

### How to Enroll—Initial Enrollment

You must fill in and return the Health & Welfare Benefits Enrollment – Form A within 31 days of your hire date or during open enrollment. If you fail to return your Health & Welfare Benefits Enrollment – Form A, you will be assigned to Option 3. (See the *Health & Welfare Benefits Plan* section of this guide for more information about your options.)

**Note:** The information in this *General Information* section regarding (a) "How to Enroll," (b) "Changing Your Enrollment Options," (c) "Effective Date of Coverage," and (d) "When Coverage Ends for Benefits" applies to the Health & Welfare plans. The information relating to the supplemental plans may differ. For more detailed information, see the sections of this guide relating to the various specific supplemental benefits.

# Changing Your Enrollment Options—Open Enrollment and Other Circumstances

Enrollment changes are allowed:

- During open enrollment.
- When you transfer into an OCEA-represented bargaining unit from any non-OCEA-represented bargaining unit.
- When you change from part-time to full-time employment status, or from extra-help to regular employment status.
- Upon a family status change (marriage, divorce, birth, adoption, death, or loss of coverage).

You have **31 days** within which to submit your enrollment form with changes if you transfer into an OCEA-represented unit or change from part-time to full-time employment status.

You have **31 days** within which to submit your enrollment form with changes, plus supporting documentation (marriage certificate, birth certificate, etc.), if you have a family status change.

Send all materials to: Orange County Employees Association

830 North Ross Street Santa Ana, CA 92701

# Who Is Eligible

If you are	and you are a member of OCEA	and you are NOT a member of OCEA
employed in an OCEA- represented bargaining unit (See "Terms You Need to Know" for a complete list of OCEA-represented bargaining units.)	You are eligible for Health & Welfare benefits AND all supplemental benefits.	You are eligible for Health & Welfare benefits, but you are not eligible for any supplemental benefits.
<ul> <li>any of the following:</li> <li>employed in a bargaining unit not represented by OCEA</li> <li>a city or district employee</li> <li>an extra-help employee</li> <li>a retiree</li> <li>a member of REAOC</li> </ul>	You may be eligible for certain supplemental benefits.	You are not eligible for Health & Welfare or supplemental benefits.

If you have any questions, contact at OCEA at (714) 835-3355.

### Orange County Employees Association Health & Welfare Trust



# **Effective Date of Coverage**

In most cases, benefits for new employees become effective on the first of the month following 60 calendar days of continuous active employment.

# When Coverage Ends for Benefits

Coverage can end due to any of the following events:

- termination of employment,
- change in bargaining unit, or
- the plan ends.

### **Contacting OCEA**

Please contact OCEA for details regarding your benefits.

Orange County Employees Association 830 North Ross Street, Santa Ana, California 92701 (714) 835-3355 • FAX (714) 543-1107 www.oceamember.org

# Terms You Need to Know

# "Active Employee"

Among other things, you must be an "active" employee (actually at work) on the date you enroll in the plan and on the date coverage would otherwise become effective. (If you are on a leave of absence, you are not an "active" employee.)

If you are on a leave of absence you are not an "active" employee. Your ability to make certain changes to your benefit elections and the effective date of those changes while in leave of absence status varies depending on which benefits you have and whether or not you have elected to "buy-up" those coverages. Please refer to the specific benefit sheets in this Enrollment Guide.

# **Beneficiary**

Person designated by a participant to receive benefits provided by the plan if the participant dies.

# Biweekly

As used throughout this guide, this term means "one time per two-week period" (that is, once every two weeks, or 26 times per year).

### Cities and Districts

Municipalities, districts, agencies, and political subdivisions within the County of Orange.

# Copayment

2

The dollar amount you must pay each time a specified service is provided.

### **Deductible**

The annual dollar amount that you must pay for services before benefits become payable by the insurance carrier.

# **Eligible Dependent**

- Your legal spouse.
- Your registered domestic partner.
- Your children can be covered under your dental, vision and dependant supplemental life plan until they reach age 26.
  - Child must <u>not</u> be eligible for any other Employer dental and/or vision plan.
  - Ochild does not need to be a full-time student.
  - Child can be married or unmarried.
  - Spouses and children of dependent children are **not** eligible for coverage.
  - Any child of the employee regardless of dependency status under IRS rules for dental and vision plan.

#### Note:

For dental and vision: "Children" includes stepchildren and adopted children, provided they are chiefly dependent upon you for support and maintenance. Foster children are excluded.

For dependent supplemental life plan: "Children" includes stepchildren and adopted children, provided they live in the home of a covered employee as long as dependent life is in effect.

# Orange County Employees Association Health & Welfare Trust



# Terms You Need to Know (Continued)

# **Evidence of Insurability**

Any written statement of proof of a person's overall health status required by the insurance carrier prior to acceptance for insurance.

# **Family Status Change**

Allows changes to dependent coverage due to: marriage, divorce, birth, adoption, death or loss of coverage.

# **Full-Time Employee**

An employee employed in one or more regular or limited-term positions whose normally-assigned work hours equal those of a full work-week (40 hours or more per week) or work-period. Court Reporters (class code 0786SG) will be deemed full-time employees, as long as the Employment Status is not reported as Extra Help.

# **OCEA-Represented Bargaining Units**

- Community Services
- County General
- Fire Authority General
- Fire Authority Supervisory Management
- Healthcare Professional
- Law Library
- Office Services
- Probation Services
- Probation Supervisory Management
- Sheriff's Special Officer/Deputy Coroner
- Superior Court Clerk
- Superior Court General
- Superior Court Supervisor
- Supervisory Management

### **Open Enrollment**

A period of time each year when you may change your benefit elections without a family status change.

# Part-Time Employee

An employee employed in one or more regular or limited-term positions whose normally-assigned work hours do not equal those of a full-time employee (less than 40 hours per week, but *not* less than 40 hours in a pay period). Court Reporters (class code 0786SG) will be deemed full-time employees, as long as the Employment Status is not reported as Extra Help.

#### Plan Year

January 1 through December 31.

#### **Predetermination**

A predetermination is a free service that Delta Dental provides to its subscribers. It can help you and your dentist make better choices about your dental care. A predetermination is particularly useful for more costly procedures such as crowns, wisdom teeth extractions, bridges, dentures, or periodontal surgery. When your dentist predetermines treatment with Delta Dental, you'll receive an estimate before treatment begins of your share of the cost and how much Delta Dental will pay.

### Retiree

You are a retiree eligible to purchase retiree benefits if you are a current member of the Retired Employees Association of Orange County (REAOC) and you are or will be receiving a retirement check from the Orange County Employees Retirement System (OCERS).

# **Twice-Monthly**

As used throughout this guide, this term means "two times per month" (that is, twice per month, or 24 times per year).

# Usual, Customary and Reasonable Charge (UCR)

Fees that are regularly charged and are in the range of fees customarily charged for the same service or supply in the geographic area concerned.

# **Waiting Period**

The period of time you must complete before benefits are payable.



# **Important Contacts**

Type of Benefit	Benefit Carrier or Administrator	Website Address	Phone Number
Dental (PPO)	Delta Dental	www.deltadentalins.com	(800) 765-6003
Dental (DHMO)	DeltaCare	www.deltadentalins.com	(800) 422-4234
Vision	Vision Service Plan (VSP)	www.vsp.com	(800) 877-7195
Basic Disability	Standard Insurance Company	www.standard.com	(800) 368-1135
Supplemental Disability	Standard Insurance Company	www.standard.com	(800) 368-1135
Basic Life	Standard Insurance Company	www.standard.com	(800) 628-8600
Basic AD&D	Standard Insurance Company	www.standard.com	(800) 628-8600
Supplemental Life and AD&D	Standard Insurance Company	www.standard.com	(800) 628-8600