

2024 FLEXIBLE BENEFITS PROGRAM PLAN RATES & FLEXIBLE CREDITS Court Employees

2024 Biweekly Plan Costs

PLAN NAME	BIWEEKLY	PLAN NAME	BIWEEKLY
	COST		COST
Medical Plans		<u>Dental Plans</u>	
Ventura County Health Care Plan (HMO) Employee Only Employee + 1 Employee + 2 or more	\$379.07 \$757.30 \$984.24	MetLife Dental PPO Employee Only Employee + 1 Employee + 2 or more	\$21.16 \$40.33 \$60.99
BlueShield Access + HMO(full HMO network) Employee Only Employee + 1 Employee + 2 or more BlueShield Trio HMO(ACO network) Employee Only Employee + 1 Employee + 2 or more	\$439.35 \$813.05 \$1056.70 \$357.07 \$676.92 \$879.74	Vision Plans Medical Eye Services Employee Only Employee + 1 Employee + 2 or more	\$2.03 \$3.66 \$5.24
BlueShield High Deductible PPO Employee Only Employee + 1 Employee + 2 or more Medical Plan Opt-Out	\$499.96 \$892.83 \$1160.01 \$373.16		

2024 Biweekly Flexible Credits

When you enroll, you are given a Flexible Credit Allowance that you can use to purchase the benefits you wish. Your credit allowance amount is negotiated by the Bargaining Unit that represents your job classification.

Employee Group		Biweekly Flexi	Biweekly Flexible Credit	
Management & Unrepr	esented			
XM1, XM2, XM3, XM4, XM5 & XBR		\$800	\$800	
Part-time All Levels		\$720.0	0	
SEIU				
Full -time		Part-tin	Part-time	
Employee Only	\$497.00	Employee Only	\$447.30	
Employee + One	\$700.00	Employee + One	\$630.00	
Employee + Family	\$800.00	Employee + Family	\$720.00	

- Full Time: A regular work schedule of at least 60 hours per biweekly pay period
- Part Time: A regular work schedule of at least 40 hours per biweekly pay period