

These Enrollment Guidelines provide you with important information regarding:

- The Health & Welfare Benefits Plan (for employees in OCEA-represented bargaining units)
- OCEA's members-only supplemental benefits plans

Open-enrollment periods for the above plans are scheduled during the month of September. (Contact OCEA for current information regarding open enrollment.)

Health & Welfare Benefits Plan

The Health & Welfare Benefits Plan consists of four basic types of coverage:

- Dental
- Vision
- Basic Disability
- Life Insurance (with Accidental Death & Dismemberment coverage)

The exact nature of your coverage depends on which of the three "options" you choose. In general, Option 1 is for full-time employees without dependents; Option 2 is for full-time employees with dependents; and Option 3 is a "default" package for employees that did not choose either Option 1 or Option 2 within the valid time frames allowed. Part-time employees automatically fall within Option 3. Some helpful guidelines are found on the front page of the *Health & Welfare Benefits Plan* section of this guide. That page also has information on a 45-day time limit. **Do not miss your time limit!**

For assistance, contact OCEA at (714) 835-3355.

OCEA's Members-Only Supplemental Benefits Plans

The principal supplemental plans, which members may choose to purchase, are as follows:

- Supplemental Dental
- Supplemental Vision
- Supplemental Disability
- Supplemental Life Insurance
- Supplemental Accidental Death & Dismemberment
- **NEW—Group Accident Insurance**
- **NEW—Group Critical Illness Insurance**
- **NEW—Group Hospital Indemnity Insurance**

Note: As used throughout this guide:

"Twice-Monthly" ... means "two times per month" (twice per month, or 24 times per year).

"Biweekly" ... means "one time per two-week period" (once every two weeks, or usually 26 times per year).

When Coverage or Payment Begins for Supplemental Plans

In all of the supplemental plans, OCEA will determine your effective date, the date your benefits become payable, and the period covered by the benefits based on such factors as the following, where applicable:

- your OCEA membership date
- the date your evidence of insurability is approved
- the date you enroll in the plan
- the payday your payroll deductions are to begin
- whether or not you are on a leave of absence

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.)

Your ability to make certain changes to your benefit elections and the effective date of those changes while on 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.

The following sections provide further general information on effective dates for some of the supplemental plans offered to OCEA members. Remember, these are simplified rules. In the event of any conflict between the following and plan documents, the plan documents will prevail.

For details, contact OCEA at (714) 835-3355 or by email at benefits@oceca.org.

IMPORTANT DEADLINES

Supplemental Life

Within 31 days of your OCEA membership date, you may apply for life insurance in an amount up to two times your Base Annual Salary (BAS) or \$120,000, whichever is less, without evidence of insurability. In all other situations, Evidence of Insurability is required.

Supplemental Life (for Dependents)

Your application must be received within 31 days of your OCEA membership date (otherwise Evidence of Insurability is required). Enrollment of the employee in supplemental life is a prerequisite to the enrollment of dependents.

If you are currently enrolled in the Supplemental Life Insurance and have no dependent life coverage, then any dependent(s) coverage requests must be approved by The Standard. Evidence of Insurability is required if you apply outside of the initial eligibility period, unless due to family status change.

Family status change includes: Marriage, divorce, birth, adoption, death, or loss of coverage.

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.

Supplemental Disability

Your application must be received within the first 31 days of OCEA membership, or during open enrollment (otherwise Evidence of Insurability is required).

Delta Dental PPO Plan A+

Your application must be received within the first 31 days of OCEA membership, during open enrollment, or upon a family status change.

DeltaCare USA CAM49 (DHMO)

Your application must be received within the first 31 days of OCEA membership, during open enrollment, or upon a family status change.

Vision Service Plan (VSP)

Your application must be received within the first 31 days of OCEA membership, during open enrollment, or upon a family status change.

NEW—Group Accident Insurance

Your application must be received within the first 31 days of OCEA membership, during open enrollment, or upon a family status change.

NEW—Group Critical Illness Insurance

Your application must be received within the first 31 days of OCEA membership, during open enrollment, or upon a family status change.

NEW—Group Hospital Indemnity Insurance

Your application must be received within the first 31 days of OCEA membership, during open enrollment, or upon a family status change.

When Coverage Ends for Supplemental Plans

In most cases, to cancel supplemental benefit plan coverage, it is the sole responsibility of the employee to notify OCEA in writing. Payroll deductions will continue until written notification is received at OCEA's Headquarters.