



# 2025 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 (Full HMO Network)</b>	
Employee Only	\$ 412.59
Employee + 1	\$ 824.26
Employee + 2 or more	\$ 1071.26
<b>Blue Shield Trio HMO (ACO Network)</b>	
Employee Only	\$ 344.18
Employee + 1	\$ 687.45
Employee + 2 or more	\$ 893.40
<b>Blue Shield Access+ HMO (Full HMO Network)</b>	
Employee Only	\$ 440.66
Employee + 1	\$ 880.40
Employee + 2 or more	\$1,144.25
<b>Blue Shield High-Deductible PPO</b>	
Employee Only	\$ 532.25
Employee + 1	\$ 984.40
Employee + 2 or more	\$ 1,279.03
<b>COUNTY-SPONSORED DENTAL</b>	
<b>MetLife Dental PPO</b>	
Employee Only	\$ 22.22
Employee + 1	\$ 42.35
Employee + 2 or more	\$ 64.04
<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 \$3,199.92	
Dependent Care FSA - Annual Maximum \$4,999.92	
Health Savings Account – Annual Maximums:	
\$4,299.84 individual (\$5,299.92 if age 55 or over)	
\$8,550.00 family (\$9,549.84 if age 55 or over)	

<sup>1</sup> - Deductions for FSAs & HSAs are not taken on any 3rd paycheck in a month (PPs 25-11 & 25-22). The first deduction for the 2025 plan year for these plans will be in PP25-01 Payday 01/10/25).

### Union-Sponsored Plans

Plan Name	Biweekly Premiums
<b>VCDSA-SPONSORED MEDICAL</b>	
<b>Anthem Basic HMO</b>	
Employee Only	\$ 219.85
Employee + 1	\$ 473.84
Employee + 2 or more	\$ 681.63
<b>Anthem HMO Select</b>	
Employee Only	\$ 252.67
Employee + 1	\$ 542.74
Employee + 2 or more	\$ 780.08
<b>Anthem HMO Traditional</b>	
Employee Only	\$ 398.54
Employee + 1	\$ 849.07
Employee + 2 or more	\$ 1,217.68
<b>Anthem PPO</b>	
Employee Only	\$ 718.99
Employee + 1	\$ 1,522.03
Employee + 2 or more	\$ 2,179.04
<b>Anthem HDHP PPO (HSA)</b>	
Employee Only	\$ 503.95
Employee + 1	\$1,070.42
Employee + 2 or more	\$ 1,533.92
<b>VCPFA-SPONSORED MEDICAL</b>	
<b>Blue Shield Trio Low HMO (Narrow Network)</b>	
Employee Only	\$ 256.41
Employee + 1	\$ 510.32
Employee + 2 or more	\$ 635.26
<b>Blue Shield Low HMO (Full Network)</b>	
Employee Only	\$ 305.63
Employee + 1	\$ 603.85
Employee + 2 or more	\$ 745.54
<b>Blue Shield Full High HMO (Full Network)</b>	
Employee Only	\$ 375.24
Employee + 1	\$ 736.11
Employee + 2 or more	\$ 919.69
<b>Blue Shield High-Deductible PPO</b>	
Employee Only	\$ 428.50
Employee + 1	\$ 837.31
Employee + 2 or more	\$ 1,199.83

## 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	\$702/ <del>\$303.43</del>	CNA, VEA	\$491
VCDSA	\$582/ <del>\$229.94</del>	VCDSA	\$429
VCPFA	\$567/ <del>\$191.78</del>	VCPFA	\$567
VCPPOA Probation Unit	\$642/ <del>\$236</del>	VCPPOA Probation Unit	\$449
<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	\$150 / \$509 / \$779 / \$983	APCD, IUOE, MGMT, SEIU, UAPD	\$356 / \$545 / \$688
CJAAVC	\$209 / \$509 / \$779 / \$983	CJAAVC	\$356 / \$545 / \$688
VCPPOA Patrol Unit	\$145 / \$509 / \$779 / \$983	VCPPOA Patrol Unit	\$356 / \$545 / \$688
SPOAVC	\$147 / \$502 / \$730 / \$905	SPOAVC	\$351 / \$511 / \$634
VCSCOA	\$140 / \$509 / \$700 / \$847	VCSCOA	\$356 / \$490 / \$593