



COUNTY *of* VENTURA

County Executive Office Human Resources/Benefits

Open Enrollment
Plan Year 2025

Open Enrollment:
November 1, 2024, through November 30, 2024

Coverage Periods:

Health Plans - December 22, 2024, through December 20, 2025

FSA elections – January 1, 2025, through December 31, 2025- Must enroll each year, plans do NOT roll over
HSA changes and enrollments are effective beginning January 1, 2025

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. The left sidebar contains navigation options: Benefits Summary, Life Events, Benefits Enrollment, Benefit Statements, Affordable Care Act, and Opt-Out Certification (highlighted). The main content area is titled 'Benefit Details' and features a search bar and utility links (New Window, Help, Personalize Page). The 'Opt-Out Certification' section includes an 'Instructions' box with 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'. Below this is the 'Enter Details of Your Current Coverage' section, which contains several input fields: 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). The Sponsoring Employer is listed as Amgen. An 'Upload Proof of Medical Coverage' section contains an 'Upload Document' button. At the bottom, a certification statement is provided, followed by an 'I Agree and Sign' button.

Employee Self Service **Benefit Details** [New Window](#) | [Help](#) | [Personalize Page](#)

Opt-Out Certification

Instructions

Select the **Type of Your Current Medical Coverage**

I am covered by an External Group Insurance Provider Details Updated On 10/20/2020

I am covered as a dependent of a Ventura County Employee

Enter Details of Your Current Coverage

| | | | |
|----------------------------|-------------|--------------------------------|--------------|
| 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 | Coverage Effective Date | 01/01/2020 |
| Sponsoring Employer | Amgen | | |

Upload Proof of Medical Coverage

[Upload Document](#)

I certify that I have read, understand, and agree to:

I authorize the County of Ventura HR/Benefits to perform any investigation necessary to verify my current enrollment/eligibility for the above-named medical insurance plan, and I attest to the accuracy of the information contained within this form. I further acknowledge that at any time while opting-out of medical coverage, I lose other eligible group medical plan coverage, I will notify County Benefits within 31 days, in order to enroll in an available County medical plan.

I agree to comply with the County's Flexible Benefit Program which includes providing updated proof of other eligible group medical plan coverage and meeting eligibility requirements. Failure to comply with these terms and annual audit may result in collection of retroactive medical premiums and/or repayment of cash back received for any period in which I was not able to demonstrate eligibility.

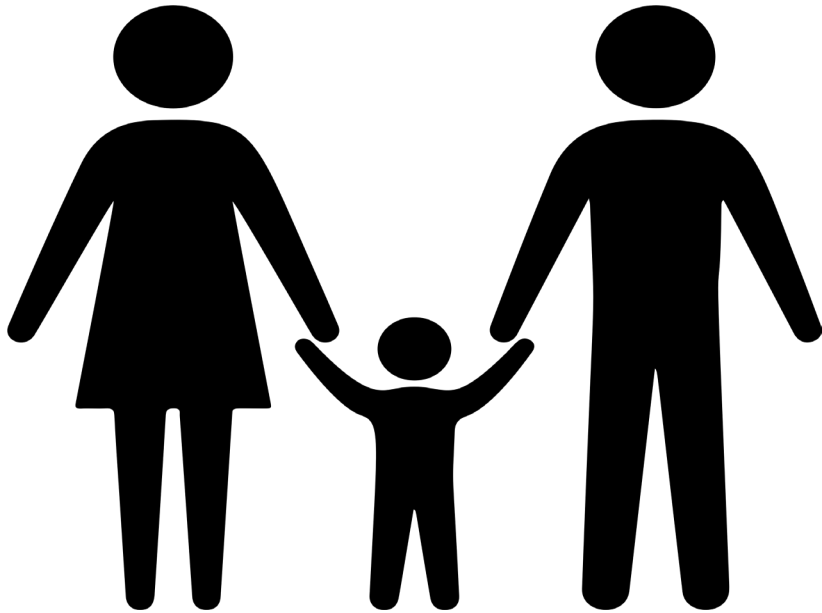
[I Agree and Sign](#)

Important Information

- All County Sponsored Medical Plans in 2024 continue to be offered in 2025 with no vendor or plan design changes except for an increase in the deductible for the Blue Shield HDHP PPO individual deductible to \$3,300. There have also been increased annual contribution maximums for HealthCare FSAd 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 2025 plan year.
- However, if you are currently enrolled in any Flexible Spending accounts and want to be enrolled in them in 2025, 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 2025 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.

2025 Medical Plan Rates Per Pay Period

County-Sponsored Plans

| Plan Name | Biweekly Premiums |
|---|-------------------|
| COUNTY-SPONSORED MEDICAL | |
| <i>Ventura County Health Care Plan (Full HMO Network)</i> | |
| Employee Only | \$ 412.59 |
| Employee + 1 | \$ 824.26 |
| Employee + 2 or more | \$ 1071.26 |
| <i>Blue Shield Trio HMO (ACO Network)</i> | |
| Employee Only | \$ 344.18 |
| Employee + 1 | \$ 687.45 |
| Employee + 2 or more | \$ 893.40 |
| <i>Blue Shield Access+ HMO (Full HMO Network)</i> | |
| Employee Only | \$ 440.66 |
| Employee + 1 | \$ 880.40 |
| Employee + 2 or more | \$1,144.25 |
| <i>Blue Shield High-Deductible PPO</i> | |
| Employee Only | \$ 532.25 |
| Employee + 1 | \$ 984.40 |
| Employee + 2 or more | \$ 1,279.03 |

COUNTY-SPONSORED DENTAL

MetLife Dental PPO

| | |
|----------------------|----------|
| Employee Only | \$ 22.22 |
| Employee + 1 | \$ 42.35 |
| Employee + 2 or more | \$ 64.04 |

COUNTY-SPONSORED VISION

EyeMed Vision Plan

| | |
|----------------------|---------|
| Employee Only | \$ 2.03 |
| Employee + 1 | \$ 3.66 |
| Employee + 2 or more | \$ 5.24 |

- 2025 Dental and Vision Plan Rates Per Pay Period

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

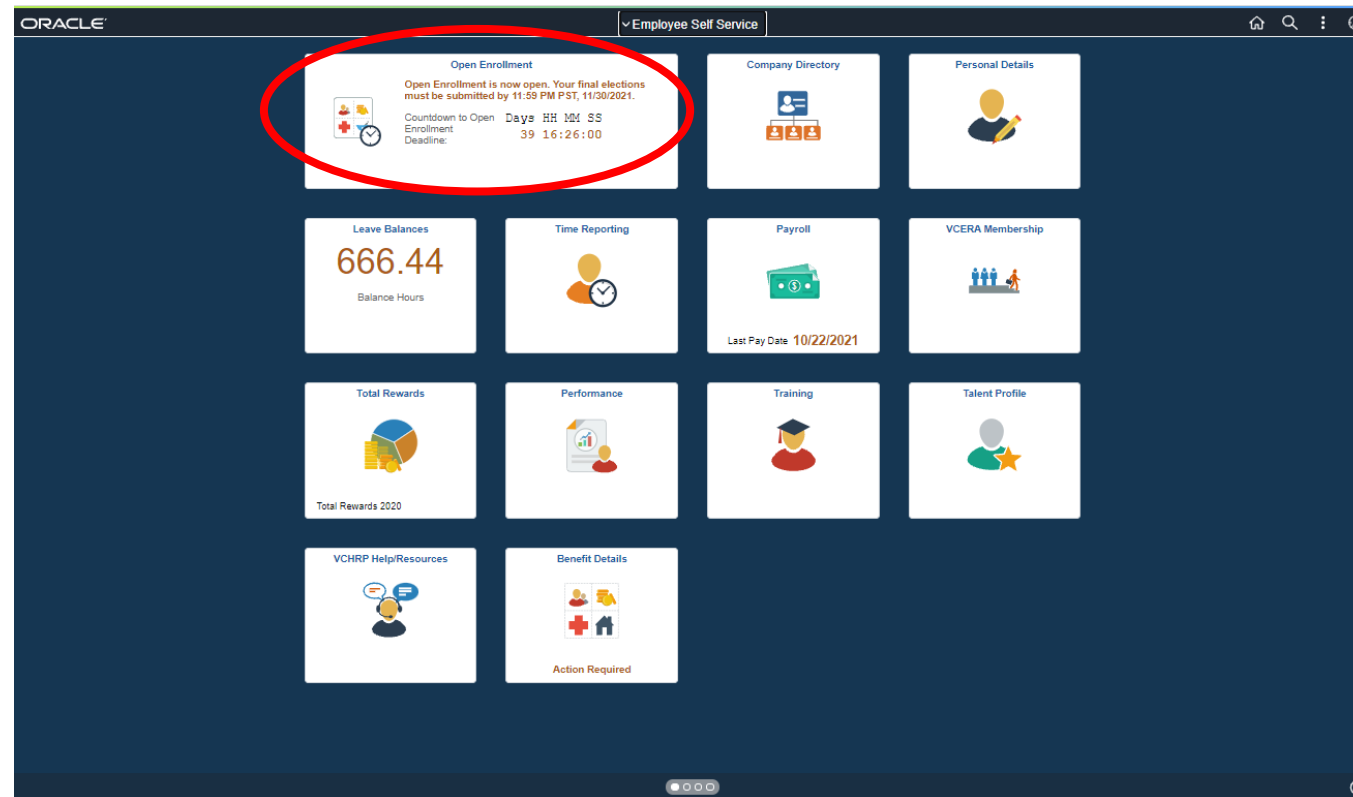
Step-by-Step

Log into VCHRP

by using the link on the County Benefits Open Enrollment page: <https://hr.ventura.org/benefits/py2025>

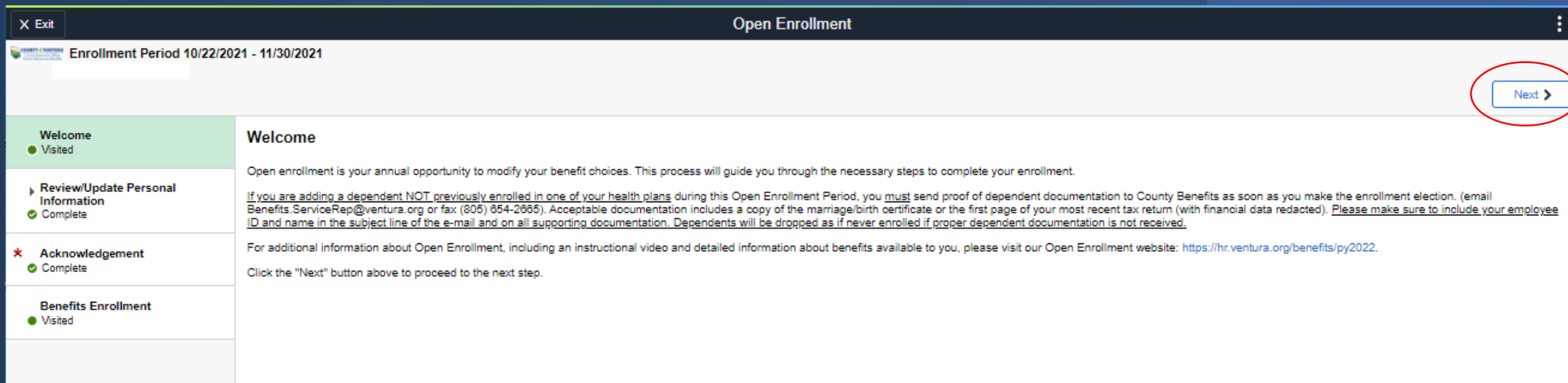
Or at: <https://vchrp.co.ventura.ca.us>

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

✕ Exit 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 | |

Benefits Enrollment Page

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

Welcome
Voted

Review/Update Personal Information
Complete

Acknowledgement
Complete

Benefits Enrollment
Voted

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**
Status: Pending Review
Excess Credit: Cash

Full Cost **\$582.58**
General Credits **\$0.00**
Plan Credits **\$-497.00**

Buttons: Vision, HSA

Benefit Plans (circled in red)

| 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 |

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

OR

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

Welcome
Voted

Review/Update Personal Information
Complete

Acknowledgement
Complete

Benefits Enrollment
Voted

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.
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Enrollment Summary

Your Pay Period Cost **\$85.58**
Status: Pending Review
Excess Credit: Cash

Full Cost **\$582.58**
General Credits **\$0.00**
Plan Credits **\$-497.00**

Buttons: Vision, HSA

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 | | \$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 \$2,000 | | \$120.63 | 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

[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

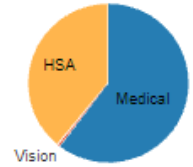
This Enrollment Overview displays which benefit options are open for edits. Review your options by clicking on the tiles below. If the "Contact Information/Resources" panel on the right side of this screen is overlapping your benefit options, you may click on the small blue tab to close this panel.

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"/> | <input type="text"/> | Spouse |
| <input type="text"/> | <input type="text"/> | Child |
| <input type="text"/> | <input type="text"/> | Child |

DEPENDENT ENROLLMENTS

| Benefit Option | Dependent |
|--------------------------------|----------------------|
| BlueShield High-Deductible PPO | <input type="text"/> |

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

Previous

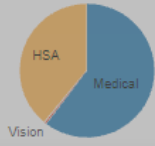
- Welcome
 - Visted
- Review/Update Personal Information
 - Complete
- Acknowledgement
 - Complete
- Benefits Enrollment**
 - Complete

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 | General Credits | \$0.00 |
| | 10/22/2021 8:31AM | Plan Credits | -\$737.00 |
| Excess Credit | Cash |  | |

[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. At the top, the Oracle logo is on the left, and the navigation bar includes 'Employee Self Service', a home icon, a search icon, and a refresh icon. The dashboard is organized into a grid of white tiles on a dark blue background. The 'Open Enrollment' tile at the top left features a red cross icon and a clock, with text stating 'Open Enrollment is now open. Your final elections must be submitted by 11:59 PM PST, 11/30/2021.' Below this is a 'Countdown to Open Enrollment Deadline' showing '39 16:26:00'. Other tiles include 'Company Directory', 'Personal Details', 'Leave Balances' (showing 666.44 Balance Hours), 'Time Reporting', 'Payroll' (with 'Last Pay Date 10/22/2021'), 'VCERA Membership', 'Total Rewards' (Total Rewards 2020), 'Performance', 'Training', and 'Talent Profile'. At the bottom left, there is a 'VCHRP Help/Resouces' tile and a 'Benefit Details' tile. The 'Benefit Details' tile, which contains a red cross icon and a house icon, is circled in red and has the text 'Action Required' below it. At the bottom center of the dashboard, there are three small circular icons, and a refresh icon is located at 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](#)

More Information Visit:

<https://hr.ventura.org/benefits/py2025>

Reference the Benefit Plans Handbook 2025 Benefit Plans Handbook

Contact each plan individually for specific plan questions. Reference the Who Do I Contact sheet on the 2025 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.