

## OCEA-ADMINISTERED HEALTH & WELFARE BENEFITS PLAN

THESE BENEFITS ARE PROVIDED AT NO COST TO EMPLOYEES IN REGULAR OR LIMITED-TERM POSITIONS IN BARGAINING UNITS REPRESENTED BY OCEA!

These benefits were negotiated by OCEA for all employees in regular or limited-term positions in OCEA-represented bargaining units, **regardless of whether or not you are an OCEA member.**

### 45-Day Time Limit

If you are a new employee, you must **complete and return the Health & Welfare Benefits Enrollment form within 45 days of your hire date, transfer into an OCEA-represented unit, or change from part-time to full-time employment status.** (If you do not do this, you will automatically be assigned to Option 3.) You may change your elections during “open enrollment” periods. Also, certain events (such as divorce, marriage, birth of a child, or change of employment status) may allow you to make changes, although conditions apply. For further information call OCEA at (714) 835-3355.

### Which of the Three Options Should I Choose?

If you are a part-time employee, you will automatically be assigned Option 3.

If you are a full-time employee, you have a choice. The option that is right for you will depend on your individual circumstances. For general information about the choice you should make, see *Simplified Guidelines*, below.

### Simplified Guidelines

- **If you are a full-time employee, and you have no dependents (or you have dependents and do not wish to include them for benefit coverage), you should choose Option 1.**
- **Most full-time employees with families will choose Option 2.** Your family will be covered with you on the DeltaCare USA CAM43 (DHMO) dental plan. Your dependents *do not* receive vision coverage. You will need to elect supplemental vision to cover dependents.
- **Do not choose Option 3.** Since Option 3 is a “default” package (with benefits of less value overall), you should take the initiative to choose either Option 1 or Option 2 if you are a full-time employee or had an employment status change.

You will be assigned to Option 3 if: (a) you are a new full-time employee and fail to return an enrollment form within 45 days of your hire date; or, (b) you transfer into an OCEA-represented unit or change from part-time to full-time employment status and fail to return an enrollment form within 45 days of your change in status date; or (c) you are a part-time employee.

### BARGAINING UNITS REPRESENTED BY OCEA

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

## OVERVIEW OF THE THREE OPTIONS

### OPTION 1

#### EMPLOYEE ONLY

- ONE OF THE FOLLOWING:
  - Delta Dental PPO Plan A; or
  - DeltaCare USA CAM43 (DHMO)
- VSP Vision Plan
- Basic Disability Plan
- Life/AD&D Insurance Plans

### OPTION 2

#### EMPLOYEE + DEPENDENTS

- DeltaCare USA CAM43 (DHMO)

#### EMPLOYEE ONLY

- VSP Vision Plan
- Basic Disability Plan
- Life/AD&D Insurance Plans

### OPTION 3

#### EMPLOYEE ONLY

- Delta Dental PPO Plan A
- Basic Disability Plan
- Life/AD&D Insurance Plans

### Plan Descriptions Are Available for All Benefit Plans

Plan benefits are limited by plan provisions. To obtain a more detailed plan description with information on limitations and exclusions, please contact OCEA at (714) 835-3355.

## OPTION 1 PLAN HIGHLIGHTS

**With this option, you have the choice of two dental plans at no cost to you: Delta Dental PPO Plan A or DeltaCare USA CAM 43 (DHMO). The plan you select must be indicated on the Health & Welfare Benefits Enrollment Form.**

| (Employee Only)                | Delta Dental PPO Plan A   | or   | DeltaCare USA CAM43 (DHMO)                    |
|--------------------------------|---|--|---|
|                                | PPO Provider  | Non-PPO Provider   |   |
|                                | <i>(YOU MAY USE YOUR OWN DENTIST, BUT YOU MUST USE A PPO DENTIST TO RECEIVE THE HIGHEST LEVEL OF BENEFITS.)</i> |  | <i>(YOU MUST USE A PARTICIPATING DENTIST)</i> |
| Deductible                     | \$50 per person (waived for preventive and diagnostic services)   | \$75 per person (deductible applies to all services)                               | No Deductible                                 |
| Preventive/Diagnostic Services | Payable at 100%   | Payable at 50%   | No Copayment                                  |
| Basic Services                 | Payable at 80%  | Payable at 50%   | Copayment                                     |
| Major Services                 | <b>Payable at 50% after you have been on this plan for six (6) months.</b>                                      | <b>Payable at 50% after you have been on this plan for six (6) months.</b>         | Copayment                                     |
| Maximum Payable                | \$1,000 per calendar year   | \$750 per calendar year  | No Maximum                                    |
| <b>Orthodontic Services</b>    |   |  |   |
| Deductible                     | None  | None   | No Deductible                                 |
| Percentage Payable             | <b>50% of covered charges after you have been on this plan for six (6) months.</b>                              | <b>50% of covered charges after you have been on this plan for six (6) months.</b> | Copayment                                     |
| Maximum Payable                | \$750 Lifetime  | \$750 Lifetime   | Copayment                                     |

| VSP Vision Plan (Employee Only)     |   |                                |  |           |      |
|-------------------------------------|---|--------------------------------|--|-----------|------|
| BENEFITS:                           | Exam  | Once each calendar year        | COPAYMENT:                               | Exam      | \$5  |
|                                     | Lenses  | Once each calendar year        |  | Materials | \$20 |
|                                     | Frames  | Once every other calendar year |  |           |      |
| Services from a VSP Doctor          |   |                                | Services from an Out-of-Network Provider |           |      |
| Exam                                | Covered in full   |                                | up to \$45                               |           |      |
| Single Vision Lenses                | Covered in full   |                                | up to \$30                               |           |      |
| Bifocal Lenses                      | Covered in full   |                                | up to \$50                               |           |      |
| Progressive Lenses                  | Covered in full after \$55 copay  |                                | up to \$50                               |           |      |
| Trifocal Lenses                     | Covered in full   |                                | up to \$65                               |           |      |
| Anti-Reflective Coating             | Covered in full after \$40 copay  |                                | Not a covered benefit                    |           |      |
| Frame                               | A wide selection of frames are covered up to \$175                                  |                                | up to \$70                               |           |      |
| Contact Lenses (in lieu of glasses) | Exam: Covered in full after a maximum copay of \$60.<br>Contact Lenses: Up to \$175 |                                | up to \$105                              |           |      |

| Basic Disability (Employee Only) |                |                     |                   |                |                       |
|----------------------------------|----------------|---------------------|-------------------|----------------|-----------------------|
| Monthly Benefit Payable          |                |                     |                   |                |                       |
|                                  | 0-20 days      | 21-90 days          | 91+ days          | Benefit Period | Cost                  |
| <b>Basic Disability Benefits</b> | Waiting Period | 60% to \$1,080 max. | 60% to \$900 max. | 24 months max. | No cost for H&W Units |

**All disability benefits are coordinated with all other sources of income (including holiday pay, sick time, and annual leave) and are subject to certain other benefit limitations.**

**Life/Accidental Death & Dismemberment Insurance (Employee Only)**

The benefit is \$25,000 of Life/Accidental Death & Dismemberment insurance.

## OPTION 2 PLAN HIGHLIGHTS

With this option, you receive family coverage under the DeltaCare USA CAM43 (DHMO) dental plan at no cost to you. You must include the names of your dependents on the Health & Welfare Benefits Enrollment Form in order to enroll.

### DeltaCare USA CAM43 (DHMO) (Employee and Eligible Dependents)

(YOU MUST USE A PARTICIPATING DENTIST)

#### Dental

|                                |               |
|--------------------------------|---------------|
| Deductible                     | No Deductible |
| Preventive/Diagnostic Services | No Copayment  |
| Basic Services                 | Copayment     |
| Major Services                 | Copayment     |
| Maximum Payable                | No Maximum    |
| <b>Orthodontic Services</b>    | Copayment     |

### VSP Vision Plan (Employee Only)

| BENEFITS:                           |   | COPAYMENT:                               |                       |
|-------------------------------------|---|--|-----------------------|
| Exam                                | Once each calendar year   | Exam                                     | \$5                   |
| Lenses                              | Once each calendar year   | Materials                                | \$20                  |
| Frames                              | Once every other calendar year  |  |                       |
| Services from a VSP Doctor          |   | Services from an Out-of-Network Provider |                       |
| Exam                                | Covered in full   |  | up to \$45            |
| Single Vision Lenses                | Covered in full   |  | up to \$30            |
| Bifocal Lenses                      | Covered in full   |  | up to \$50            |
| Progressive Lenses                  | Covered in full after \$55 copay  |  | up to \$50            |
| Trifocal Lenses                     | Covered in full   |  | up to \$65            |
| Anti-Reflective Coating             | Covered in full after \$40 copay  |  | Not a covered benefit |
| Frame                               | A wide selection of frames are covered up to \$175                                  |  | up to \$70            |
| Contact Lenses (in lieu of glasses) | Exam: Covered in full after a maximum copay of \$60.<br>Contact Lenses: Up to \$175 |  | up to \$105           |

### Basic Disability (Employee Only)

|                                  | Monthly Benefit Payable |                     |                   | Benefit Period | Cost                  |
|----------------------------------|-------------------------|---------------------|-------------------|----------------|-----------------------|
|                                  | 0-20 days               | 21-90 days          | 91+ days          |                |                       |
| <b>Basic Disability Benefits</b> | Waiting Period          | 60% to \$1,080 max. | 60% to \$900 max. | 24 months max. | No cost for H&W Units |

All disability benefits are coordinated with all other sources of income (including holiday pay, sick time, and annual leave) and are subject to certain other benefit limitations.

### Life/Accidental Death & Dismemberment Insurance (Employee Only)

The benefit is \$25,000 of Life/Accidental Death & Dismemberment insurance.

## OPTION 3 PLAN HIGHLIGHTS

There is no employee cost for Option 3.  
 This option is for full-time employees who do not select an option AND all part-time employees.

### Delta Dental PPO Plan A (Employee Only)

**PPO Provider** **Non-PPO Provider**

*(YOU MUST SELECT A DELTA PPO PROVIDER FOR THE HIGHEST BENEFIT LEVEL.)*

|                                |  |  |
|--------------------------------|--|--|
| Deductible                     | \$75 per person (waived for preventive and diagnostic services)            | \$75 per person (deductible applies to all services)                       |
| Preventive/Diagnostic Services | Payable at 80%   | Payable at 50%   |
| Basic Services                 | Payable at 80%   | Payable at 50%   |
| Major Services                 | <b>Payable at 50% after you have been on this plan for six (6) months.</b> | <b>Payable at 50% after you have been on this plan for six (6) months.</b> |
| Maximum Payable                | \$375 per calendar year  | \$375 per calendar year  |

### Orthodontic Services

|                    |  |  |
|--------------------|--|--|
| Deductible         | None   | None   |
| Percentage Payable | <b>50% of covered charges after you have been on this plan for six (6) months.</b> | <b>50% of covered charges after you have been on this plan for six (6) months.</b> |
| Maximum Payable    | \$375 Lifetime   | \$375 Lifetime   |

### Basic Disability (Employee Only)

#### Monthly Benefit Payable

|                                  | 0-20 days      | 21-90 days          | 91+ days          | Benefit Period | Cost                  |
|----------------------------------|----------------|---------------------|-------------------|----------------|-----------------------|
| <b>Basic Disability Benefits</b> | Waiting Period | 60% to \$1,080 max. | 60% to \$900 max. | 24 months max. | No cost for H&W Units |

All disability benefits are coordinated with all other sources of income (including holiday pay, sick time, and annual leave) and are subject to certain other benefit limitations.

### Life/Accidental Death & Dismemberment Insurance (Employee Only)

The benefit is \$25,000 of Life/Accidental Death & Dismemberment insurance.

## ABOUT YOUR HEALTH & WELFARE DENTAL PLANS

### About Delta Dental PPO Plan A

Delta Dental PPO Plan A gives members the flexibility to choose their own dentists and to self-refer for specialty care services. To receive the highest level of benefits with the lowest out-of-pocket expense, you should consider visiting a Delta PPO dentist. PPO dentists agree to provide treatment to PPO patients at discounted fees prenegotiated by Delta. In addition, the percentages paid by Delta will be significantly higher when you visit a Delta PPO dentist.

Dentists who are not part of Delta Dental have not agreed to discounted fees. These dentists will be paid the usual, customary, and reasonable fees for services. Since these fees can be higher than Delta's discounted fees, you will spend more money with a dentist who is not participating with Delta Dental. You may also be required to file your own claims with Delta.

### Who is Eligible?

Employees only. 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.)

### Finding a Delta PPO Dentist

You can access Delta directly by going to [deltadentalins.com](http://deltadentalins.com). Click on the link that specifies Delta Dental PPO Option. Additionally, you can call your dental office to ask if your dentist is a member of the Delta PPO or Delta Dental in network dentist. (Note: In California, Delta endodontists, periodontists, and oral surgeons are considered Delta PPO dentists even if they have not signed a PPO agreement.)

### Predetermination of Benefits

If you are considering having extensive or expensive dental work, you may obtain a predetermination review before the service begins. Predeterminations are free and usually take about three weeks to process. You may obtain a predetermination/claim form from your dentist, or your dentist can submit on your behalf to:

Delta Dental  
P.O. Box 997330, Sacramento, CA 95899-7330  
(888) 335-8227 • [deltadentalins.com](http://deltadentalins.com)

### Claims and Customer Service

Delta Dental customer service can provide assistance on benefit questions, eligibility, changing dentists, or explaining claim procedures. You may contact Delta Dental at:

Delta Dental  
P.O. Box 997330, Sacramento, CA 95899-7330  
(888) 335-8227 • [deltadentalins.com](http://deltadentalins.com)

### About DeltaCare USA CAM43 (DHMO)

The DeltaCare USA DHMO offers you a comprehensive program of dental care with no annual benefit limit. Most preventive services like cleanings and examinations are covered in full. Other procedures will require copayments at the time the dentist performs the service.

This is a "managed" dental care program in which you must select a dentist from an extensive network to be your personal provider. This dentist will perform, arrange, or refer all of your dental care needs. You must receive services from your DeltaCare USA dentist for contract benefits to apply. There is no coverage for care not received from your DeltaCare USA dentist.

### Who is Eligible?

Employees and eligible dependents. 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.)

Dependents are generally your legal spouse or registered domestic partner, and children.

Your children can be covered under your dental and vision plans 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.

### Finding a DeltaCare USA Dentist

The DeltaCare USA Dental Network is a large, carefully selected list of dentists who meet the DeltaCare USA credentialing requirements and have agreed to a contractual relationship with DeltaCare USA.

Once you are enrolled in DeltaCare USA, you may choose or change dentists. To find an in-network dentist, visit the Delta Dental website at [deltadentalins.com](http://deltadentalins.com) or call the DeltaCare USA customer service line at (800) 422-4234. Changes are usually effective the first of the month following your request. DeltaCare USA will advise you of the new effective date.

### Customer Service

DeltaCare USA provides its members with customer service at (800) 422-4234. Customer service can provide assistance on benefit questions, eligibility, changing dentists, or explaining claim procedures. You may also visit the DeltaCare USA website at [deltadentalins.com](http://deltadentalins.com) to view provider lists, obtain benefit information and view your current assigned provider.

## ABOUT YOUR HEALTH & WELFARE VISION PLAN (EMPLOYEE ONLY)

### About Vision Service Plan (VSP)

Vision Service Plan (VSP) has the nation's largest eye-care doctor network with thousands of participating doctors. If you choose to receive services from a VSP provider, benefit coverage is more comprehensive and your out-of-pocket expenses may be less.

If you choose to receive services from an out-of-network provider, VSP will reimburse you up to the amount allowed under the plan's out-of-network provider reimbursement rate. Services obtained through out-of-network providers are subject to the same copayments and limitations as services obtained through VSP doctors.

Be aware your out-of-network provider reimbursement rate does not guarantee full payment, and VSP cannot guarantee patient satisfaction when services are received from an out-of-network provider.

### Who is Eligible?

You must be a full-time employee and not enrolled in Option 3. 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.)

### Finding a VSP Provider

It's easy to find a VSP provider. Log on to the VSP website at [vsp.com](http://vsp.com) and use the doctor directory to look for a provider in the Choice Network. Or you can call the VSP Member Services phone number at (800) 877-7195.

### Filing a Claim

If you choose to use an out-of-network provider, claims must be filed with VSP within six months from the date of service. Please keep a copy for your records and send the originals to:

VSP  
P.O. Box 385018  
Birmingham, AL 35238-5018

Full details may be found on VSP's website at [vsp.com/faqs/claims-reimbursement](http://vsp.com/faqs/claims-reimbursement).

### Vision Plan Highlights

| BENEFITS:                           |   | COPAYMENT:                               |                       |
|-------------------------------------|---|--|-----------------------|
| Exam                                | Once each calendar year   | Exam                                     | \$5                   |
| Lenses                              | Once each calendar year   | Materials                                | \$20                  |
| Frames                              | Once every other calendar year  |  |                       |
| Services from a VSP Doctor          |   | Services from an Out-of-Network Provider |                       |
| Exam                                | Covered in full   |  | up to \$45            |
| Single Vision Lenses                | Covered in full   |  | up to \$30            |
| Bifocal Lenses                      | Covered in full   |  | up to \$50            |
| Progressive Lenses                  | Covered in full after \$55 copay  |  | up to \$50            |
| Trifocal Lenses                     | Covered in full   |  | up to \$65            |
| Anti-Reflective Coating             | Covered in full after \$40 copay  |  | Not a covered benefit |
| Frame                               | A wide selection of frames are covered up to \$175                                  |  | up to \$70            |
| Contact Lenses (in lieu of glasses) | Exam: Covered in full after a maximum copay of \$60.<br>Contact Lenses: Up to \$175 |  | up to \$105           |

## ABOUT YOUR HEALTH & WELFARE DISABILITY PLAN

### About Your Basic Disability Plan

OCEA provides a Basic Disability Plan at no additional cost to all employees in regular or limited-term positions in OCEA-represented bargaining units in the County of Orange, the Fire Authority, the Superior Court and the Law Library, regardless of whether or not you are an OCEA member. This plan is designed to help replace your income if you become disabled. The Basic Disability Plan pays up to \$1,080 per month from the 21st calendar day through the 90th calendar day of your disability and up to \$900 per month from the 91st calendar day, for a maximum of 24 months. The Basic Disability Plan benefit amounts coordinate with all other sources of income received for the period of your disability (including holiday pay, sick leave, annual leave, workers' compensation, retirement, and other disability benefits).

### Pre-Existing Condition

You may not be able to collect benefits beyond 90 days if your injury or illness is because of a pre-existing condition. A pre-existing condition is one in which a reasonably prudent person would have consulted a physician, received medical treatment, services or advice, undergone diagnostic procedures, including self-administered procedures, or taken medication in the 90-day period prior to your effective date. Please note that the pre-existing condition limitation only applies to disabilities which continue beyond 90 days.

For the **Basic Disability Plan**, disabilities that are not a result of a pre-existing condition are covered per the terms of the contract. Coverage for a pre-existing condition is not provided beyond 90 days if the disability begins during the first 12 months of your coverage. If the disability begins after you have been covered on the plan for more than 12 months, there is no pre-existing limitation.

### Who is Eligible?

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, the following rules apply depending on how long you have been on leave:

- **Leave of absence up to one year:** The Basic Disability plan will remain in force for the first three months following the beginning of your leave of absence. When you return to active employment, if eligible, you will be reinstated for the Basic Disability plan you had prior to taking your leave of absence.
- **Leave of absence greater than one year:** After one year, your Basic Disability plan will be canceled until you return to active employment. When you return to active employment you are automatically enrolled in the basic disability plan. Benefits will become effective the first of the month following 60 calendar days of continuous active employment.

### Definition of Disability

You will be considered disabled if, as a result of an illness, non-work related injury, or pregnancy, you are unable to perform with reasonable continuity the material duties of your own occupation.

### Waiting Period

No benefits are payable during the 20-day waiting period.

### Benefit Period or Duration

Benefits may be payable up to 24 months. In some cases, the maximum length of time benefits may be payable will depend on your age when you become disabled.

### How to File a Claim

To obtain a disability claim form, you may contact OCEA or download the form at [oceaa.org/disabilityclaimform](https://oceaa.org/disabilityclaimform).

## ABOUT YOUR HEALTH & WELFARE LIFE/ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE PLAN

### Life Benefit

This plan is available to full-time and part-time employees. The plan pays a benefit of \$25,000 to the beneficiary upon the death of the employee. The policy has no cash value.

### Who is Eligible?

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, the following rules apply depending on how long you have been on leave:

- **Leave of absence up to one year:** The Health & Welfare Life/Accidental Death and Dismemberment Insurance coverage will remain in force for the first three months following the beginning of your leave of absence. When you return to active employment, if eligible, you will be reinstated for the Health & Welfare Life/Accidental Death and Dismemberment plan you had prior to taking your leave of absence.
- **Leave of absence greater than one year:** After one year, your Health & Welfare Life/Accidental Death and Dismemberment Insurance coverage will be canceled until you return to active employment. When you return to active employment you are automatically enrolled in the Health & Welfare Life/Accidental Death and Dismemberment Insurance plan. Benefits will become effective the first of the month following 60 calendar days of continuous active employment.

### Matching Accidental Death & Dismemberment Benefit

If the death of the employee is the result of an accident, this plan pays an additional \$25,000 benefit to the beneficiary.

### "Living Benefit" Option

The living benefit gives you the opportunity, while living and under age 60, to receive 75% of your life insurance coverage should you be diagnosed with a terminal illness with a life expectancy of twelve months or less. The minimum amount that can be requested is \$5,000 or 10% of your insurance, whichever is greater.

Upon your death, your beneficiary will receive any remaining benefit.

### Travel Assistance

All members participating in Basic Life and Optional Life programs from The Standard are automatically enrolled in the Travel Assistance program through CGA. Travel Assistance is intended to help members and their families while they are traveling to find medical & legal services, replace lost credit cards and passports, as well as other helpful assistance when traveling more than 100 miles from home and for less than 180 days. For more information and a complete description of services available with Travel Assist, please refer to [standard.com/eforms/21251.pdf](http://standard.com/eforms/21251.pdf)

### Conversion Policy

You may convert your basic life insurance to an individual whole life policy without evidence of insurability if:

- 1) Your insurance ends or is reduced due to a qualifying event, and
- 2) You apply in writing and pay the first premium within 31 days after your employment terminates.

The maximum you are eligible to convert is the amount of your life insurance before coverage ended.

### Portability

If your life insurance ends because your employment terminates, you may be eligible to continue group life insurance without evidence of insurability. To be eligible, you must satisfy the following requirements:

- 1) On the date your employment terminates, you must be able to perform the material duties of your occupation.
- 2) On the date your employment terminates, you are under the age of 65.
- 3) On the date your employment terminates, you must have been covered under this plan for at least 12 months.
- 4) You must apply in writing within 31 days after your employment terminates.

The maximum amount you are eligible to buy is the amount of life insurance before coverage ended.

### How to File a Claim

Contact OCEA at (714) 835-3355 for claim forms.