies) Name of Beneficiary	would hav Caenybysbe directly forme on/annual ment claims, etc), upon my death, all pr Relationship To You	*Beneficiary Percentage	ted
imary Beneficiary(ies) Name of Beneficiary	would hav orden payable uneday on me or/annual ment claims, etc), upon my death, all pr Relationship To You Spouse	*Beneficiary Percentage	ted
In purposes of distributing all moments and all salary wages, all accured sick/wach aims, all dependent/health care reimburse imary Beneficiary(ies) Name of Beneficiary A	would hav overnpsystem unetay work on/annual ement claims, etc), upon my death, all pr Relationship To You Spouse	*Beneficiary Percentage	ted .
In purposes of distributing all moments and all salary wages, all accured sick/wacti aims, all dependent/health care reimburse imary Beneficiary(ies) Name of Beneficiary Name of Beneficiary Name of Beneficiary	would hav been polyed to be an office of the second office of the second office of the second of the	*Beneficiary Percentage	ted .

Life Events

If you need to submit a mid-year election change for (medical, dental, vision, FSA's or Health Savings Accounts).

- See Benefit Plans Handbook by Clicking on the Benefits link and the correct plan year link at: <u>https://hr.ventura.org/benefits</u> for specific information about mid-year changes.
- See the Open Enrollment User Guide on the specific plan year page for detailed step-bystep instructions about submitting a mid-year change (Life Event). Other than the open enrollment event, the Mid-Year Change Online Life Event has a similar process as open enrollment. (Access the event, choose the type of event, choose the date of the event. Once you've made all your elections, make sure to click the Submit Enrollment button to submit the event to the Benefit Service Representative for review, approval and processing.) https://vcportal.ventura.org/CEO/benefits/docs/py2024/2024_OE_VCHRP_EE_User

https://vcportal.ventura.org/CEO/benefits/docs/py2024/2024_OE_VCHRP_EE_Us __Guide.pdf



View Form 1095-C

This form is required to be distributed by employers under the Affordable Care Act (ACA). This is not the form needed/requested for taxes. The form related to taxes is Form 1095-B distributed by your medical insurance company. If you need/want a copy of that form, you will need to contact your medical insurance company directly.

Consent to online 1095-C

By consenting to receive this form electronically we can get this form to you sooner within VCHRP (View Form 1095-C), mailing through USPS is not required when you elect this option. Also, if you term employment during the year, we will reset the consent and send you a paper copy at the end of the year.



Opt-Out Certification:

Use this Step-by-Step User Guide to complete Medical Opt-Out Certification: https://vcportal.ventura.org/covid19/docs/VCHRP_OptOut_Certification_Page-User_Guide.pdf

Notes: On Opt Out Certification User Guide Benefits Tile has been renamed to Benefits Details.

