My OC Benefits™

What to Know

About Your County of Orange Retiree Benefits

Your Guide to Retiree Medical Plan Enrollment

This guide will help you learn about your Retiree Medical Plan benefits and take you through the enrollment process. Look inside to:

- Learn about the types of Retiree Health Plan options available to you.
- Know how Medicare affects your plan choices and the Retiree Medical Grant — and what happens if you have a mixed Medicare/non-Medicare family.
- Get directions on how to enroll.
- Find guidance on what you need to do when you have a Qualified Life Event (QLE).
- Learn what you need to do to get ready for the County Open Enrollment period.
- See resources available to you.

Who's Eligible for Retiree Medical Plan Coverage?

Retired individuals or their eligible survivors who receive a monthly OCERS pension are eligible for the County of Orange Retiree Medical Plan, as are any of the following as dependents:

- A legal spouse or registered domestic partner
- Children under age 26, including stepchildren, foster children (added to coverage before age 18), legal wards under age 18, children placed for adoption, legally adopted children and children of domestic partners
- Incapacitated children age 26 or older who are dependent on you for support and were incapacitated before their 26th birthday

Retiree Medical Grant

When you retire, you may be eligible to receive a County of Orange Retiree Medical Grant to offset the cost of your County Retiree Health Plan option and/or your Medicare Part B premiums (if applicable). Note that the Grant is not a vested or guaranteed benefit.

To be eligible for the Retiree Medical Grant you must:

- Separate from an eligible bargaining unit;
- Meet the minimum requirement for years of continuous service; and
- Receive a monthly retirement pension from OCERS.

The Retiree Medical Grant is based on:

- Your age at separation;
- Your years of eligible County service (up to 25 years);
- Medicare status; and
- Base dollar amount (adjusted up or down annually, capped at 3 percent).

Retiree Medical Lump Sum

Eligible employees who separate from the County but do not qualify to receive the Retiree Medical Grant may receive a Retiree Medical Lump Sum (RMLS) cash payout in lieu of the Retiree Medical Grant.

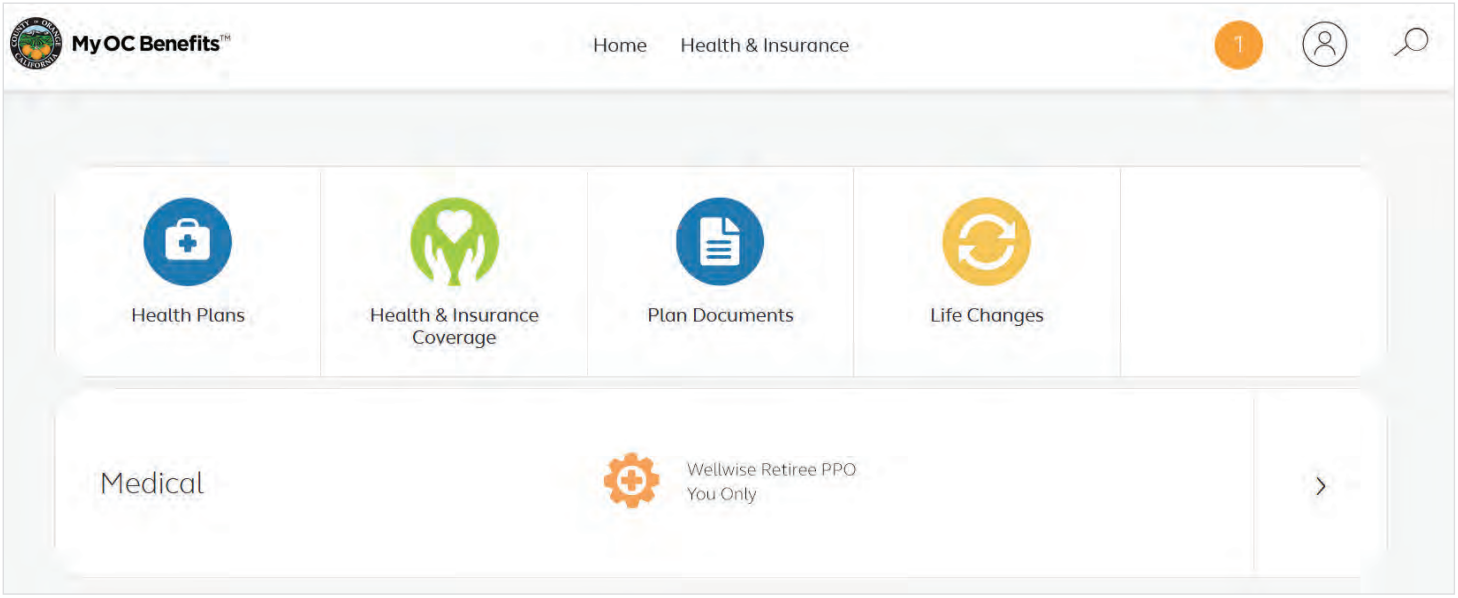
If you are eligible for an RMLS payout, you will receive a solicitation letter by mail inviting you to request your RMLS payout. You must make your request on the **My OC Benefits**™ website within 60 days of the date of your letter, or you can call the **Benefits Service Center** at any time after. Once you have requested your payout, you will be mailed an RMLS payout confirmation letter.

If you take the RMLS payout and are subsequently eligible for a Grant, taking the RMLS payout cancels your eligibility for the Retiree Medical Grant for the same period of employment for which you are taking the RMLS payout.

If you are pursuing a disability retirement or for other reasons may be retirement eligible, you should contact the **Benefits Service Center** prior to making this election, as it is irrevocable and will terminate any rights you may have to the Retiree Medical Grant.

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 log in securely at **mybenefits.ocgov.com** from anywhere you have Internet service.



Benefits Service Center

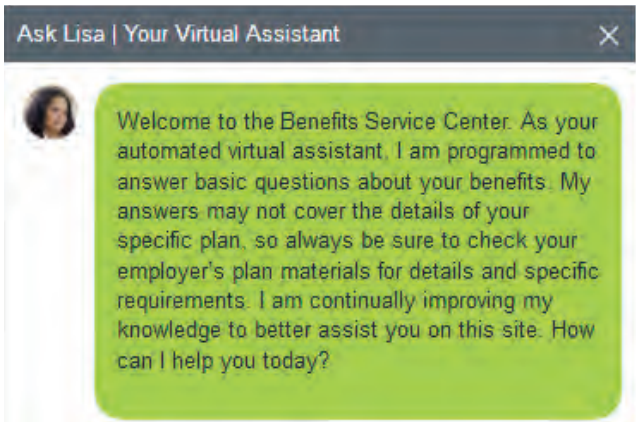
If you ever have questions about your County benefits, instead of asking a friend or family member, go directly to the experts.

- 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 UPoint Mobile HR) 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 "UPoint Mobile HR" and download the app. Once it's downloaded, enter "County of Orange" in the search line. Log in with your 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 logging in and using Touch ID/Face ID on supported devices.

If You Need to Make Changes

There are five situations in which you can make changes to your County retiree benefits:

- Every year, during Open Enrollment
- If you experience certain Qualified Life Events (see **page 12**)
- When you or your dependent becomes eligible for Medicare
- If you move out of your HMO health plan's service area
- If you choose to disenroll from the Retiree Medical Plan

Are You Thinking About Retiring Soon?

Enrolling in a Retiree Health Plan option is just one part of the retirement process. If you are thinking about retiring, you may want to look at the **Intent to Retire Summary** and **Attaining Medicare Eligibility Summary**, both of which are on the "Plan Information" page of the **My OC Benefits**™ website. You can get there by selecting "Plan Documents" on the home page.

When you are ready to retire, take the following steps:

- **Watch the New Retiree Orientation.** You'll find it on the **County's Employee Benefits website**.
- **Complete your Social Security Verification of Employment form.** Contact Employee Benefits to fill out the employer portion of the form.
- **Enroll in Medicare if you are 65 or older.** Apply for Medicare 90 days before your intended retirement date to ensure that your Medicare coverage is in place by the time you retire.
- **Contact the health plans you are considering.** If you have any questions about a specific health plan's benefits, doctors and hospitals or coverage areas, contact that plan directly. See the **Resources** section on page 16 of this guide for health plan telephone numbers and websites.
- **Enroll in COBRA dental coverage,** if you want to continue the dental coverage you currently have.
- **Enroll in COBRA to continue your Health Care Reimbursement Account (HCRA),** if you are currently enrolled in a HCRA and will have balances in your account when you retire that you will use after you separate.

- **Convert or continue your life insurance coverage.** You may be eligible to continue certain life insurance benefits under an individual policy once your employment ends. Portability of insurance allows eligible insured employees to continue their coverage after leaving the County. If you have life insurance through your labor organization, contact that organization to convert or continue your coverage. If you have life insurance through the County, contact **The Hartford** at **1-888-563-1124** within 31 days after your retirement date.

Tip!
If you are enrolled in a Cigna HMO Health Plan as an employee, you must make a new health plan election, as Cigna is not offered as a Retiree Health Plan option.

Checklist for Turning Age 65

If you are approaching Medicare eligibility (generally, when you reach age 65), you'll need to enroll in Medicare and then enroll in a County Medicare Health Plan option. You can learn more by reviewing the **Attaining Medicare Eligibility Summary** on the "Plan Information" page on **My OC Benefits**™. You can get there by selecting "Plan Documents" on the home page.

- **Enroll in Medicare.** You should apply for Medicare 90 days before your 65th birthday to have your Medicare coverage in place by your birthday.
- **Review the Attaining Medicare Eligibility package** that will be sent to your mailing address 120 days before your 65th birthday. The package includes a solicitation letter prompting you to enroll in one of the County's Medicare Health Plan options as well as an Attaining Medicare Eligibility Summary, which provides you with step-by-step guidance on what you need to do.
- **Contact the health plans you are considering.** If you have any questions about a specific health plan's benefits, doctors and hospitals or coverage areas, contact the carrier directly. See the **Resources** section on page 16 of this guide for health plan telephone numbers and websites.

Enrolling in Medicare

For details about or to enroll in Medicare, call the Social Security Administration at **1-800-772-1213**, or visit **ssa.gov**.

Tip!
Make sure your preferred doctors are in your plan network before enrolling. If your preferred doctors are not a part of or leave the plan network, you may not change health plans until the next Open Enrollment.

What You Need to Know About Medicare

Medicare Comes in Three Parts

Generally, you are eligible to enroll in Medicare when you reach age 65. Medicare coverage has three parts:

- Part A, which covers many major medical expenses, including hospitalization costs
- Part B, which covers physician's office visits and most outpatient hospital services
- Part D, which is a voluntary prescription drug program

Generally, Part A is free, and everyone pays a monthly premium for Part B. County of Orange retirees must be enrolled in Medicare Part A, if eligible to receive it at no cost. All County of Orange retirees must be enrolled in Medicare Part B.

Mixed Family Enrollees

If you are not eligible for Medicare but your dependent is—or if you are eligible and your dependent is not—you'll need to enroll in the Mixed Medicare plan that best fits the needs of your family:

- Medicare-eligible family members can enroll in a Medicare Advantage plan and non-Medicare eligible family members will be enrolled in a corresponding non-Medicare plan.
- If you, as a Medicare-eligible individual, enroll in either the Sharewell or Wellwise Retiree PPO plan, all family members will be enrolled in the same plan.

If the Centers for Medicare and Medicaid Services (CMS) does not approve the Medicare-eligible participant's enrollment in a Medicare Advantage plan, your original elections will no longer be valid. You will receive a Confirmation of Benefits reflecting your new automatic benefits coverage as well as your new premium and effective date.

Important Information about Medicare Part D

If you and/or an eligible covered dependent will be enrolling in a County-sponsored Medicare plan, **you should not enroll in a separate Part D plan.** Doing so may affect your eligibility for these plans, because all the County Retiree Health Plan options provide prescription drug coverage equal to or better than Medicare Part D, except the Sharewell Retiree PPO. If you are enrolling in the Sharewell Retiree plan, you should enroll in Medicare Part D to avoid a penalty assessed by Medicare.

Retiree Medical Grant

When you retire, you may be eligible to receive a County of Orange Retiree Medical Grant to use toward the cost of your County Retiree Health Plan option and/or your Medicare Part B premiums (if applicable). Note that the Grant is not a vested or guaranteed benefit.

When you reach age 65, there will be changes to your Retiree Medical Grant, if you're eligible for the Grant.

- The amount of your Grant will be reduced by 50 percent when you become eligible for Medicare Parts A and B. If you pay for Part A, call the **Benefits Service Center**. When you show proof that you do pay for it, your Grant will not be reduced.
- If any Grant remains after it is applied to cover your Retiree Health Plan premiums, it can be applied to your Medicare Part B premium costs.
- You will also need to provide Medicare enrollment verification for any added dependents with Medicare.
- If you do not enroll in Medicare or do not submit the required Medicare documentation/verification, your Grant will be suspended, and you will be defaulted to the non-Medicare premium. **Submit any required documentation** on **My OC Benefits**™ by the deadline so that your Grant isn't suspended. If you prefer, you can fax your documentation to **1-224-607-3465** or mail it to PO Box 661162, Dallas, TX 75266-1162.

Your Retiree Health Plan Options

Below are brief descriptions of your Retiree Health Plan options. See the Benefit Summaries on the "**Plan Information**" page for more details about each plan's benefits. You can get there by selecting "Plan Documents" on the home page.

Review this information carefully to make sure you understand your choices and make the selections that best meet your needs.

The Retiree Health Plan options include health maintenance organizations (HMOs) and preferred provider organizations (PPOs). Your options vary depending on whether you are eligible for Medicare and where you live.

Health Maintenance Organizations

Health maintenance organizations (HMO) 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 with 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 QLE that permits a mid-year change in health plan.

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 fee).

About Medicare Advantage Plans

Many health plans offered to Medicare-eligible retirees are Medicare Advantage plans. You must be enrolled in Medicare Parts A and B to be eligible to enroll in most Medicare Advantage Plans. The Kaiser Senior Advantage HMO Medicare Advantage Plan also accepts those enrolled in Medicare Part B only.

Medicare Advantage plans require that you assign your Medicare benefits to that health plan. When you assign your benefits to a plan:

- The doctors and other health care providers agree to accept the amount paid by your health plan as payment. You simply pay the copayment and deductible amounts.
- You must use the health plan doctors and facilities that are in the plan's provider network.

The Anthem Blue Cross Select HMO plan, the Anthem Blue Cross Traditional HMO plan, the Wellwise Retiree PPO plan and the Sharewell Retiree PPO plan will continue to be offered for those who do not wish to assign their Medicare benefits to a Medicare Advantage health plan.

If you choose to enroll in a Medicare Advantage plan, you will need to be approved by the Centers for Medicare and Medicaid Services (CMS). CMS will also determine your benefit start date. You may be enrolled in the Wellwise or Sharewell Retiree PPO plan if you are denied by CMS or to bridge the gap if CMS determines an effective date later than your intended retiree benefits begin date.

If You are Eligible for Medicare Part B Only

If you or your dependents are covered by Medicare Part B only and do not qualify for Medicare Part A at no cost, different health plan options and premiums may apply.

Your enrollment options include the Anthem Blue Cross Traditional HMO, the Anthem Blue Cross Select HMO, the Kaiser Senior Advantage HMO, the Wellwise Retiree PPO and the Sharewell Retiree PPO.

Medicare Part B Premium Reimbursement

To ensure that you are reimbursed for your Medicare Part B premium, you must upload a copy of your statement to **My OC Benefits**™. Alternatively, you can fax your documentation to **1-224-607-3465** or mail it to PO Box 661162, Dallas, TX 75266-1162. For more information on the documentation you need to submit and when the reimbursement becomes effective, contact the **Benefits Service Center** for assistance.

Survivor Benefits

If you are a survivor of a deceased employee or retiree, you may be eligible for coverage under a County Retiree Health Plan option and for a Retiree Medical Plan Survivor Grant. You will receive 50 percent of the deceased retiree's Grant. If your deceased spouse's Grant was not reduced by 50 percent when your spouse turned 65, your Survivor Grant will be reduced by 50 percent when you turn 65. There are some complexities associated with Survivor Grants, and we suggest that you contact the **Benefits Service Center** for information on your particular situation.

As a courtesy, once you start the Retiree Medical Plan benefits as a survivor, you will be enrolled in the retiree health coverage you had before. If you wish to keep COBRA health coverage or change your retiree health plan, please call the **Benefits Service Center**. To learn more about the HMO and PPO plans offered by the County of Orange, see each plan's summary document by selecting "Plan Documents" on the home page on **My OC Benefits**™. Then look under "Current year's Retiree Health Plan Information."

Note: There may be a delay in notification to survivors that they are eligible for coverage under a County Retiree Health Plan option and for a Retiree Medical Plan Survivor Grant. In this case, you will receive COBRA materials to account for this gap.

Important

If you do not enroll in and/or maintain your Medicare Part B as required, you will be required to pay higher non-Medicare health plan premiums, and your Retiree Medical Grant will be suspended.

You will not be able to re-enroll in a Medicare Advantage plan until the next Open Enrollment period unless you experience a QLE that allows you to change plans.

When Things Change

Typically, you can only make or change benefits 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 Qualified Life Event (QLE).

Most QLEs do not permit you to change health plans; however, you may be eligible to add and/or remove dependent coverage. QLE rules are governed by the IRS.

If You Have a QLE

Report Your QLE within 30 Calendar Days

- Report your QLE by calling the **Benefits Service Center** at **1-833-476-2347**. A representative can help you make any applicable dependent changes.
- If notification of your QLE is not received within 30 calendar days of the event, 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.
- Changes made as part of a divorce QLE are effective the first of the month following the event. You will not be refunded any paid premiums if the event was reported outside the 30-day window.

Provide Documentation for New Dependents within 60 Calendar Days

If you add new dependents, you need to upload dependent verification and other required documents, such as a birth or marriage certificate, through **My OC Benefits**™ as soon as possible, and no later than the 60-day deadline for new dependents, or they will be terminated from coverage.

QLE Examples

You may change your benefits during the year if you experience certain Qualified Life Events (QLEs). Here are some cases where a change may be permitted:

- You marry, divorce, become legally separated, or your marriage is annulled.
- You enter into or dissolve a domestic partnership.
- You gain a dependent child (through birth, adoption, marriage, domestic partnership).
- Your dependent or spouse/domestic partner dies.
- Your dependent no longer meets the eligibility requirements.
- You, your dependent, or your spouse/domestic partner moves, and your current coverage is not available.

If You Move

If you move, you can change your address under “My Profile” on the **My OC Benefits™** website. Select “Personal Information” and update your address.

If your move means that you are no longer eligible for your current health plan 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.

If You Permanently Disenroll

If you decide to opt out of health coverage, you will be unable to enroll in a Retiree Health Plan at any time in the future. If you are Medicare-eligible and decide to permanently opt out of County retiree health coverage, you may use your Retiree Medical Grant (if eligible) to reimburse the Medicare Part B premiums for you and/or your spouse. If you decide to permanently disenroll, contact the **Benefits Service Center**, and a representative will assist you.

When Coverage Ends

If your dependent loses eligibility for coverage, his or her coverage will end on the last day of the month in which he or she lost eligibility.

If you don’t make a payment for coverage you’re billed for, your coverage will end retroactive to the date through which your coverage was paid.

You’ll receive information about converting group health coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA) or individual policies if you and/or your dependents lose coverage, except if your coverage ends because you disenrolled or did not make payments.

Open Enrollment

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.

- Decide if you want to change your health plan:
  - Put together a list of your doctor visits and prescriptions.
  - As you narrow down your choices, visit the carrier sites to get a better understanding of their coverage, including in-network doctors and hospitals. Select "Plan Documents," which will take you to the "Plan Information" page, and select "Current year's Retiree Health Plan Information." Look for the one-page plan summary where you will find the carrier's telephone number and website link.
- If you had a QLE but missed the deadline for registering a new dependent, you've got a second chance during Open Enrollment. You'll be contacted by Dependent Verification Services to provide documentation to support your dependent's eligibility.
- Once the new Medicare rates become available (usually in November or December), you may need to update your Medicare Part B amount if you are receiving a reimbursement.

Tips!

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 Open 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.

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.

You'll receive a Confirmation of Benefits if your email address is on file. If you don't have an email address on file, you can print the "Completed Successfully!" page if you would like to have a record of your enrollment. If you enroll through the **Benefits Service Center**, you will receive a Confirmation of Benefits in the mail. Your new health plan will send you a new ID card.

Married to a County Employee or Retiree?

If you are married to a County employee or a retiree, you should consider enrolling in the County Couples Program as your total medical premiums will likely be lower.

If Your Spouse/Domestic Partner is a County Employee

You will be eligible for the RME Program if:

- The County/AOCDS employee:
  - Is a regular or limited-term employee (not an Extra Help employee), and
  - Has active health plan coverage;
- Both of you attest to the RME Program requirements during the enrollment period; and
- Your spouse/domestic partner, as the employee, is always the subscriber and may not be covered as a dependent under your Retiree Medical Plan coverage. The non-subscriber (you as the retiree) is always the dependent.

The employee will pay the normal biweekly premiums for dependent coverage.

If Your Spouse/Domestic Partner is a County Retiree

You will be eligible for the RMR Program if:

- Both you and your spouse/registered domestic partner are eligible for coverage under the County Retiree Medical Plan, including coverage under an AOCDS Retiree Health Plan; and
- Both of you attest to the RMR Program requirements during the enrollment period.

You can learn more about the **County Couples Program** on **My OC Benefits**™.

If You Divorce...

Divorce or separation is considered a QLE, and you both can change your coverage within 30 days of the divorce. Your new coverage will go into effect on the first of the month following the QLE and the RME/RMR relationship will be dissolved.

What Is a Subscriber?

A subscriber is the primary insured person in an employee or retiree health plan. All others are enrolled as dependents (non-subscribers). The subscriber will enroll in health coverage for the family.

Resources

For Questions About...	Click or Call...
Benefits and Enrolling, COBRA and Direct Billing	
My OC Benefits™	**mybenefits.ocgov.com**
Benefits Service Center	**1-833-476-2347**
Medicare Documentation	**My OC Benefits™** **Fax: 1-224-607-3465** or **Mail:** P.O. Box 661162, Dallas, TX 75266-1162
Dependent Verification	**My OC Benefits™** Select the link in your Message Center **Fax: 1-877-965-9555** **Mail:** P.O. Box 7114, Rantoul, IL 61866-7114
COBRA	**My OC Benefits™** **1-833-476-2347**
Health Plans	
American Specialty Health Plans (Kaiser and SCAN chiropractic care)	**ashcompanies.com** **1-800-678-9133**
Anthem Blue Cross HMO Health Plans (Traditional & Select)	**anthem.com/ca/countyoforange** **1-877-359-9653**
Anthem Blue Cross Senior Secure HMO Health Plan	**anthem.com/ca/countyoforange** **1-833-848-8730**
Anthem Blue Cross PPO Health Plans	**anthem.com/ca/countyoforange** **1-877-411-1647**
Kaiser HMO Health Plans	**my.kp.org/oc/** **1-800-464-4000** Kaiser Senior Advantage: **1-800-443-0815**
OptumRx (pharmacy claims administrator and benefits manager for the Wellwise and Sharewell Retiree PPO plans)	**OptumRx.com** **1-800-573-3583**
SCAN HMO Health Plan (Medicare Eligible Only Plan)	**scanhealthplan.com/countyoforange** **1-800-559-3500**
Wellwise Retiree and Sharewell Retiree PPO Health Plans Blue Shield of California Plan Administrators (medical claims administrator and provider network)	**blueshieldca.com/oc** **1-888-235-1767**
Additional Resources	
Employee Benefits Website (general information only; visit **My OC Benefits™** for most up-to-date information)	**ocgov.com/gov/hr/eb**
OCERS (questions regarding your monthly pension)	**ocers.org** **1-714-558-6200** **1-888-570-6277**
Retired Employees Association of Orange County (REAOC)	**reaoc.org** **1-714-840-3995**
Social Security Administration (Medicare coverage)	**ssa.gov** **1-800-772-1213**

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 a retiree 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**.