



COUNTY *of* VENTURA

County Executive Office Human Resources/Benefits

Open Enrollment
Plan Year 2026

The Open Enrollment Period has changed!

Open enrollment is:

November 1, 2025, through November **23**, 2025

Coverage Periods:

Health Plans - December 21, 2025, through December 19, 2026

FSAs elections - January 1, 2026, through December 31, 2026-

Must enroll in FSAs each year, plans do NOT roll over

HSA changes and enrollments are effective beginning January 1, 2026

Important Information

- All County Sponsored Medical Plans in 2025 continue to be offered in 2026.
- 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 health plan coverages will roll over to the 2026 plan year.
- However, if you are currently enrolled in any Flexible Spending accounts (FSA) and want to be enrolled again in 2026, 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 Flexible Benefit Program High-Deductible Health Plan, your HSA enrollment will roll over to the 2026 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.

Overview of Plan Changes & Highlights

- Medical & Dental Premium Changes
- Blue Shield HDHP PPO Individual Deductible will increase: \$3,400 (from \$3,300)

- VCHCP Co-Pay Increase:

Service	2025 Copay	2026 Copay
PCP Office Visit	\$15	\$20
Specialist Office Visit	\$30	\$35
MH Outpatient	\$15	\$20
Teladoc	\$15	\$20
Rx Tier 1 – Retail	\$9	\$15
Rx Tier 2 – Mail Order	\$18	\$30

- SB729 Fertility Mandate:

Blue Shield Plans will enact under all three plans up to 3 egg retrievals and unlimited embryo transfers.

VCHCP will not implement for 2026 but will continue to cover 50% of infertility diagnosis and treatment per its EOC.

****For questions contact the plans directly**

- FSA maximums: HCFSA and LPFSA \$3,300 max & DCFSA \$7,500
- HSA Maximums: Individual- \$4,399.92 / Family- \$8,749.92
Additional \$1,000 for EE's 55+

Are you adding any dependents to your health plans?

If you are enrolling a dependent who is **not currently covered under one of your health plans**, you must submit documentation verifying their eligibility—such as a birth certificate, marriage certificate, or your most recent tax return listing dependents. This documentation must be provided immediately after you make your open enrollment changes and click “Submit” to finalize your event.

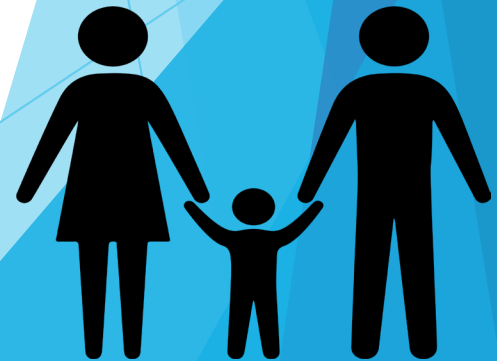
You’ll be reminded of this requirement at several points throughout your VCHRP Open Enrollment (OE) event:

- ▶ On the Welcome page
- ▶ When you click the checkmark next to a dependent’s name
- ▶ When you use the “Add Dependent” button within any health plan tile
- ▶ After you click “Submit,” a pop-up message will appear with instructions on how to proceed

This step is mandatory if you are adding a new dependent to any health plans if they are not currently enrolled under one of your health plans.

To upload your supporting documentation in VCHRP:

- ✓ Go to **ESS > Benefit Details (tile) > OE Dependent Document Upload (tile)**
- ✓ In the **Life Event Type** field, enter **DP** and click **“ADD”**
- ✓ Follow the instructions on the **Maintain Attachments** page to complete your upload



- 2026 Medical Plan Rates Per Pay Period

<u>County-Sponsored Plans</u>	
Plan Name	Biweekly Premiums
<u>COUNTY-SPONSORED MEDICAL</u>	
<i>Ventura County Health Care Plan (Full HMO Network)</i>	
Employee Only	\$ 463.99
Employee + 1	\$ 927.02
Employee + 2 or more	\$1,204.84
<i>Blue Shield Trio HMO (ACO Network)</i>	
Employee Only	\$ 378.01
Employee + 1	\$ 755.05
Employee + 2 or more	\$ 981.27
<i>Blue Shield Access+ HMO (Full HMO Network)</i>	
Employee Only	\$ 493.79
Employee + 1	\$ 986.59
Employee + 2 or more	\$1,282.28
<i>Blue Shield High-Deductible PPO</i>	
Employee Only	\$ 607.06
Employee + 1	\$1,148.52
Employee + 2 or more	\$ 1,492.38

<i>MetLife Dental PPO</i>	
Employee Only	\$ 23.33
Employee + 1	\$ 44.47
Employee + 2 or more	\$ 67.24
<u>COUNTY-SPONSORED VISION</u>	
<i>EyeMed Vision Plan</i>	
Employee Only	\$ 2.03
Employee + 1	\$ 3.66
Employee + 2 or more	\$ 5.24

► 2026 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)

***Enrollment Never carries over from year-to-year. You must re-enroll, even if currently enrolled in an FSA.



[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:

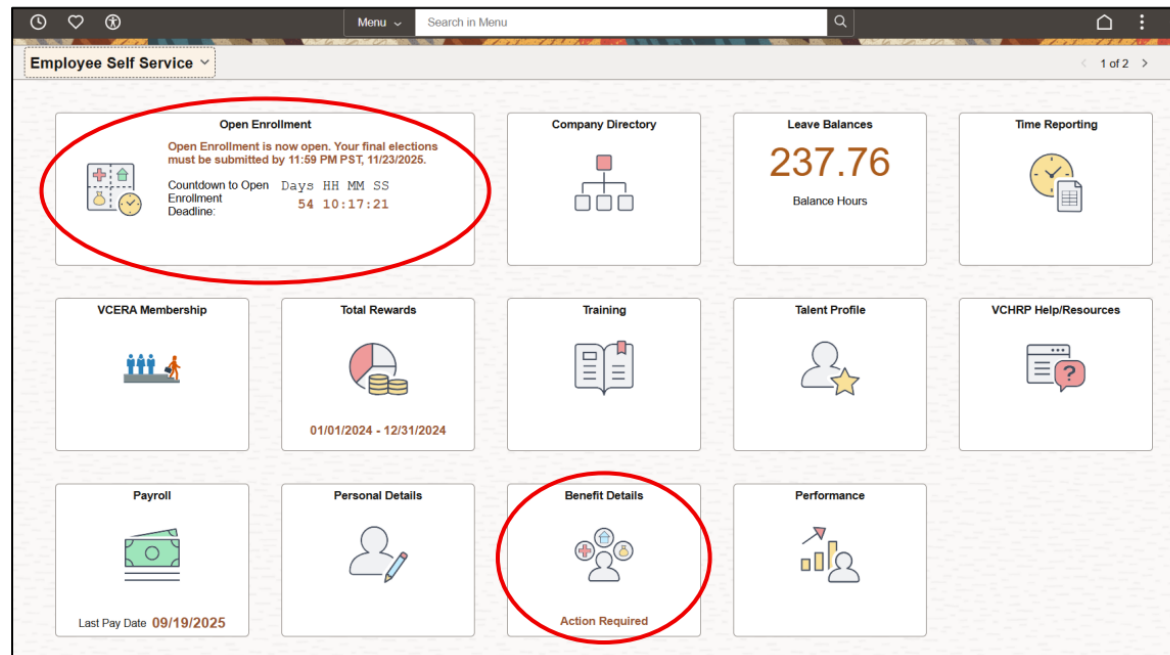
<https://hr.venturacounty.gov/benefits/py2026>

direct link:

<https://vcportal.venturacounty.gov/CEO/benefits/docs/py2026/2026%20VCHRP%20Open%20Enrollment%20User%20Guide-FInal.pdf>

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

It's important to review the "Welcome" page. If you haven't yet looked through the Benefits Plans Handbook, or if you need details about available plans, rates, or contact information, you can use the link on this page to access the County's 2026 Open Enrollment site. There, you'll also find the "Who Do I Contact" list, which provides direct contact information for each plan. If you have specific questions about a plan, you should reach out to that plan directly.

Welcome 104308 Logged into HR920A1 Refreshed as of 2025-09-23 10:00AM

Open Enrollment

Enrollment Period

Next >

Welcome

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

Employees are responsible for the information below.

Open Enrollment is November 1-23rd.

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

Nov. 10th - 9-10:00 am

Nov. 12th 11:45 am - Nov. 13th at 7:00 am

Nov. 21st - 9-10:00 am

*Times are approximate

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

Important Open Enrollment Reminders

Adding Dependents? If you are adding a dependent **not currently enrolled** in at least one of your health plans, you must upload **dependent documentation** after submitting your Open Enrollment. Alerts will appear when adding dependents and after you "Submit" your open enrollment election.

Do not miss this step. (Do not submit proof of dependents who are already enrolled under one of your plans.)

To upload: Go to **Employee Self-Service > Benefit Details (tile) > OE Dependent Document Upload (tile)** Type **DP** in "Life Event Type," click **ADD**, and follow the instructions at the top of the page.

Acceptable documentation: Marriage certificate (spouse), birth certificate (child), or first page of your latest Federal tax return (with financial data redacted) showing joint filer or dependent status.

Dependents will be dropped as if never enrolled if documentation is not uploaded.

Flexible Spending Accounts (FSAs) You must re-enroll each year. FSA elections **do not roll over** per IRS rules.

"Waive" vs. Medical Opt-Out Selecting **"Waive"** under medical means you decline to participate in the County's Flexible Benefits Program (medical, dental, vision, FSAs) and lose eligibility for **Opt-Out Allowance or Flexible Credit Allowance**. If you choose this option you be ineligible to enroll in plans for any reason until a subsequent open enrollment period. Most employees intend to choose **Medical Opt-Out**, not Waive, under medical.

Medical Opt-Out Outside group coverage must begin **on or before 12/31/25**. If coverage starts **after** (e.g., 01/01/26), **do not select Opt-Out**. Contact Agency's HR Department to request a mid-year change. You still need to make other Open Enrollment changes that are not directly related to the mid-year change (e.g., enroll/term dental, vision, FSAs, dependents).

All Opt-Outs must complete **initial and annual certification** by the close of Open Enrollment. You'll receive an email with instructions and a link.

Final Step: Click "Submit" You must click **Submit** to finalize elections. Changes not submitted will not be processed. After submitting, review your **Submitted Enrollment Statement**. You may make multiple changes during Open Enrollment, but each must be submitted and Submitted Enrollment Statement reviewed for accuracy.

For full open enrollment information visit: <https://hr.venturacounty.gov/benefits/py2026>

For a step-by-step VCHRP Open Enrollment User Guide visit: [VCHRP Open Enrollment User Guide](#)

Click **Next** to continue.

Update Your Contact Information (If Needed)

The screenshot shows the 'Open Enrollment' window for Jennifer Coray, with the enrollment period from 10/22/2021 to 11/30/2021. The left sidebar indicates that 'Review/Update Personal Information' is the current step, with 'Contact Information' highlighted. The main content area is titled 'Review/Update Personal Information - Contact Information'. It features a 'Phone' section with a table for adding or editing phone numbers, and an 'Email' section with a table for adding or editing email addresses. The 'Phone' table has columns for Number, Extension, Type, and Preferred. The 'Email' table has columns for Email Address, Type, and Preferred. Both tables have a '+' icon to add new entries. The 'Home and Mailing Address' section is also visible in the sidebar, indicating it has been completed.

Number	Extension	Type	Preferred
		Mobile	✓
		Home	

Email Address	Type	Preferred
	Work	✓

Note: If your personal information needs to be updated before open enrollment closes you will need to update it here as well as in Self Service > Benefits Details (tile) >

The screenshot shows the 'Open Enrollment' window for Jennifer Coray, with the enrollment period from 10/22/2021 to 11/30/2021. The left sidebar indicates that 'Review/Update Personal Information' is the current step, with 'Home and Mailing Address' highlighted. The main content area is titled 'Review/Update Personal Information - Home and Mailing Address'. It features two sections: 'Home Address' and 'Mailing Address', each with a text input field and a 'Current' status indicator. The 'Home Address' field is currently empty, and the 'Mailing Address' field is also empty. The 'Contact Information' section is also visible in the sidebar, indicating it has been completed.

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

Visted

Review/Update Personal Information

Complete

Acknowledgement

Complete

Benefits Enrollment

Visted

Acknowledgement

By checking "I Agree" below, I confirm that all the information I provide is complete and accurate, and that any listed dependents meet the eligibility requirements for the selected plan(s). I authorize the County of Ventura (COV) HR/Benefits to verify eligibility for myself and/or my dependents. I understand that any false, misleading, or omitted information may result in loss of coverage, denial of benefits, and/or disciplinary action. I further acknowledge and agree that:

- I have access to the Benefit Plans Handbook and have reviewed the plans I'm enrolling in. I understand I can visit <https://hr.venturacounty.gov/benefits> anytime for benefits, eligibility, deadlines, and enrollment information.
- If a New Hire or Rehire, I have received the New Hire Checklist and reviewed the Benefit Plans Handbook, including Flexible, Automatic, and Optional Benefits.
- If I choose to waive medical coverage, I understand I forfeit all Flexible Benefit Program plans and allowances which include Medical, Dental, Vision and Flexible Spending Accounts, until the next plan year Open Enrollment for which I submit an enrollment.
- I must submit any enrollment changes before the deadline and confirm their accuracy using the Preview or Submitted Enrollment Statement, available at VCHRP > Employee Self Service > Benefit Details > Benefit Statements. Unsubmitted or incorrect enrollments will not be processed.
- My coverage choices cannot be changed until the next open enrollment unless I experience a qualifying life event as defined by the IRS (see Benefit Plans Handbook, Chapter 1).
- I am responsible for submitting mid-year changes within 60 days of a qualifying life event, including the event date (e.g., birth, adoption, marriage, divorce, or gain/loss of coverage). See the Benefit Plans Handbook, Chapter 1 at <https://hr.venturacounty.gov/benefits>.
- I will review my paystub and VCHRP to confirm my enrollments and deductions are correct. If I don't report any errors within 30 days of their first appearance, I accept the listed benefits. An error is defined as a discrepancy from your paystub, not from your Open Enrollment or mid-year event confirmation statements. If Benefits determines you are ineligible for a submitted benefit, that decision overrides any Preview, Submitted or Confirmation statement.
- I understand I must follow the instructions on the Welcome page, including how to submit my enrollment and submit any required documentation to enroll dependents.
- Open Enrollment confirmation statements are available each year by December 15th after the close of open enrollment at Employee Self Service > Benefit Details > Benefits Statements.
- I authorize the Auditor-Controller to adjust payroll deductions, including retroactive changes, to correct any premium/enrollment errors. I will immediately notify the County if I or my dependents become ineligible, and I understand coverage will be retroactively terminated to the date of ineligibility.
- COV policy requires eligible employees to stay enrolled in an approved group medical plan. If I opt out and lose outside coverage, I must notify County Benefits immediately and enroll to avoid a coverage gap. If I do not notify COV in a timely manner, I understand I will be retroactively enrolled in Employee Only Medical coverage, as outlined in the Benefit Plans Handbook ("Loss of Other Health Insurance," page L-2). I also understand that if I submit enrollment after losing outside group coverage, my dependents can only be added prospectively based on processing timelines. If I miss the deadline, I will be defaulted into a medical plan, but my dependents will not be eligible for mid-year enrollment.
- My pre-tax pay will be reduced by the required contributions for my elected coverage(s) (after applying flexible credit amounts as listed on the COV Benefits website with the Benefit Plans Handbook). Any unused flexible credits will be taxed and paid to me as "Cash Back."
- My dependents and I are subject to the terms and conditions of the plans I am enrolling in.
- I understand I should not remove a spouse or their dependents from coverage in anticipation of or during a divorce. If removal is necessary, I will first obtain court permission. I must notify COV Benefits of any changes related to a spouse or dependents during a divorce, including during open enrollment.
- The plan administrator and healthcare providers are authorized to share medical information with appropriate parties as needed to deliver care, manage services, or process claims for me and my enrolled dependents.
- If a dispute arises over coverage under a plan, the dispute or claim will be resolved through the grievance and/or binding arbitration process as specified by the plan, and not through a lawsuit, except as provided by California law.

I Agree

Updated By

User ID

Name

Date/Time Stamp

10/20/2025 12:12:51PM

Save

Benefits Enrollment Page

Welcome
● Visited

Review/Update Personal Information
● Visited

Acknowledgement
● Complete

Benefits Enrollment
● Visited

Your Pay Period Cost **\$317.58**

Status Pending Review

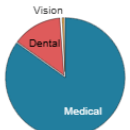
Excess Credit Cash

Submit

Full Cost **\$1,096.58**

General Credits **\$0.00**

Plan Credits **\$-779.00**



Benefit Plans

Medical

Current VC Health Care Plan
New VC Health Care Plan
Status Pending Review
1 Dependents

Pay Period Cost **\$269.45**

Review

Dental

Current MetLife Dental PPO
New MetLife Dental PPO
Status Pending Review
1 Dependents

Pay Period Cost **\$44.47**

Review

Vision

Current EyeMed Vision
New EyeMed Vision
Status Pending Review
1 Dependents

Pay Period Cost **\$3.66**

Review

Flex Spending Health Care

Current No Coverage
New No Coverage
Status Pending Review

Pay Period Cost **\$0.00**

Review

Flex Spending Dependent Care

Current No Coverage
New No Coverage
Status Pending Review

Pay Period Cost **\$0.00**

Review

Health Savings Account

Current No Coverage
New No Coverage
Status Pending Review

Pay Period Cost **\$0.00**

Review

Flex Spending Limited Purpose

Current No Coverage
New No Coverage
Status Pending Review

Pay Period Cost **\$0.00**

Review

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 **\$317.58**

Status Pending Review

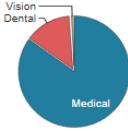
Excess Credit Cash

Submit

Full Cost **\$1,096.58**

General Credits **\$0.00**

Plan Credits **\$-779.00**



Benefit Plans

Plan Type	Current	New	Dependents or Beneficiaries	Pay Period Cost	Status	Actions
Medical	VC Health Care Plan	VC Health Care Plan	1 Dependents	\$269.45	Pending Review	Review
Dental	MetLife Dental PPO	MetLife Dental PPO	1 Dependents	\$44.47	Pending Review	Review
Vision	EyeMed Vision	EyeMed Vision	1 Dependents	\$3.66	Pending Review	Review
Flex Spending Health Care	No Coverage	No Coverage		\$0.00	Pending Review	Review
Flex Spending Dependent Care	No Coverage	No Coverage		\$0.00	Pending Review	Review
Health Savings Account	No Coverage	No Coverage		\$0.00	Pending Review	Review
Flex Spending Limited Purpose	No Coverage	No Coverage		\$0.00	Pending Review	Review

- You can view your Benefits Plans in either tile view or line view by clicking the Benefit plans Icons.

[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
☐	Spouse
☐	Child
☐	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
Select	VC Health Care Plan	?	\$365.03		\$497.00		\$-131.97
Select	BlueShield HMO Trio	?	\$352.81		\$497.00		\$-144.19
Select	BlueShield HMO Access+	?	\$417.58		\$497.00		\$-79.42
☒	BlueShield High-Deductible PPO	?	\$459.72		\$497.00		\$-37.28
Select	Opt Out	?	\$334.75		\$497.00		\$-162.25

[Overview of All Plans](#)

[Resources](#)

[VC Health Care Plan](#)[Blue Shield of CA](#)

Remember, if you're adding a dependent to your plans who is not already enrolled in at least one plan, you must provide dependent proof after you click "Submit" on your Open Enrollment (OE) event. A pop-up message will remind you of this requirement when you click the checkmark next to a dependent or use the Add/Update Dependent buttons. Again, this is only for dependents that are not currently enrolled in at least one of your health plans.

Open

CHRONIC PERIOD 01/01/2020 - 11/01/2020

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 **\$496.76**

Status **Pending Review**

Full Cost **\$1,479.76**

General Credits **\$0.00**

Plan Credits **\$-983.00**

FSA Health

V...

De...

Medical

Excess Credit Cash

Submit

Benefit Plans

Medical

Current BlueShield HMO Access+
New BlueShield HMO Access+
Status **Changed**
2 Dependents

Pay Period Cost **\$299.28**

Review

Dental

Current MetLife Dental PPO
New MetLife Dental PPO
Status **Changed**
2 Dependents

Pay Period Cost **\$67.24**

Review

Vision

Current Eyemed Vision
New Eyemed Vision
Status **Changed**
2 Dependents

Pay Period Cost **\$5.24**

Review

Flex Spending Health Care

Current No Coverage
New Health Care FSA \$3,000
Status **Changed**

Pay Period Cost **\$125.00**

Review

Flex Spending Dependent Care

Current No Coverage
New No Coverage
Status **Visited**

Pay Period Cost **\$0.00**

Review

Health Savings Account

Current Waive
New Waive
Status **Visited**

Pay Period Cost **\$0.00**

Review

Contact Information

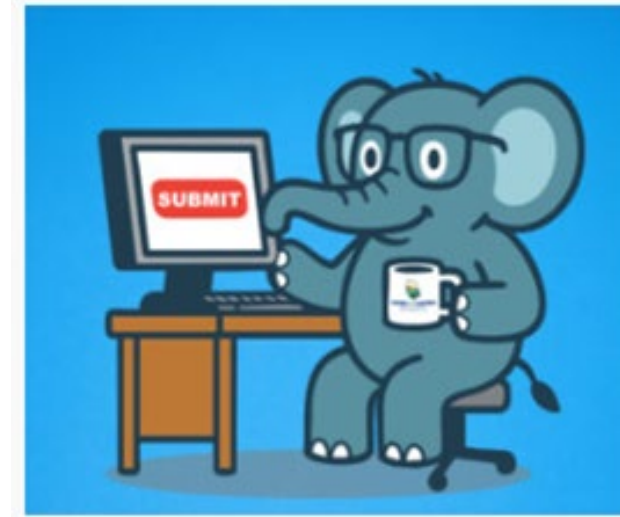
Phone
805/504-2570

Email
Benefits.ServiceRep@ventura.org

Address
800 S Victoria Ave #1970
Ventura, CA 93005-1970

Resources

County Benefits Website



If You complete Open Enrollment, nothing is finalized unless you hit “Submit” Your changes will not be transmitted and will be disregarded after OE ends unless you “Submit” them.

Elephants don’t forget, neither should you. Don’t forget, hit “Submit.”

After you click “Submit,” a “Benefits Alerts” pop-up message box will appear. Be sure to read the information in the box, as it includes important reminders about your next steps. Then, click “View” to review your submitted enrollment selections. If you need to make changes after reviewing, you can update your selections and click “Submit” again—there’s no limit to how many times you can do this before Open Enrollment ends. The last successfully submitted changes will be the ones processed at the close of Open Enrollment. If you do not see the “Benefits Alerts” message, it means your enrollment was not submitted.

Done

Benefits Alerts

View

Instructions

Your benefit choices have been successfully submitted to County Benefits.

READ FOR NEXT STEPS
You are responsible for the information provided below.

Click "View" to open your Election Preview Statement
Click "Done" to return to the Benefits Enrollment page

You can print/save the Election Preview statement for your records or find it later at: Employee Self-Service, Benefits Details, Benefits Statements. Only your latest submission's statement is viewable at this location.

The dependent upload instructions below are for Open Enrollment events ONLY. If you are completing a Mid-Year Change event, you have already uploaded dependent proof in a prior step, do not follow these instructions.

Did you Add NEW Dependents to plans during Open Enrollment? If you enrolled dependents NOT CURRENTLY ENROLLED under at least one of your health plans, you must upload dependent proof (e.g. marriage (spouse) birth (child), or latest Federal tax return showing dependent information) now:

Go to: Employee Self-Service, Benefit Details (tile), OE Dependent Proof Doc Upload (tile)

Type DP in "Life Event Type" and click the ADD button.

Follow the instructions at the top of this page.

Failure to upload documentation will result in dependents being removed as if never enrolled.

County of Ventura
MGMT M4 Employees


COUNTY of VENTURA
County Executive Office
Human Resources/Benefits

ELECTIONS PREVIEW
MGMT OE PY 2026
Event Date: 12/21/2025

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.venturacounty.gov/benefits>). You may also contact County Benefits at Benefits.ServiceRep@venturacounty.gov or (805) 654-2570. Please keep a copy of this form for your records.

PERSONAL INFORMATION

Home Address

Mailing Address

Email Address

Birthdate

BIWEEKLY COST SUMMARY

	AMOUNT
Your Cost Per Pay Period	\$ 317.58
Full Cost	\$ 1,096.58
Plan Credits	\$ -779.00
Excess Credit Rollover to	Cash

ELECTION SUMMARY

Benefit	Coverage	Annual Pledge	Your Biweekly Cost
VC Health Care Plan	EE + 1		\$ 269.45
MetLife Dental PPO	EE + 1		\$ 44.47
EyeMed Vision	EE + 1		\$ 3.66
Flex Spending Health Care	No Coverage		
Flex Spending Dependent Care	No Coverage		
Health Savings Account	No Coverage		
Flex Spending Limited Purpose	No Coverage		

DEPENDENTS

Name	Date of Birth	Relationship
		Child

DEPENDENT ENROLLMENTS

Benefit Option	Dependent
VC Health Care Plan	
MetLife Dental PPO	
EyeMed Vision	

Once you've completed your OE Event, Submitted and Reviewed your Selections you can exit your OE event.

Exit

Open Enrollment

VENTURA COUNTY
COUNTY OF SANTA BARBARA

- 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

Status Submitted 10/22/2021 8:31AM

Excess Credit Cash

Submit Enrollment

Full Cost \$1,046.32

General Credits \$0.00

Plan Credits \$-737.00

HSA

Medical

Vision

Contact Information

Phone
805/654-2570

Email
Benefits.ServiceRep@ventura.org

Address
800 S Victoria Ave #1970
Ventura, CA 93008-1970

Resources

County Benefits Website

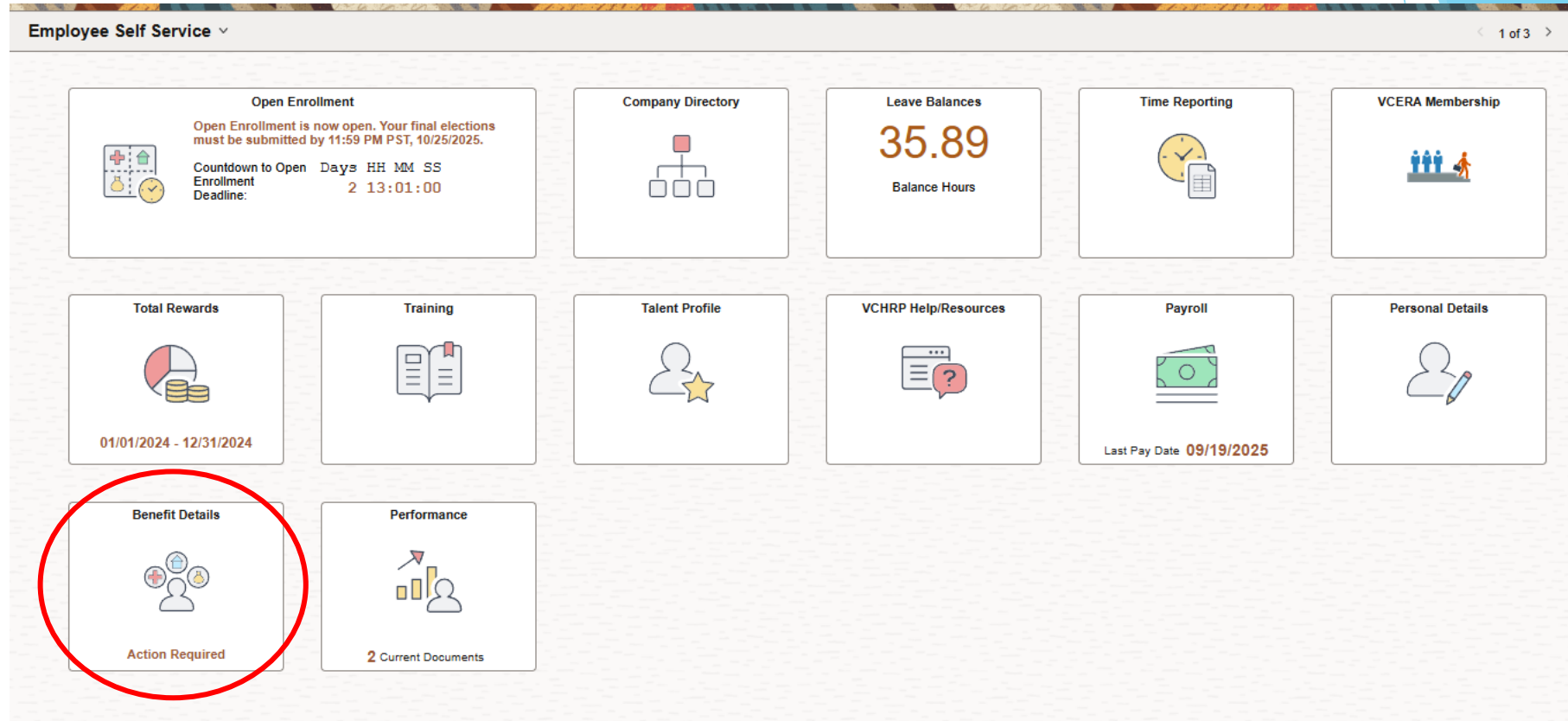
Your elections have NOT been saved if you did not click the blue "Submit Enrollment" button on the Benefits Elections page. If you have clicked the button and reviewed your elections click "Yes" to exit. If you still need to click the "Submit Enrollment" button to save your changes, click "No." Note 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?

Yes

No

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 \$2,900		\$120.83	Pending Review	Review
Flex Spending Limited Purpose	No Coverage	No Coverage		\$0.00	Pending Review	Review

Submitted Enrollment Statements and Confirmation Statements



You can view your latest “Submitted Enrollment” statement anytime by accessing Benefit Details (tile) > Benefits Statements (tile). Confirmation Statements will be available here by December 12th.

As a reminder you can view your benefits information at any time—either as of today or a future date—by going to the Benefit Details tile and selecting the Benefits Summary tile. Enter the desired date and click Refresh to see your benefits as of that date. For open enrollment, those changes will not show here until confirmation statements are available in the Benefit Statements tile. This feature is especially helpful during the year and for those that have submitted a mid-year change, or a recent job change to see benefit changes if applicable.

Benefits Summary

Benefits Summary

Life Events

Benefits Enrollment

To view your benefits as of another date, enter the date and select Refresh.

My Benefits on10/23/2025Refresh

Benefit Plans

Medical

Plan VC Health Care Plan

Coverage Employee + 1

1 Dependents

Review

Dental

Plan MetLife Dental PPO

Coverage Employee + 1

1 Dependents

Review

Vision

Plan EyeMed Vision

Coverage Employee + 1

1 Dependents

Review

Life

Plan Basic Management Life

Coverage \$50000

Review

Life and AD and D

Plan Optional Life - 1x salary

Coverage Salary X 1

Review

Dependent Life

Plan Dependent Life Option 2

Coverage \$10000

Review

Short-Term Disability

Plan Wage Supplement Plan - High

Coverage 0.001% of Salary

Review

Long-Term Disability

Plan Long Term Disability - Class 1

Coverage 66.666% of Salary

Review

401(k)

Plan MGMT 6% - 100% contribution

Coverage 8% Before Tax

Review

Employer Only

Plan Fidelity 457 Fidelity

Review

457 Fidelity

Plan Fidelity 457 Fidelity

Review

457 Roth

Plan Fidelity 457 Roth

Review

More Information Visit:

<https://hr.venturacounty.gov/benefits/py2026>

Reference the Benefit Plans Handbook 2026 Benefit Plans Handbook:



Contact each plan individually for specific plan questions. Reference the Who Do I Contact sheet on the 2026 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 and here:

Or

Leave of Absence Employees: LOA.Benefits@venturacounty.gov, 805-677-8785 and Active Employees: Benefits Service Representative Benefits.ServiceRep@venturacounty.gov, 805-654-2570 if you have questions about the enrollment process.

If you need help submitting your enrollment in VCHRP we will have drop-in times available. Bring any documentation you will need to submit your enrollment (such as proof of dependent if adding new dependents) and we will assist in-person during the designated times.