My OC Benefits™

What to Know
About Your County of Orange Benefits

Your Guide to Benefits Enrollment >

Your Health Plan Options >

Save on Taxes >

Enrolling on the My OC Benefits™ Website >

When Things Change >

Your Pathway to Wellness >

Supplemental and Other Benefits >

Resources >

Your Guide to Benefits Enrollment

This guide will help you learn about your County benefits, introduce you to your benefits resources and take you through the benefits enrollment process.

You may be eligible to enroll or change your benefits if:

- It is the Open Enrollment period.
- You are a new employee.
- You experience a Qualified Life Event (QLE).
- You are a current employee and you experience an eligible change in employment status (e.g., promotion, full-time to part-time, transfer).
- You have moved out of your health plan's coverage area.
- You begin or end a leave of absence.

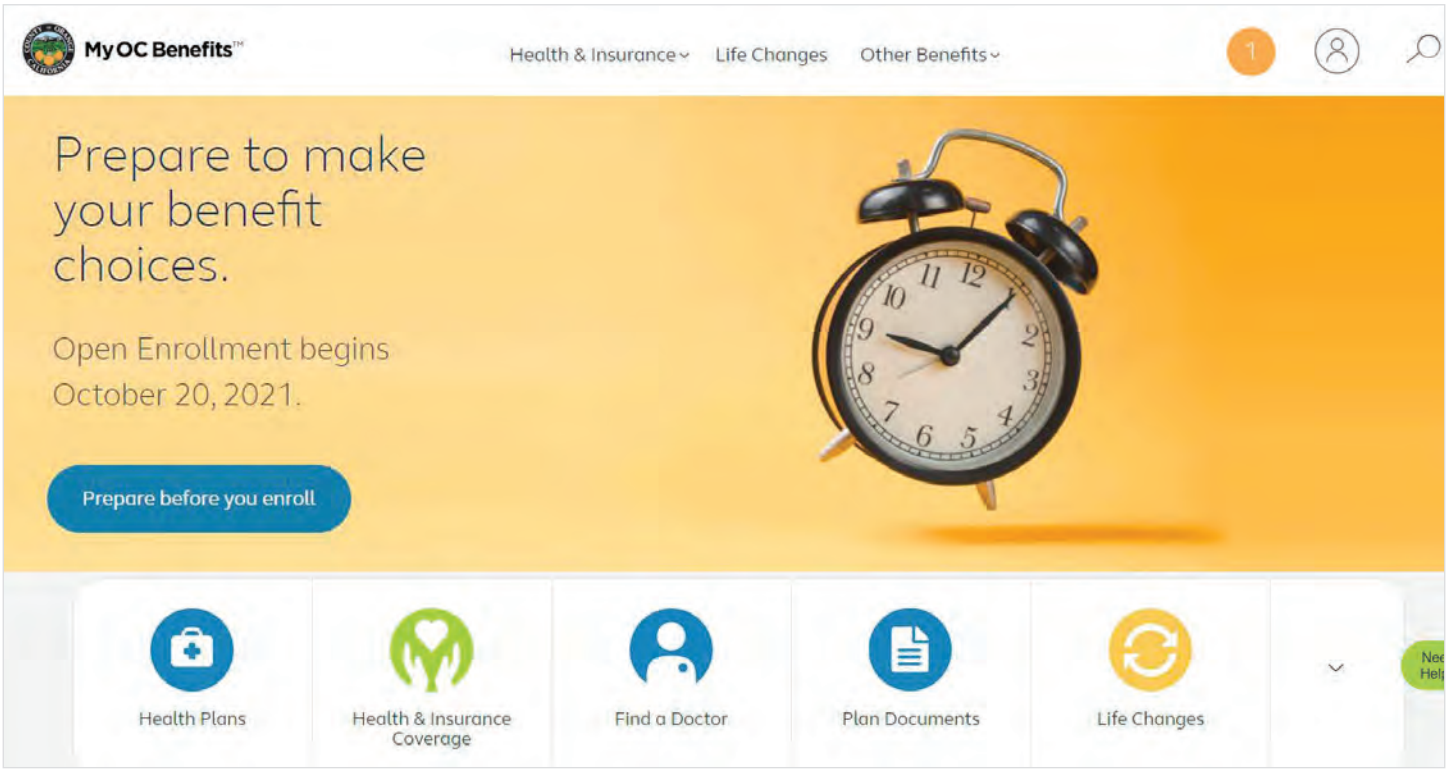
While this guide highlights key information, it does not include everything you need to know about your benefits. You can see your current coverage, available health plan options, each health plan's **Summary of Benefits and Coverage** and other information on the **My OC Benefits**™ website.

My OC Benefits™ and the Benefits Service Center

With the **My OC Benefits**™ website and a Benefits Service Center team to support you, you'll be able to view and manage your benefits your way — online or on the phone. You can access **My OC Benefits**™ in two ways:

- Log in securely at **mybenefits.ocgov.com** from anywhere you have Internet service.
- Select the "**My OC Benefits**™" link on **IntraOC** when logged in at work. No additional password is required.

If you're away from a computer, or you simply prefer the convenience of your smartphone or tablet, you can use the Alight Mobile app on your mobile device once you've registered on the website. Learn more on page 4.



First-Time User on My OC Benefits™?

At the login page, select "New User?" and enter the last four digits of your Social Security Number and date of birth. Next, follow the prompts to create your user ID, password and Benefits Service Center PIN.

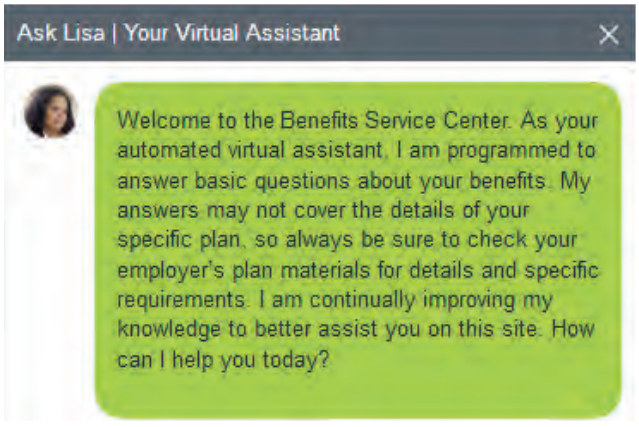
Benefits Service Center

If you ever have questions about your County benefits, instead of asking a coworker, friend or family member, go directly to the experts.

- Call the **Benefits Service Center** at **1-833-476-2347** between 8 a.m. and 6 p.m. Pacific Time, Monday through Friday. Representatives who are trained in County benefit provisions will be ready to assist you. Be prepared with the PIN you created when you first logged on to **My OC Benefits**™ or set up your PIN when you call the **Benefits Service Center** for the first time.

  If there's a long wait, you can schedule a call-back at a time convenient for you.

- If you're on **My OC Benefits**™ and can't find the answer you need, just Ask Lisa, your virtual assistant. Look for the green "Need Help?" button at the lower right of every page. Click the button, and Lisa will search a library of frequently asked questions to help you.
- Still need help? From the links at the bottom of any page on **My OC Benefits**™, choose "Contact Us," then "**General Information.**" From there you'll be able to start a live chat with a Benefits Service Center representative.



Benefits...in Your Pocket

My OC Benefits™ is available to you wherever you are, even on your tablet or smartphone. You can download the app (called Alight Mobile) on your mobile device once you've registered on the website. Look at your coverage, check out your personal information, and even enroll on the app.

To access **My OC Benefits**™, go to your favorite app store, search for "Alight Mobile," and download the app. Once it's downloaded, enter "County of Orange" on the search line. Sign in with your user name (user ID) and password. You'll receive a one-time verification code sent to your mobile phone. Enter it, and you're ready to go. Each time you open the app you can verify your identity by signing in or using Touch ID/Face ID on supported devices.

Who's Eligible for County Benefits?

Generally, you, your spouse/domestic partner and your dependent children (including your spouse's/domestic partner's children) are eligible for coverage under the County benefits available to you.

For detailed eligibility information, select "Plan Documents" on the **My OC Benefits**™ home page and open **Dependent Eligibility Definitions and Required Documents**.

Your Health Plan Options

Health Plan Coverage Options

- Cigna Choice HMO
- Cigna Select HMO
- Kaiser Choice HMO
- Wellwise Choice PPO*
- Sharewell Choice PPO*
- Waive Coverage*

Automatic Benefit If You Do Not Enroll

Full-Time Employees:
Wellwise Choice PPO
(You only coverage)

Part-Time Employees:
Sharewell Choice PPO
(You only coverage)

Waiving Health Coverage

If you choose to waive County health coverage, you must attest that you will have other qualifying health coverage as required by the Affordable Care Act (ACA). You will also be required to provide proof of other coverage by the provided deadline, otherwise you will be enrolled in the automatic benefit mentioned above. For more information, see the **Waiving Health Coverage** flyer.

Health Maintenance Organization Plans

Health Maintenance Organization (HMO) plans provide a comprehensive array of services, including preventive care, at a minimal cost, but you must use providers in the HMO network. HMO networks include doctors, hospitals, and other health care providers and facilities that have contracted with the HMO to provide care at lower premiums. HMOs do not generally pay benefits for care received outside the HMO network, except in emergency situations.

Important features of HMO plans include:

- Minimal copayments for most services (e.g., doctor's office visits)
- No claim forms
- Coverage for preventive services such as annual physicals, well-baby and well-woman care, and immunizations

Provider changes within a plan network occur as a normal course of business and are not considered a Qualified Life Event (QLE) that permits a mid-year change in health plan.

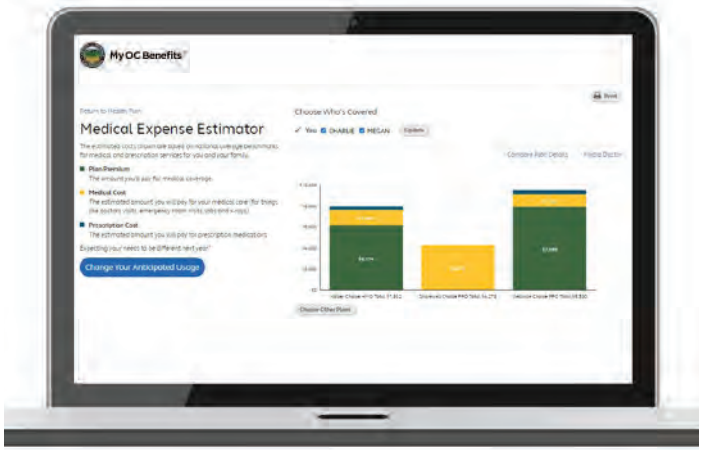
*Wellwise Choice PPO and Sharewell Choice PPO are County plans administered by Blue Shield of California. Prescription drug benefits are administered by OptumRx.

Preferred Provider Organizations

Preferred Provider Organizations (PPOs) give you the freedom to choose any doctor, whether or not he or she is a member of the PPO network, but you receive a higher level of benefits from in-network providers. You do not need to select a primary care physician to coordinate your care, and you can see a specialist anytime you wish.

There may be out-of-network providers at a network facility or emergency room. When seen by an out-of-network provider or at an out-of-network facility, you will pay a percentage of the Usual, Reasonable and Customary (URC) amount, plus any amount over the URC amount billed by the provider (instead of the network negotiated fee).

To learn more about the HMO and PPO plans offered by the County of Orange, select "Plan Documents" on the **My OC Benefits**™ home page for **Summaries of Benefits and Coverage (SBCs)**. SBCs provide you with an overview of each health plan's coverage.



Which Plan Should I Choose?

My OC Benefits™ contains a number of tools that can help you make the right decision, based on your personal situation. These include:

- **Medical Expense Estimator** – Enter data about your anticipated health care usage for next year (doctor visits, prescriptions, etc.), and the tool will estimate your out-of-pocket expenses for the different health plan options.
- **Health Plan Comparison Charts** – Look at the plans side by side, and compare deductibles, copays, coinsurance and more.
- **Find a Doctor** – To find out if your doctor is in-network, use the Find a Doctor tool.

If you are an Extra Help employee (scheduled to work ongoing 60 hours per pay period), your health plan is the Sharewell Choice PPO health plan, which meets the minimum essential coverage and minimum value standards set by the Affordable Care Act. To learn more about the plan, select "Plan Documents" on the home page to see the Summary of Benefits and Coverage (SBC) on **My OC Benefits**™.

If you are affiliated with AOCDS, your health plans will be offered through AOCDS instead of the County of Orange. For more information, visit **aocds.org** or call **1-714-285-9900**.

Save on Taxes

Through the Health Care and Dependent Care Reimbursement Accounts

The County of Orange offers you two types of **Reimbursement Accounts**: the Health Care Reimbursement Account (HCRA) and the Dependent Care Reimbursement Account (DCRA). A Reimbursement Account lets you pay for eligible health care and dependent care expenses with contributions from your pay before federal and state taxes are calculated. This reduces your taxable income. You can contribute to one or both of these accounts.

If you think that participating in a HCRA or DCRA might be right for you, check with your financial advisor to understand the benefits and tax savings associated with County Reimbursement Accounts.

About the Health Care Reimbursement Account

A HCRA lets you use pre-tax dollars to pay for qualified medical, prescription drug, dental and vision expenses you or your covered dependents have that are medically necessary but not covered by your own, or another, insurance plan. You can contribute up to a certain maximum each year, set by the Internal Revenue Service (IRS). Contact the **Benefits Service Center** to learn the current year's maximum.

You can use your HCRA for many types of expenses, from copayments for medical services and prescription drugs to eyeglasses and contact lenses.

How a HCRA Works

If you enroll in the HCRA, you will receive a debit card from Alight Smart-Choice Accounts®. The card is good for 60 months, so even if you've used up your balance halfway through the year, hold on to your card; if you re-enroll the next year, the card will be reloaded.

Your HCRA debit card can be used at providers' offices and retailers to pay for qualified expenses. You should always save your receipts in case you are asked to verify your card use.

If you choose not to use the debit card, you may still file claims with Smart-Choice Accounts and submit receipts to receive tax-free reimbursement of eligible expenses.

If You Go on Leave

If you go on an unpaid leave, you can continue to make after-tax contributions through direct billing and submit HCRA claims. If you don't contribute to your HCRA while on leave, you cannot submit claims for any expenses incurred during your leave, although you can submit claims for expenses incurred before you went on leave. If you fund your HCRA through the Optional Benefit Plan, you can continue to submit claims during your leave.

For more information, including a list of eligible expenses, please visit **https://www.irs.gov/pub/irs-pdf/p502.pdf**.

Keep in Mind...

- You can't change your contributions during the year unless you have a QLE.
- If you do not re-enroll for the HCRA next year, you will forfeit any funds left over in your current-year account.
- If you elect the HCRA next year, up to $550 of unused funds from the current year will roll over to next year's account. However, you'll lose funds over $550 if not used by year end.
- If you leave County employment or retire, you may only file claims for expenses you have incurred through your last date of employment unless you elect to continue HCRA through COBRA.

About the Dependent Care Reimbursement Account

A DCRA lets you use pre-tax dollars to pay for the care of dependent children under the age of 13 or dependents of any age who are unable to care for themselves. You can contribute up to a maximum each year, set by the Internal Revenue Service (IRS). Contact the **Benefits Service Center** to learn the current year's maximum.

Care must be provided while you and/or your spouse are at work, attending classes as a full-time student or looking for work.

You can use your DCRA for expenses such as daycare, babysitters, nursery school and eldercare, as long as your caregiver has a tax ID number. You cannot be reimbursed for any dependent care services while you are on a leave of absence.

As you plan how much to contribute, keep in mind that services for a dependent child's care are reimbursable until his or her 13th birthday. However, you may submit reimbursement claims for allowable services through the end of the year. Your child's 13th birthday is not a QLE that will allow you to change your election mid-year.

How the DCRA Works

Tax-free money from your paycheck will be deducted and credited to your DCRA. You pay your provider, then submit a claim for reimbursement. The plan works like a checking account in that you may only be reimbursed for the amount you have in your account at the time of your claim. If your claim is for more than your account balance, the rest will be paid when more money is deducted from your paycheck and added to your DCRA.

If You Go on Leave

You must be actively at work to contribute to the DCRA. Your contributions end while on any leave.

For more information, including a list of eligible expenses, please visit **https://www.irs.gov/pub/irs-pdf/p503.pdf**.

Enrolling on the My OC Benefits™ Website

Ready to enroll? Just follow the steps below. Note that if you start to choose your benefits but need to cancel or interrupt, your elections will not be saved.

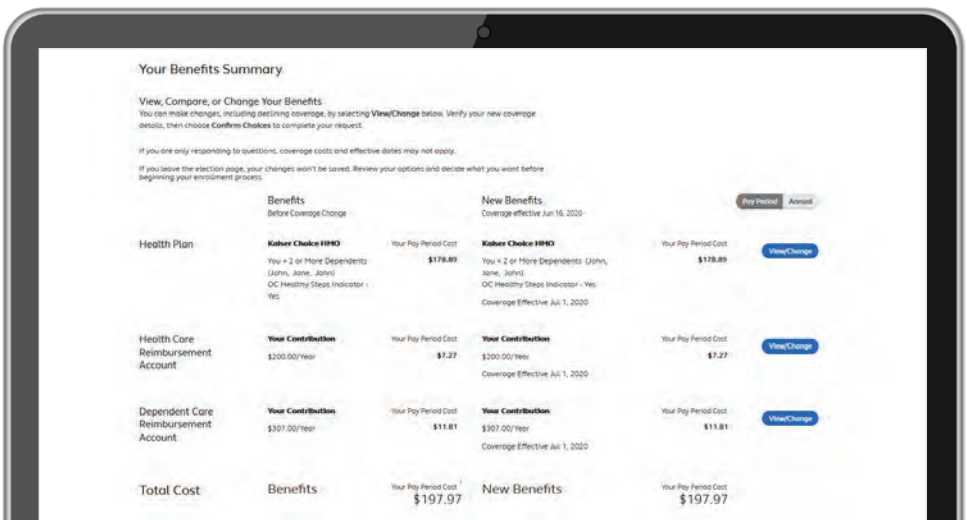
Go to **My OC Benefits**™ directly from **IntraOC** or on the Internet at **mybenefits.ocgov.com**.

1. If you're a new employee, you'll see a notification directing you to enroll in your benefits. Click the link within the notification. You'll also see a notification during the annual Open Enrollment period — your once-a-year opportunity to make changes to your coverage. If you don't see a notification, you'll find a link in the Message Center.
2. To begin the enrollment process:
   - Select "View/Change" to see your options. Choose which of your dependents you want covered by the health and dental plans.
   - If you need to add a dependent, you can, although you will need to provide supporting information.
   - You can also waive health coverage for you and your dependents.
   - Follow the steps to choose any additional benefits you're eligible for.
   - Once you make your selection, you'll return to the "Enroll in Your Benefits" screen.
3. If you're satisfied with your choices, select "Confirm."
4. You'll be given a chance to re-confirm your enrollment. If you're sure, select "OK." If not, select "Cancel," and you can start again. Remember that your elections will not be saved unless you select "OK."
5. If you need to provide any documentation, make sure you do it before the deadline noted.

Tip: Take the time to do any research or modeling before you start to enroll. That way you'll be confident when making your choices.

You'll receive a Confirmation of Benefits if your email address is on file. If not, you can print the "Your Enrollment is Confirmed" page if you would like to have a record of your enrollment. If you enroll through the **Benefits Service Center** (see **page 12**), you will receive a Confirmation of Benefits in the mail.

You will have 14 calendar days from the date of your enrollment to report any errors or changes to the elections you made.



Open Enrollment — What You Need to Know

Each fall, you have the opportunity to make changes to your coverage with an effective date of the following January 1. You don't have to enroll each year. If the benefits you have in place are working for you, there's no need to do anything. Nevertheless, you may still want to review your coverage on **My OC Benefits**™, as your costs may change. If you want to contribute to a HCRA or a DCRA, you must enroll.

Tips!

- Decide if you want to change your health plan:
  - Put together a list of your doctor visits and prescriptions.
  - Use the **My OC Benefits**™ tools to make your decisions, like the Medical Expense Estimator and the Health Plan Comparison Chart. As you narrow down your choices, visit the carrier sites to get a better understanding of their coverage, including in-network doctors and hospitals.
- You can make changes to your other benefits coverage during the Open Enrollment period.
- If you had a QLE but missed the deadline for registering a new dependent, you've got a second chance during Open Enrollment. If you added a new dependent during Open Enrollment, you will receive a notice from Dependent Verification Services to verify your dependent. Submit required documentation by the deadline noted.
- If you're newly enrolling in the County Couples Program (see next page), be sure to attest to the applicable program requirements before the end of the enrollment period.
- If you are an existing EME, you will need to re-attest to the program requirements prior to each Open Enrollment period.
- If you are currently enrolled in a HCRA and wish to have $550 or less roll over to the next plan year, you must enroll.
- If you select No Coverage for the new plan year, you will receive a notice from the **Benefits Service Center**. You need to provide proof of other coverage by the given deadline, or you will be enrolled in a County health plan.

The choices you make when you enroll will remain in place from January 1 to December 31 of the following year. You can make changes to your selections throughout the enrollment period; however, once you've confirmed your choices and the Open Enrollment period ends, your decisions will be locked in place. You can only make changes if you experience a QLE that allows you to make a change to your benefits.

Enrolling Through the Benefits Service Center

If you prefer to have someone help you enroll over the phone, you can. Just call the **Benefits Service Center** at **1-833-476-2347**, between 8 a.m. and 6 p.m. Pacific Time, Monday through Friday.

If you enroll through the **Benefits Service Center**, you will be mailed a Confirmation of Benefits. Your new health plan will send you a new ID card.

Your Enrollment Checklist

- Attend a New Employee Benefits Orientation to learn about your benefits options and requirements. When offered, orientations are scheduled the first Monday of each month. Contact your agency HRS for more information.
- Carefully review this guide and enroll in your County benefits by the deadline.
- It is your responsibility to review all plan materials, premiums and automatic benefits coverage.
- If you are currently enrolled in a HCRA and wish to have $550 or less roll over to the next plan year, you must enroll.
- If you are eligible for the OBP benefit and you make no election, you will receive a Taxable Cash Lump Sum payout.
- Make your benefit elections on **My OC Benefits**™ by completing the steps listed on page 10. If you are a new employee and take no action by your deadline, you will receive the automatic benefits coverage displayed on page 5.
- If you are waiving coverage, review the solicitation notice you will receive to submit the proof of other coverage by the given deadline.
- Once your enrollment period ends, you will not be permitted to make changes until the next Open Enrollment unless you experience a QLE that allows you to make a change to your benefits.

Tip!
Taking the time to review and select your benefits now will ensure that you have the coverage you need when you or a family member needs it.

County Couples Program

The County offers special programs for County employees or retirees married to/registered as a domestic partner of another County employee or retiree (including those enrolled in an Association of Orange County Deputy Sheriffs [AOCDS] health plan).

If you are married to another County employee, you will be eligible for the Employee Married to Employee (EME) Program, if:

- Both of you agree to be enrolled in the same health plan;
- Both of you are full-time County employees in a regular or limited-term status;
- Both of you attest to the EME Program requirements during the enrollment period; and
- You or your spouse/domestic partner must be enrolled as the subscriber and the other as a dependent (non-subscriber) along with any eligible children.

If you are married to/registered as a domestic partner of a County retiree, you will be eligible for the Retiree Married to Employee (RME) Program, if:

- You are a regular or limited-term employee (not an Extra Help employee);
- You have active health plan coverage;
- Your spouse/domestic partner has not opted out of retiree health coverage; and
- Both of you attest to the RME Program requirements during the enrollment period.

In most cases, you will see a message on the home page of **My OC Benefits**™ during the enrollment period. Just follow the link to attest online and upload any required documents.

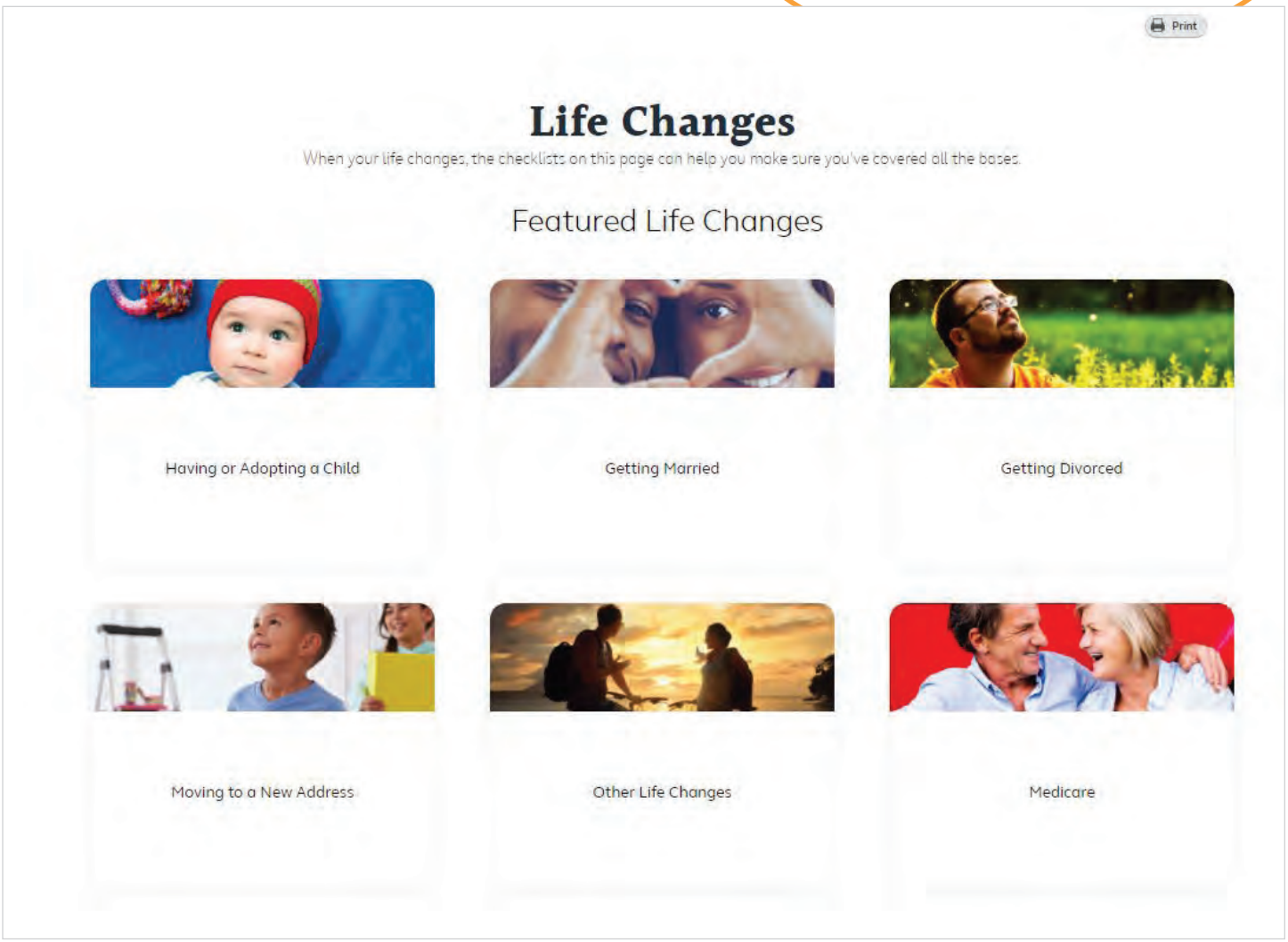
If you don't see the message and believe you qualify, please contact the **Benefits Service Center** at **1-833-476-2347**. If you are in an AOCDS health plan and wish to be the subscriber, call the AOCDS at 1-714-285-9900 to enroll in the program.

Tip!
To learn more about the County Couples Program, select "Plan Documents" on the **My OC Benefits**™ home page, and then "**County Couples Program**" and click on the dependent eligibility section for details.

When Things Change

Typically, you can only make or change benefit elections when you first become eligible for coverage and during Open Enrollment. However, you can make changes during the plan year if you have a QLE.

Most QLEs do not permit you to change health plans; however, you may be eligible to add and/or remove dependent coverage and/or change your Reimbursement Account elections and other benefits (if applicable). Qualified Life Event rules are governed by the IRS. See the "Life Changes" section of **My OC Benefits**™ for details.



If You Have a QLE

Report Your QLE Within 30 Calendar Days

- Report applicable QLEs in the "Life Changes" section of **My OC Benefits**™. From the home page, select the "Life Changes" icon, and then select the type of QLE you are reporting. Here you can make any applicable dependent and/or Reimbursement Account changes.
- You can also report your QLE by calling the **Benefits Service Center** at **1-833-476-2347**.
- If notification of your QLE is not received within 30 calendar days of the event (60 calendar days for QLEs relating to divorce, end of domestic partnership, dependent loss of eligibility or gain or loss of CHIP or Medicaid coverage), new dependents will not be eligible for coverage until the next Open Enrollment period or until you experience another QLE.
- **You must remove any dependents within 30 calendar days of when they become ineligible.** Otherwise, you may be responsible for the cost of premiums or services for those dependents after their eligibility ended.
- If you add new dependents, upload dependent verification and other required documents, such as a birth or marriage certificate, through **My OC Benefits**™ as soon as possible, but no later than the deadline noted in the Alert you received in your Message Center. If you don't, your new dependents will be terminated from coverage.

Please note: Changes made as part of a divorce QLE are effective the first of the month following the event. We will not refund any past premiums taken if the event was reported outside the 60-day window.

QLE Examples

You may change your benefits during the year if you experience certain Qualified Life Events (QLEs). Here are some of the QLEs you can report on **My OC Benefits**™:

- Marriage
- Start of domestic partnership
- Divorce, legal separation or annulment
- End of domestic partnership
- Birth of a child, adoption or placement for adoption
- Addition of a child through marriage or domestic partnership

You must call the **Benefits Service Center** at **1-833-476-2347** for QLEs related to loss of plan eligibility, changes in employment status, relocation, or death of your dependent or spouse/domestic partner.

In the Event of Your Death

Generally, your spouse/domestic partner and covered dependent children will be eligible to continue County health plan coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA). The **Benefits Service Center** at **1-833-476-2347** can assist in COBRA initiation and referral to the Life/AD&D administrator for matters related to your death.

Taking a Leave of Absence

The County of Orange reasonably accommodates and assists employees in taking a leave of absence (LOA), including family LOAs due to the birth or adoption of a child, and LOAs following an on- or off-the-job injury or illness.

When on a leave or when you return from a leave, pay attention to communications sent to you. You will continue to receive critical and time-limited benefits information from the **Benefits Service Center**. Ignoring these communications without reading them may lead to you being dropped from coverage.

If you're considering taking a leave of absence, your first step is to speak with your supervisor and/or Human Resource Services (HRS) representative.

Select "Plan Documents" on the **My OC Benefits**™ home page and open the "**Leave of Absence Checklist**" for additional steps you need to take before and during your leave and when you're ready to return to work.

If You Move

If you move, you must contact your agency's Human Resource Services. Also, be sure to report any changes to any other County of Orange organization you're affiliated with.

If your move means that you are no longer eligible for your current health care option, you will need to contact the **Benefits Service Center** to change your coverage. Your move to the new option will be effective on the first of the month following the date your address change is registered.

Your Pathway to Wellness: Helping You Reach Your Wellness Goals

Your Pathway to Wellness, the County of Orange wellness program offers tools and resources that focus on the physical, emotional, financial, and environmental/social aspects of health to help you achieve your wellness goals.

Employees who participate in the annual Wellness Credit program (typically mid-May through August) will receive an additional 5 percent contribution from the County toward their health plan costs in the following plan year. This path along your wellness journey, also provides you a snapshot of your current health. From there, you can determine what steps you need to take to achieve your wellness goals.

For More Information

You can find more information about the County's wellness program, track your wellness activities and discover online workshops, challenges and coaching at **www.webmdhealth.com/countyoforange**

Your Pathway to Wellness

*WebMD protects the confidentiality of your personal health information in accordance with applicable federal laws. WebMD is not affiliated with the County of Orange, and your personal health information, medical conditions and health results are not shared with the County. WebMD provides the County with aggregate data, but this information cannot be tracked back to any individual.

Health Reimbursement Arrangement

The Health Reimbursement Arrangement (HRA) is a medical expense reimbursement program that helps you pay for future health care costs after separating from County service for any reason. As you continue to work for the County, the County will contribute money to your HRA each pay period. Your HRA balance is tax-free and rolls over year to year. HRA balances can be invested in different funds to help grow the amount of money, tax-free, in your HRA. The HRA administrator will mail you a welcome letter with instructions to set up your account access.

For more information

You can contact Mission Square Retirement at Missionsq.org.

Supplemental and Other Benefits

The County provides a variety of other benefits to support the emotional and financial wellness of you and your family.

Benefit Not all employees are eligible for all the plans listed below	**Automatic Benefit** If you do not enroll
The County provides you with **Basic Life Insurance*** and, if eligible, **Basic Accidental Death and Dismemberment (AD&D)** coverage. You may purchase additional voluntary **Life Insurance and AD&D** coverage for yourself and your family at various levels and costs. In some cases, evidence of insurability (EOI) may be required.	You will receive Basic Life and Basic AD&D coverage at the amount required by your Memorandum of Understanding (MOU).*
The County provides you with **Short- and Long-Term Disability** at 60 percent of your salary. Review the plan document and online information for details on limitations, exclusions and waiting periods.	60 percent of salary with some limitations/exclusions.
Management and Attorney Dental Plan: The County provides basic and major dental coverage with an annual benefit maximum of $1,500 per person. Dependent enrollment is available to full-time employees at no additional cost.	**Full-Time Employees:** You only coverage. **Part-Time Employees:** No coverage.
Optional Benefit Plan (OBP): The OBP is an annual County-provided benefit that can be taken in the form of taxable cash, utilized in tax-free ways such as the HCRA or contributed toward your 457 Defined Contribution Plan. The annual amount varies based upon job title. As a new employee, you are eligible for the OBP on a prorated basis effective the first of the month following 28 calendar days from your date of hire.	If no election is made, your OBP will be paid in one taxable cash lump sum.
Judges' PERS Medical Claims Reimbursement Program: The County reimburses you biweekly through your payroll check for your share of Health and Dental Plan premium costs. The program also reimburses you for eligible medical expenses incurred by you or your enrolled dependents that are not paid by your health plan. Expenses eligible for reimbursement include Health Plan deductibles, coinsurance and copayment amounts that you pay out of pocket. Dental expenses may be eligible for reimbursement under the Health Care Reimbursement Account.	All Orange County Superior Court Judges appointed or elected prior to December 10, 2013 are eligible for the program.
Employee Assistance Program: Aetna Resources For Living is a County-sponsored program, available at no cost to you.	Available to all employees and their household members, including dependent children up to age 26, whether or not they live at home.
Empower Retirement: The County provides you with a simple, flexible way for you to save for retirement.	You must enroll to participate, unless you are in a bargaining unit that has adopted automatic enrollment. Those newly hired employees eligible for automatic enrollment will receive a notice in the mail from Empower Retirement with more information.

You may have supplemental benefits through your union. Contact your union representative for more information.

*The IRS requires that you pay federal tax on the value of certain life insurance coverage and/or contributions made by you and/or the County toward benefits coverage for domestic partners. This imputed income amount will be added to your biweekly pay as taxable earnings and included in your W-2 earnings at year end. You must pay taxes on this amount.

Resources

For Questions About...	Click or Call...
Benefits and Enrolling, COBRA and Direct Billing	
My OC Benefits™	**mybenefits.ocgov.com** Or access the site directly from IntraOC once you've logged on to your computer at work. **1-833-476-2347**
Payment Options and Direct Billing (if you're on a leave of absence)	**mybenefits.ocgov.com** **1-833-476-2347**
Dependent Verification	**mybenefits.ocgov.com** Select the link in your Message Center Fax: **1-877-965-9555**
COBRA	**mybenefits.ocgov.com** **1-800-244-6224**
Health Plans	
Cigna Choice and Select HMO Plans	**cigna.com/countyoforange** **1-833-476-2347**
Wellwise Choice and Sharewell Choice PPO Plans Blue Shield of California Plan Administrators (Medical claims administrator and provider network)	**blueshieldca.com/oc** **1-888-235-1767**
OptumRx (Pharmacy claims administrator for Wellwise Choice and Sharewell Choice)	**optumrx.com** **1-800-573-3583**
Kaiser Choice HMO Plan	**my.kp.org/oc** **1-800-464-4000**
Management and Attorney Dental Plan (Blue Shield of California)	**yourdentalplan.com/bsca** **1-877-403-2273**
Supplemental and Other Benefits	
AOCDS	**aocds.org** **1-714-285-9900**
Employee Assistance Program	**resourcesforliving.com** Username: Orange County ca | Password: eap **1-800-221-0945**
Employee Benefits Website (General information only; visit **My OC Benefits™** for most current information)	**hrs.ocgov.com/employeebenefits**
Empower Retirement	**1-866-457-2254**
Health Care Reimbursement Account (HCRA) Dependent Care Reimbursement Account (DCRA)	Smart-Choice Accounts website through **mybenefits.ocgov.com** **1-833-476-2347**
Your Pathway to Wellness Program	**www.webmdhealth.com/countyoforange** **1-800-492-9812**
OCERS (Retirement benefits)	**ocers.org** **1-714-558-6200**
The Hartford (Life Insurance and Accidental Death and Dismemberment)	**thehartford.com** **1-800-523-2233**
The Standard Insurance Company (Short- and Long-term Disability)	**standard.com** **1-833-786-5639**
Health Reimbursement Account (HRA)	**missionsq.org** **1-800-669-7400**

About this Guide

This Guide is only an overview of the benefit plans available to you. The plan documents and insurance policies for each plan provide the detailed, legal information about your coverage. If there is any difference between this guide and the plan documents or insurance policies, the plan documents and insurance policies will govern.

Alight's Commitment to Protecting Personal Information

Alight Solutions has implemented various technical, administrative and organizational security measures to protect the confidentiality of the personal information we process. We have policies, procedures and controls to reduce the risk of unauthorized or accidental use, disclosure or destruction of your personal information, and we train our employees on data security.

If you are a California resident, California law provides you with certain rights. If you are an employee of the County of Orange receiving services from Alight, Alight receives your information solely for the purposes of completing a business purpose of our clients and does not use or disclose your information except as necessary to accomplish the business purpose for which we received your information. Sometimes the County of Orange may possess some of your information and we may redirect a query to the County of Orange to gain this information. The information will only be used for completing our business purposes.

California Civil Code Section 1798.83 permits you to opt out of the disclosure of your personal information by Alight to third parties for the third parties' direct marketing purposes. We do not disclose your personal information to third parties for the third parties' direct marketing purposes. If this policy were to change, we would inform you in writing, so you can opt out of such disclosures by sending us an email to **privacy.info@alight.com** or writing us at Alight Solutions, ATTN: Chief Privacy Officer, Legal Department, 4 Overlook Point, Lincolnshire, IL 60069.

If you have any questions about security on our website, you can contact us at **privacy.info@alight.com**.

Alight Smart-Choice Accounts is a registered trademark of Alight Solutions LLC.