

## How to Enroll—Initial Enrollment

You must complete and return the Health & Welfare Benefits Enrollment Form within 45 days of your hire date, transfer into an OCEA-represented unit, change from part-time to full-time employment status, or during open enrollment. If you fail to return your Health & Welfare Benefits Enrollment Form, 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.
- Upon a family status change (marriage, divorce, birth, adoption, death, or loss of coverage).
- When you change employment status from:
  - Part-time to full-time
  - Full-time to part-time
  - Extra help to regular
  - Regular to extra help

You have **45 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

or email to: [benefits@oceca.org](mailto:benefits@oceca.org)

## Who Is Eligible?

If you are...	...and you are a member of OCEA	...and you are NOT a member of OCEA
<p><b>...employed in an OCEA-represented bargaining unit</b></p> <p>See “Terms You Need to Know” beginning on page 2 for a complete list of OCEA-represented bargaining units.</p>	<p>You are eligible for Health &amp; Welfare benefits AND all supplemental benefits.</p>	<p>You are eligible for Health &amp; Welfare benefits, but you are <b>not</b> eligible for any supplemental benefits.</p>
<p><b>...any of the following:</b></p> <ul style="list-style-type: none"> <li>• employed in a bargaining unit not represented by OCEA</li> <li>• a city or district employee</li> <li>• an extra-help employee</li> </ul> <p><b>Retirees—Refer to Retiree Benefits Section</b></p>	<p>You may be eligible for certain supplemental benefits.</p>	<p>You are <b>not</b> eligible for Health &amp; Welfare or supplemental benefits.</p>

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

## 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 Health & Welfare Benefits

Coverage can end due to any of the following events:

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

## When Coverage Ends for Supplemental Benefits

Coverage can end due to any of the following events:

- termination of employment,
- cancellation of OCEA membership,
- non-payment of benefit contributions, 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 • [benefits@oceca.org](mailto:benefits@oceca.org)  
[oceca.org](http://oceca.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.)

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.

## 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 usually 26 times per year).

## Cities and Districts

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

## Copayment

Refers to the vision plan and DHMO plan and is the dollar amount you pay each time a specified service is provided.

## Deductible

Refers to the dental plan offerings and is the annual dollar amount you must pay for certain classes of eligible dental services before benefits are payable by the insurance company.

## Eligible Dependent

- Your legal spouse.
- Your registered domestic partner.
- Your children can be covered under your dental, vision and dependent supplemental life plan until they reach age 26.
  - Child must **not** be eligible for any other Employer dental and/or vision plan.
  - Child 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.

## 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.

### OCEA-Represented Bargaining Units

- County Community Services Unit
- County General Unit
- County Healthcare Professional Unit
- County Office Services Unit
- County Sheriff's Special Officer
- County Supervisory Management Unit
- County Public Law Library Unit
- Fire Authority General
- Fire Authority Supervisory Management
- Superior Court Clerk
- Superior Court General
- Superior Court Supervisor

### 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).

### 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 may be eligible to enroll in the Retiree benefits if:

1. Your application to purchase certain coverages is received by OCEA within 31 days of your retirement date; and,
2. You were an active member of OCEA for at least one year immediately preceding your retirement date; and,
3. You are a current member of the Retired Employees Association of Orange County (REAOC); and,
4. You 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

Refers to the number of days you must be disabled before benefit becomes payable under your disability plan(s).

**Important Contacts**

Type of Benefit	Benefit Carrier or Administrator	Website Address	Phone Number
Dental (PPO)	Delta Dental	deltadentalins.com	(888) 335-8227
Dental (DHMO)	DeltaCare USA	deltadentalins.com	(800) 422-4234
Vision	Vision Service Plan (VSP)	vsp.com	(800) 877-7195
Basic Disability	Standard Insurance Company	standard.com	(800) 368-1135
Supplemental Disability	Standard Insurance Company	standard.com	(800) 368-1135
Basic Life	Standard Insurance Company	standard.com	(800) 628-8600
Basic AD&D	Standard Insurance Company	standard.com	(800) 628-8600
Supplemental Life and AD&D	Standard Insurance Company	standard.com	(800) 628-8600

**EFFECTIVE JAN. 1, 2024**

**NEW ACCIDENT INSURANCE | NEW CRITICAL ILLNESS INSURANCE | NEW HOSPITAL INDEMNITY INSURANCE**

BENEFITS CARRIER: **STANDARD INSURANCE COMPANY** | WEBSITE: **STANDARD.COM**

**IF YOU HAVE QUESTIONS OR NEED ASSISTANCE WITH YOUR SUPPLEMENTAL BENEFITS, YOU MAY REACH OUT TO STANDARD AT:**

EMAIL: **SUPPLEMENTALNEWCLAIM@STANDARD.COM** | PHONE: **(800) 634-1743**

FILE A CLAIM ONLINE AT: **STANDARD.COM/INDIVIDUAL/FILE-CLAIM**

CLAIMS MAY ALSO BE MADE BY DOWNLOADING FORMS FROM: **STANDARD.COM/INDIVIDUAL/FORMS-PAGE** AND MAILING TO **STANDARD INSURANCE COMPANY, PO BOX 2800, PORTLAND, OR 97208** OR BY FAX TO **(833) 289-5001**