

WHAT TO KNOW GUIDE — 2026 —



My OC Benefits™

Let's get started



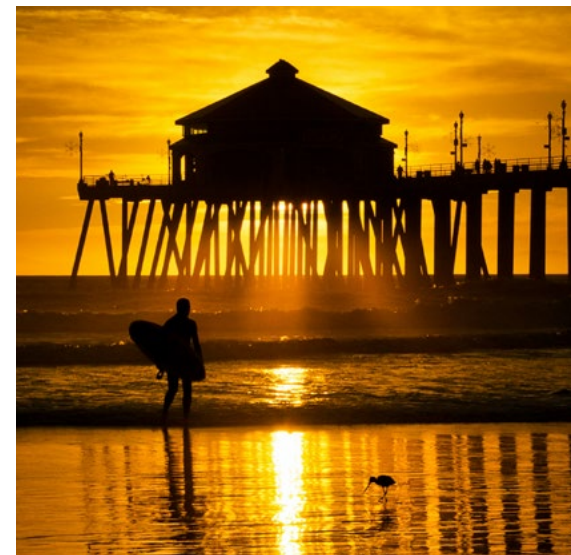
About Your What to Know Guide

Use this guide to learn more about County benefits, find helpful resources and explore the benefits enrollment process.

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

- It's time for Open Enrollment.
- You're a new employee.
- You experience a Qualified Life Event (QLE). [See page 11.](#)
- You're a current employee and you experience a change in employment status that impacts your benefits (e.g., promotion, full-time to part-time, transfer).
- You've moved out of your health plan's coverage area.
- You begin or end a leave of absence.

Remember, this guide doesn't include everything you need to know about your benefits. Visit the [My OC Benefits™](#) website to see your current coverage, available health plan options, Summaries of Benefits and Coverage (SBCs) and more.



Notes for 2026

- Beginning in early October 2025, you will have an opportunity to visit the [Virtual Benefits Fair!](#) This is an online, self-guided tool that you can join at any time and that will remain available year-round to provide resources regarding health benefits and retirement (**Username:** COO2026; **Password:** Benefits2026). More information will be shared through your work email.
 - If you do not actively make a change, you will default to your current medical coverage, including Health, Dental and Vision (if eligible) elections. If you **do not** actively make a change, however, your previous elections for the Health Care Flexible Spending Account (HCFSA), formerly the Health Care Reimbursement Account (HCRA), the Dependent Care Flexible Spending Account (DCFSA), formerly the Dependent Care Reimbursement Account (DCRA), and Optional Benefit Plan (OBP) will not carry over.
 - The IRS will announce the 2026 annual maximum limit for HCFSAs sometime after the County's Open Enrollment. The year-to-year carryover will increase to \$660 from \$640. The maximum allowable contribution to the DCFSA increases to \$7,500 from \$5,000, for those married filing jointly, and \$3,750 if you are single or married and filing separately.
- What's more, the HCFSAs have a new Automax feature, designed to make it easier for you to increase your yearly contributions. If you choose Automax during your enrollment, your contribution will automatically increase to the new maximum if the IRS raises the allowable limit for the HCFSAs. For the details, please [see page 7](#) of this guide.
- If your vision coverage is provided by the County of Orange, there is a change in the provider for your vision coverage from VSP to EyeMed. This change was made to continue to provide you with quality vision coverage while managing your cost. You'll receive a welcome kit with ID cards from EyeMed.
 - There is also a new vendor for the Health Reimbursement Arrangement, Gallagher HealthInvest HRA, a leading global insurance carrier. The contract was rebid to ensure competitiveness of pricing and services.
 - The County will provide the information you need for 2026 Open Enrollment through emails and mailings.

Managing Your Benefits

The [My OC Benefits™](#) website and the Benefits Service Center team are here to help you manage your benefits. Wherever you are, it's easy to reach us:

**Offsite?**

Access the [My OC Benefits™](#) website by logging on to mybenefits.ocgov.com.

**In the office?**

Click the "[My OC Benefits™](#)" link on [IntraOC](#) from your work computer.

**On the go?**

Use the **Alight Mobile app** on your mobile device once you've registered on the website.

**Need more help or have questions?**

You can use the chat feature on the website or app to connect with a representative (see **Benefits on the Go** below on the right).

Benefits Service Center

If you have questions about your County benefits, you can reach out to the experts in the Benefits Service Center in one of three ways:

- On the [My OC Benefits™](#) website, you can interact with the intelligent virtual assistant (IVA). Look for the blue "Need Help?" button at the lower right of every page. Click the button and the IVA will search a library of frequently asked questions to help you. If the IVA cannot resolve your question, it will connect you with a Benefits Service Center representative.
- To start a live chat with a Benefits Service Center representative, click "Contact Us" from the links at the bottom of any [My OC Benefits™](#) website page, then "General Information."
- Still need help? Call the Benefits Service Center at **1-833-476-2347** between 8 a.m. and 6 p.m. Pacific Time, Monday through Friday, and you can speak to a representative. Make sure you have the PIN you created when you set up your account.

If you do not have a valid PIN, you will be connected to the Center of Excellence (COE) for help with setting up a valid PIN for future use. Once you have your PIN, you will be routed directly to the Benefits Service Center. Or, if your mobile phone is listed with the Center, you can opt to have a One-time Code (OTC) sent to your mobile device.

You can also check out the Plan Information page on the [My OC Benefits™](#) website. It is a great resource for benefits information.

First-Time User on My OC Benefits™?



Select "New User?" on the [My OC Benefits™](#) login page 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. We encourage you to add a mobile number to your account so that if you forget your PIN, you can receive a One-time Code to help get you secured. We also encourage you to review and update your preferred communication method. You can choose to receive communications electronically to your work or personal email.

Benefits on the Go

It's easy to manage your benefits from your mobile device. Just download the Alight Mobile app once you've registered on the [My OC Benefits™](#) website. To download the app, use the QR code below, or go to your favorite app store, search for "Alight Mobile," and select download.

Once it's downloaded, enter "County of Orange" on the search line. Sign in with your user ID and password. You'll receive a one-time verification code on your mobile device. Enter it, and you're ready to go!



Health Plan Options



Who Is Eligible for Benefits?

In general, you, your spouse/domestic partner and your dependents (including your spouse's/domestic partner's children) are eligible for coverage. Find detailed dependent eligibility information on the [Employee Benefits](#) website under the Tools section.

Health Plan Coverage Options

- [Cigna Choice HMO](#)
- [Cigna Select HMO](#)
- [Kaiser Choice HMO](#)
- [Wellwise Choice PPO*](#)
- [Sharewell Choice PPO*](#)
- [No Coverage](#)

If You Are Newly Eligible and Don't Enroll, You Will Have Automatic Coverage

Full-Time Employees:
[Wellwise Choice PPO](#)
(You Only coverage)

Part-Time Employees:
[Sharewell Choice PPO](#)
(You Only coverage)

Which Plan Is Right for Me?

Are you a new employee? Not sure which plan to choose? Visit the [My OC Benefits™](#) website for resources and tools that can help, based on your personal situation, including:

- **Health Plan Comparison Charts:** Use these charts to compare plans, deductibles, copays, coinsurance and more.
- **Find a Doctor:** Use this tool to find out if a doctor is in your network.
- **Plan Information Page** to review Summaries of Benefits and Coverage (SBCs): 2026 health plan rates and the 2026 Health Plan Comparison Charts.

Extra Help employees (scheduled to work ongoing 60 hours per pay period) will have the option to elect to enroll in the Sharewell Choice PPO health plan. Select "Plan Information Page" on the [My OC Benefits™](#) website home page to learn more about the Sharewell Choice PPO. If you don't make an election, you will not be covered.

If you're affiliated with the Association of Orange County Deputy Sheriffs (AOCDS), your health plans will be offered through AOCDS. Visit aocds.org/benefits or call **1-714-285-9900** for more information.

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

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Health Plan Options *(continued)*

HMO and PPO Plans

Health Maintenance Organizations (HMOs) offer a comprehensive array of services for a minimal cost in the form of copays, at the point of service, as long as you use in-network providers. HMOs generally don't pay benefits for care received outside the HMO network, except in emergency situations. These plans also feature copays for eligible medical expenses. If you are enrolling in one of the Cigna HMO plans, you must choose a primary care physician (PCP). If you do not choose a PCP, one will be automatically assigned to you. If you are enrolling in Kaiser, you do not have to select a PCP during enrollment — one will be automatically assigned to you. If you would like to change your PCP, you will need to contact your health plan after enrollment. Changing your primary care physician is easy and can be done anytime during the plan year.

Preferred Provider Organizations (PPOs) let you choose your doctor. You don't need to choose a PCP, and you can see a specialist anytime. Using an in-network provider will save you money, but you can see a non-network provider if you choose. When you see a non-network provider or get care at a non-network facility, you'll pay a percentage of the Usual, Reasonable and Customary (URC) amount, plus any amount over the URC. PPOs have an annual deductible and coinsurance. You will pay more out of pocket for eligible services if you use non-network providers.

To learn more about County of Orange HMO and PPO plans, select "Plan Information Page" on the [My OC Benefits™](#) website home page to access the Summaries of Benefits and Coverage (SBCs).

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What to Do if You Are Medicare-Eligible and Enrolled in Sharewell

If you are or become Medicare-eligible while an active employee and are enrolled in Sharewell, it is strongly recommended that you enroll in Medicare Part D to avoid a Medicare penalty. To learn more, review the [Attaining Medicare Summary](#).



Health Plan Options *(continued)*

County Couples Program

County employees or retirees who are married to or registered as domestic partners with other County employees or retirees (including those enrolled in an Association of Orange County Deputy Sheriffs (AOCDS) health plan) are eligible for special programs. The County contributes more toward the employee health plan premium if they have established an Employee Married to Employee (EME) relationship and are enrolled as an EME.

Do you have a spouse or registered domestic partner who is also a County employee?

You're eligible for the EME Program, if:

- You're both full-time County employees in a regular or limited-term status.
- The employee who subscribes to the County health plan attests to the EME Program requirements prior to enrollment.
- You'll both be enrolled in the same County/AOCDS health plan.
- One of you will be enrolled as the subscriber and the other as a dependent (non-subscriber), along with your eligible children.

Do you have a spouse or registered domestic partner who is also a County retiree?

You're eligible for the Retiree Married to Employee (RME) Program, if:

- You're a regular or limited-term employee and your spouse/domestic partner is a County retiree.
- You are enrolled in a County/AOCDS active health plan.
- Your spouse or domestic partner hasn't permanently disenrolled from retiree health coverage.
- Both of you attest to the RME Program requirements during enrollment.

Call the Benefits Service Center at **1-833-476-2347** for information on how to attest online and upload any required documents. If you're in an AOCDS health plan and want to subscribe, call AOCDS at **1-714-285-9900**.

To learn more about the County Couples Program, select "Plan Information Page" on the [My OC Benefits™](#) website home page, then click on the "Dependent Eligibility" and follow the prompts.

Waiving Health Coverage

You can elect to waive County health coverage during the annual Open Enrollment period or if you experience a Qualified Life Event (QLE), such as having a child or getting married, but you must attest that you have other qualifying health coverage to meet the Affordable Care Act (ACA) requirements. You'll receive a notice electronically and/or via mail that includes instructions on providing information to confirm your alternative health coverage within 30 days of your election.

If you don't complete the online attestation by the deadline, you'll be automatically enrolled in the following coverage:

- **Full-Time Employees:**
[Wellwise Choice PPO](#) (You Only coverage)
- **Part-Time Employees:**
[Sharewell Choice PPO](#) (You Only coverage)

If you're already on waived coverage and wish to continue, there are no additional steps you need to take. If you take no action, your waived coverage will automatically carry over into the next plan year.

NOTE: If you retain Sharewell health care coverage, in order to receive the County of Orange payroll credit, Sharewell will be your primary provider, with a deductible of \$5,000. Your health care expenses will go first to Sharewell, as your primary coverage.

Flexible Spending Accounts (FSAs)

What are Health Care and Dependent Care Flexible Spending Accounts?

The County offers two Flexible Spending Accounts (FSAs), formerly referred to as Health Care and Dependent Care Reimbursement Accounts (HCRA and DCRA): the Health Care Flexible Spending Account (HCFSA) and the Dependent Care Flexible Spending Account (DCFSA). A HCFSA lets you pay for eligible health care expenses, and a DCFSA lets you pay for eligible dependent care expenses. You can fund one or both accounts with contributions from your paycheck before federal and state taxes are calculated, which can reduce your taxable income. Check with your financial advisor to understand the benefits and tax savings associated with HCFSAs and DCFSAs.

The Health Care Flexible Spending Account (HCFSA) and Dependent Care Flexible Spending Account (DCFSA) serve very different purposes. You can use the DCFSA for expenses related to the care of your dependents while you work. A helpful example is an employee who pays \$5,000 annually for daycare for their two-year-old child. They can contribute that amount to the DCFSA without paying taxes.

The HCFSA covers different expenses. You can use the HCFSA for out-of-pocket medical, dental and vision expenses for you, your spouse and your dependents. For example: An employee expects \$2,000 in medical expenses not covered by insurance. They can contribute that amount to the HCFSA and use it tax-free throughout the year.

Think of it this way: Your DCFSA is for caregiving costs, while your HCFSA is for medical-related expenses. They're separate accounts with separate contribution limits and cannot be used interchangeably.

Automax — New in 2026

The Automax feature in your HCFSA is designed to make contributing to your HCFSA easier, while making sure you maximize your tax savings. You will no longer have to calculate your ideal election amount — Automax will do it for you, based on IRS limits and your personal eligibility. You automatically avoid contributing less than your maximum and missing out on potential tax savings by leaving money on the table.

Electing Automax helps you budget the maximum allowable for medical, dental, vision and prescription expenses through your HCFSA.

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Flexible Spending Accounts (FSAs) *(continued)*

What's the Health Care Flexible Spending Account?

A HCFSAs lets you use pre-tax dollars to pay for qualified medical, prescription drug, dental and vision expenses of you and/or your covered dependents that aren't covered by an insurance plan. You can contribute up to a certain maximum each year, set by the Internal Revenue Service (IRS).

How Does a HCFSAs Work?

Once you enroll in the HCFSAs, you'll receive a debit card from Aight Smart-Choice Accounts®. The card is good for 60 months and can be used at providers' offices and retailers to pay for qualified expenses. Make sure to save your receipts in case you need to verify your card use. You don't have to use the debit card — you can still file claims online with Smart-Choice Accounts and submit your receipts to get your tax-free reimbursement. You will have until the end of the run-out period, which is March 31 of the following plan year, to file claims for reimbursement for any expenses incurred in the prior plan year. Go to the [My OC Benefits™](#) website for a list of qualified expenses.

How Much Can You Contribute?

In 2026, the maximum allowable contribution to the HCFSAs is \$3,400, up from \$3,300 in 2025. The year-to-year carryover also increases, to \$660 from \$640 in 2025.

If You Go on Leave

If you go on unpaid leave, you can still make after-tax (not pre-tax) contributions through direct billing and submit HCFSAs claims. If you don't contribute to your HCFSAs while on leave, you can't submit claims for any expenses incurred during your leave. If you fund your HCFSAs through the Optional Benefit Plan, you can continue to submit claims during your leave. Visit irs.gov/pub/irs-pdf/p502.pdf for more information.

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What Does the HCFSAs cover?

Here are a few examples of eligible Health Care Flexible Spending Account (HCFSAs) expenses:

- Medical and dental deductibles
- Copays and coinsurance
- Chiropractor
- Prescription drugs
- Over-the-counter medicine
- Orthodontia
- Eyeglasses, contact lenses
- LASIK surgery

For a full list of eligible HCFSAs expenses, [click here](#).

Don't Forget:

- You can't change your contributions during the year unless you have a Qualified life Event (QLE), such as having a child or getting married. You revert to no coverage for the next plan year, so you must actively enroll in a HCFSAs during Open Enrollment each year. If you re-enroll in a HCFSAs for the 2026 plan year, up to \$660 of unused funds from the current year will roll over to next year's account — but you'll forfeit any amount over \$660 if they're not used by year end.
- If you leave County employment or retire, you can only file claims for expenses incurred through your last date of employment (unless you elect to continue your HCFSAs through COBRA).

Flexible Spending Accounts (FSAs) *(continued)*

What's the Dependent Care Flexible Spending Account?

A DCFSAs 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 can't care for themselves. You can contribute up to a maximum each year, set by the Internal Revenue Service (IRS).

Care must be provided while you and/or your spouse are at work, attending classes as a full-time student or looking for work. Your DCFSAs can be used for expenses like daycare, babysitters, nursery school and eldercare, as long as your caregiver has a tax ID number.

Remember: Services for a dependent child's care are reimbursable until their 13th birthday, but you can still submit reimbursement claims for allowable services that occurred until your child's 13th birthday through the run-out period.

How Does the DCFSAs Work?

The plan works like a checking account. You can only be reimbursed up to the amount you have available in your account when you file your claim. Tax-free money from your paycheck will be deducted and loaded to your DCFSAs. You pay your provider first, then submit a claim for reimbursement. 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 DCFSAs. You will have until the end of the run-out period, which is March 31 of the following plan year, to file claims for reimbursement for any expenses incurred in the prior plan year.

How Much Can You Contribute?

The minimum annual contribution is \$26 for everyone, but the maximum contribution amount depends on your household's tax filing status. If you are single or file as married filing separately, you can contribute up to \$3,750. If you are married filing jointly, your maximum contribution increases to \$7,500 per household.

If You Go on Leave

Per IRS rules, if you go on a leave of absence, you are no longer eligible for a DCFSAs, and you will be automatically removed from coverage. Any expenses incurred during your period of leave of absence will not be eligible for reimbursement. You will have the opportunity to re-enroll in a DCFSAs upon your return to work.

What Does the DCFSAs cover?

Here are a few examples of eligible DCFSAs expenses:

- Care required so you and your spouse/registered domestic partner can work or attend school full-time
- Childcare for children 12 years or younger
- Care for elderly parents
- Nursery school or dependent care center costs
- For a full list of eligible DCFSAs expenses, [click here](#).

Don't Forget:

- You can't change your contributions during the year unless you have a Qualified Life Event (QLE), such as having a child, getting married, or a change in dependent provider or significant change in costs.
- You must actively enroll in a DCFSAs each year during Open Enrollment, or you will default to no coverage for the next plan year.
- You will lose any funds not used by the end of the plan year.
- If you leave County employment or retire, you can file claims only for expenses incurred through your last date of employment.

Health Reimbursement Arrangement (HRA)

The Health Reimbursement Arrangement (HRA) is a medical expense reimbursement program that helps you pay for future health care costs. Your HRA funds are only available once you are no longer employed by the County. Your HRA is meant to support you after leaving County service. This is different from the County's Health Care Flexible Spending Account (HCFSA), which is only for active employees.

Employees in eligible bargaining units receive biweekly HRA contributions into a HRA account, administered through Gallagher HealthInvest HRA. Eligible employees continue to receive HRA contributions every other week until separation from County service.

HRA account funds are invested and can grow over time, subject to market conditions. You may change your investment options at any time. The HRA receives a triple tax benefit, because contributions are pre-tax, investment earnings are tax-free, and reimbursements from the HRA are also tax-free. For more information about the County's HRA program, including a list of qualified medical expenses, investment options or a plan overview, visit countyoforange.healthinvesthra.com. For questions about the HRA, contact the Gallagher HealthInvest HRA's customer care team listed under the "Contact Us" tab.

Changing Elections

You have three opportunities to make or change benefit elections: when you first become eligible for coverage, during Open Enrollment, or if you have a Qualified Life Event (QLE). A QLE doesn't usually allow you to change your health plan, but you may be able to add or remove dependent coverage and change Flexible Spending Account elections. The IRS determines QLE rules. See the "Life Changes" section of the [My OC Benefits™](#) website for details.

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Qualified Life Event

A change in your situation—like getting married, having or adopting a child, or you or a family member losing health coverage—can make you eligible to change your health coverage outside of your open enrollment period. Remember, you can only make changes to your coverage after your change in situation occurred. Generally, you have 30 days from that point in time to make any allowable changes.

Most Popular

Having or adopting a child



Getting married



Getting divorced/legally separated



Moving to a New Address



QLE Examples

Not sure which QLEs count for benefit changes? Here are the ones you can report on the [My OC Benefits™](#) website:

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

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. You can also call if you are unsure if a life event you are experiencing is a QLE.



Changing Elections *(continued)*

If You Have a QLE

You'll need to report your QLE within 30 calendar days after the event occurs. You can report your QLE by:

- Visiting the “Life Changes” section of the [My OC Benefits™](#) website, selecting the QLE you're reporting and making any applicable changes for dependents and/or Flexible Spending Accounts, as well as other **My OC Benefits™**.
- Calling the Benefits Service Center at **1-833-476-2347**.

If you don't report your QLE within 30 calendar days (60 calendar days for QLEs such as divorce, domestic partnership end, dependent loss of eligibility or gain or loss of CHIP or Medicaid coverage), you will not be able to make coverage changes until the next Open Enrollment period or until you experience another QLE.

Ineligible dependents need to be removed within 30 calendar days or you may be responsible for the cost of their premiums or services. If you add new dependents, you need to upload dependent verification and other required documents (like a birth or marriage certificate) through the [My OC Benefits™](#) website by the deadline in your Message Center Alert, otherwise your new dependents will be terminated from coverage. The link in the Message Center Alert will direct you to where you can upload your verification documents. To find your Message Center Alerts, click on the bell icon in the top right of your [My OC Benefits™](#) home page.

Important!

Changes related to a divorce become effective the first of the month following the event. Past premiums won't be refunded if it's reported outside the 60-day window.

In the Event of Your Death

If you have existing coverage, your spouse/domestic partner and covered dependent children may receive County health plan coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA). The Benefits Service Center at **1-833-476-2347** provides COBRA assistance and referrals to the Life/AD&D administrator.

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Changing Elections *(continued)*

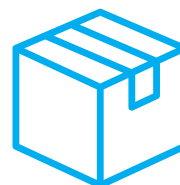
Taking a Leave of Absence

Taking a leave of absence? First, speak with your supervisor and/or Human Resource Services (HRS) representative. Then, go to the [My OC Benefits™](#) website home page, select “Plan Information Page,” then “Other Resources,” and open the “Leave of Absence Checklist” for additional steps you need to take before, during and as your leave is coming to a close. Whether you’re on leave or returning from leave, you’ll continue to receive critical and time-sensitive benefits information from the Benefits Service Center. Don’t ignore it — you don’t want to be dropped from coverage. That’s why it is so important to make sure your current address is on file. Service providers will mail need-to-know information to your home, and we will also send your tax forms. **Note:** There are different types of leave. Depending on the type of leave you take, your health care may be covered, not covered or partially covered by the employer contribution, and your cost for coverage may be paid through payroll or through monthly direct billing.

Also, if you have an outstanding 457 loan when you go out on leave, please contact Empower Retirement **(1-866-457-2254)** to make arrangements to continue your loan payments while on leave so that your loan does not go into default.

If You Move

Make sure you contact your agency’s Human Resource Services (HRS) to update your address once you’ve moved, and update any other County of Orange organization you’re affiliated with. If your move makes you ineligible for your current health plan option, we’ll send you a Confirmation of Benefits (COB). Contact the Benefits Service Center at **1-833-476-2347** within 30 days to make changes. Your new plan will become effective on the first of the month following your address change.



Annual Open Enrollment — How to Enroll

During annual Open Enrollment each fall, you can make changes to your coverage(s) that go into effect the following plan year, beginning on January 1. You don't have to enroll each year. If your benefits are working for you, you don't have to do anything — but you may want to review your coverage for any cost changes. You'll have to enroll if you want to contribute to a Health Care Flexible Spending Account (HCFSAs) or a Dependent Care Flexible Spending Account (DCFSAs). If you do not actively make a change, however, your previous elections for the HCFSAs, DCFSAs and Optional Benefit Plan (OBP) will not carry over, including the rollover option. Remember, your enrollment choices will be active from January 1 to December 31 of the following year. You can make changes to your selections throughout Open Enrollment. If you need to make changes to your elections once Open Enrollment is closed, you can make updates during the Open Enrollment correction period. If you do not make updates during this time, the coverage displayed on your Confirmation of Benefits will remain in place until the next Open Enrollment or if you experience a Qualified Life Event, such as the birth of a child, a marriage or a divorce.

Enrolling on the My OC Benefits™ Website

To get started, go to the [My OC Benefits™](https://mybenefits.ocgov.com) website or visit mybenefits.ocgov.com. If you're a new employee, you'll receive a notification directing you to enroll in your benefits. If you don't see a notification, visit the Message Center for a link.

To start enrollment:

1. Once you're logged in to your account, click "Enroll Now" to begin the enrollment process.
2. On the next page, click "Research and Enroll."
3. Select "View/Change" to see your options and review the Health Plan Comparison Charts, then choose which dependents you want covered by the health, dental and vision (if eligible) plans. (If you need to add a dependent, you'll need to provide supporting documentation. You can also waive health coverage for you and your dependents.)
4. Follow the steps to choose any additional benefits you're eligible for. Once you make your selection, you'll return to the "Your Benefits Summary" screen.
5. Satisfied with your choices? Great! Select "Confirm."

Once you've completed enrollment, print your confirmation for your records. You will also receive your Confirmation of Benefits (COB) via email unless you do not have an email on file. If you do not have an email on file, you won't receive a separate COB. You will only be able to print your enrollment confirmation page once you've completed your enrollment.

If you add new dependents, you'll need to upload dependent verification and other required documents, such as a birth or marriage certificate. You can do this through the [My OC Benefits™](https://mybenefits.ocgov.com) website and/or fax by the deadline in the Dependent Verification Services (DVS) notification initially sent to your home address. You can access the dependent verification link from the [My OC Benefits™](https://mybenefits.ocgov.com) Message Center to upload your documents.



Your Benefits Summary			
This is the coverage you'll receive effective January 1, 2025. If you don't make any changes, you can make changes, including declining coverage, by selecting View / Change below. If you leave the election page, your changes won't be saved. Review your options and decide what you want before beginning your enrollment process.			
Next Year's Benefits Effective Jan 1, 2025		Current Benefits As of today	
Health Plan	No Coverage Voluntary Credit - Example	No Coverage	\$0.00
Health Care Flexible Spending Account	Your Contribution \$10.00 Year	Your Contribution \$10.00 Year	\$0.00
Dependent Care Flexible Spending Account	Your Contribution \$10.00 Year	Your Contribution \$10.00 Year	\$0.00

Important!

Check with the Benefits Service Center or in your [My OC Benefits™](https://mybenefits.ocgov.com) Message Center for information on other actions needed to complete your enrollment. You may also have this information mailed to you.

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How to Enroll *(continued)*

Enrolling Through the Benefits Service Center

Need more support for your enrollment? You can start a web chat with a Benefits Service Center representative through the [My OC Benefits™](#) website. Or you can 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, we'll send you a Confirmation of Benefits (COB).

Thinking About Retiring?

If you're thinking about retiring, there are steps you can take now. For more information, check out the [What to Know Guide for Retirees](#) or go to the "Plan Information" page on the [My OC Benefits™](#) website to review the "Intent to Retire" summary in the "Thinking About Retiring" section.

Plan Ahead Now

Do not wait until the last day of Open Enrollment to access your account. If you cannot get into your account for some reason, PIN/password resets can only be provided to you via postal mail. To reset your PIN/password, see below.

Make sure you know your PIN for the phone system:

Call the Benefits Service Center at **1-833-476-2347**:

- **If you have a PIN on hand:** Use it to authenticate through the system.
- **If you need to create a PIN:** Follow the prompts to generate one, or choose the option to speak with a Center of Excellence representative for assistance.

Important note!

Only County of Orange employees can call using a PIN. A family member is not allowed to use your employee PIN.

Make sure you know your password for your online account:

Go to [My OC Benefits™](#) and log in using your user ID and password:

- **First-time users:** Click "New User?" and follow the prompts to set up your login credentials.
- **Current users:** If you do not remember your login credentials, use the "Forgot User ID or Password?" option to reset your information.

While online, review your contact information and communication preference:

- From your home page, go to the upper right corner and click the user profile icon .
- Select "Personal Information." If corrections are needed, please contact your agency's Human Resource Services for assistance.



Other Benefits

Health isn't just about medical care. That's why the County also offers emotional, financial and other wellness benefits for you and your family.

Benefit: Not all employees are eligible for all the plans listed below	Automatic Benefit: You're eligible even if you don't enroll
Employee Assistance Program: Aetna Resources for Living is a County-sponsored program, available at no cost to you. For more information, visit the EAP resource page .	Available to all employees and their household members, including dependent children up to age 26, whether or not they live at home.
Defined Contribution Plan: The County provides you with a simple, flexible way to save for retirement. Go to the Empower Retirement website for more information: countyoforangedcplan.com .	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 with more information from Empower Retirement.
Health Reimbursement Arrangement (HRA): The HRA is a medical expense reimbursement program that helps you pay for future health care costs after separating from County service. Employees in eligible bargaining units receive biweekly HRA contributions into a HRA account, administered through Gallagher HealthInvest HRA. For more information, visit countyoforange.healthinvesthra.com .	Eligible employees are automatically enrolled. Quarterly statements are provided by Gallagher HealthInvest HRA. Check your Memorandum of Understanding for eligibility and contribution rates.
The County provides Basic Life Insurance* and Basic Accidental Death and Dismemberment (AD&D) coverage. You may purchase additional voluntary Life Insurance and AD&D coverage for yourself and your family. In some cases, evidence of insurability (EOI) may be required. ¹	You'll receive Basic Life and Basic AD&D coverage at the amount required by your Memorandum of Understanding. ²
The County offers Short- and Long-Term Disability at 60 percent of your salary. Review the plan and online information for further details. ¹	60 percent of salary with some limitations/exclusions.
County of Orange Dental Plan: The County provides basic and major dental coverage with an annual benefit maximum of \$2,000 per person. Dependent enrollment is available to full-time employees at no additional cost for dependents up to 26 years of age. ¹	Full-Time Employees: You Only coverage. Part-Time Employees: No coverage.
County of Orange Vision Plan: The County provides vision coverage. Dependent enrollment is available to full-time employees at a cost for dependents up to 26 years of age. ¹	Full-Time Employees: You Only coverage. Part-Time Employees: No coverage.
Optional Benefit Plan (OBP): The OBP ¹ is an annual County-provided benefit that can be taken in the form of taxable cash or used tax-free in ways like contributing to a HCFSAs or your 457 Defined Contribution Plan. The annual amount varies based upon job title and part-time or full-time status. ¹	If no election is made, your OBP will be paid in one taxable cash lump sum.
Judges' PERS Medical Claims Reimbursement Program: This program supplements your CalPERS plan by making up the difference of what CalPERS covers and what is left for you to pay. Eligible expenses would be the out-of-pocket amount that you would have to pay after your CalPERS health plan is applied, such as copayments, coinsurance and deductibles. ¹	All Orange County Superior Court Judges appointed or elected prior to December 10, 2013, are eligible for the program.

Your union may also offer supplemental benefits. Contact your union representative and/or check your Memorandum of Understanding for more information.

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¹Not all employees are eligible for this benefit.

²The 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.

Other Benefits *(continued)*

Your Pathway to Wellness — helping you reach your wellness goals

Your Pathway to Wellness, the County of Orange Wellness Program, has tools and resources that support physical, emotional, financial, environmental and social health. The program can help you determine where you are on your health journey, and the steps you need to take to get to where you want to be. As a bonus, if you participate in the annual Wellness Credit program (typically mid-May through August), you'll get a 5 percent contribution from the County toward your health plan costs next year, saving you hundreds of dollars over the plan year. Learn more by visiting webmdhealth.com/countyoforange. In addition, there are many resources and voluntary opportunities for employees to set and achieve personal health and wellness goals. For more information, visit the [Employee Benefits](#) website.

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.



Contacts

For Questions About...	Click or Call...
Benefits and Enrolling, COBRA and Direct Billing	
My OC Benefits™	mybenefits.ocgov.com Or go to 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 Click on the link in your Message Center 1-833-476-2347 Fax: 1-877-965-9555
COBRA	mybenefits.ocgov.com 1-833-476-2347
Health Plans	
Cigna Choice and Select HMO Plans	cigna.com/countyoforange/enrollment 1-800-244-6224
Wellwise Choice and Sharewell Choice PPO Plans (Blue Shield of California medical claims administrator and provider network)	blueshieldca.com/oc 1-888-235-1767
Pharmacy claims administrator for Wellwise Choice and Sharewell Choice (OptumRx)	optumrx.com 1-800-573-3583
Kaiser Choice HMO Plan	my.kp.org/oc 1-800-464-4000
County of Orange Dental Plan (Blue Shield of California)	blueshieldca.com/group/oc/dental 1-877-403-2273
County of Orange Vision Plan EyeMed	Effective January 1, 2026: eyemed.com 1-844-409-3401

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Contacts *(continued)*

For Questions About...	Click or Call...
Supplemental and Other Benefits	
Employee Assistance Program	resourcesforliving.com Username: Orange County ca; Password: eap 1-800-221-0945
Employee Benefits Website (General information only; visit the My OC Benefits™ website for the most up-to-date information specific to you)	hrs.oc.gov/employeebenefits
Defined Contribution Plans (Empower Retirement)	countyoforangedcplan.com 1-866-457-2254
Health Care Flexible Spending Account (HCFSA) or Dependent Care Flexible Spending Account (DCFSA) (Flexible Spending Accounts)	Smart-Choice Accounts website through mybenefits.ocgov.com 1-833-476-2347
Health Reimbursement Arrangement (HRA) (Gallagher HealthInvest HRA)	countyoforange.healthinvesthra.com 1-833-382-2617
Retirement Pension (OCERS)	ocers.org 1-714-558-6200
Life Insurance and Accidental Death and Dismemberment (The Hartford)	thehartford.com 1-800-523-2233
Short- and Long-Term Disability (The Standard Insurance Company)	standard.com 1-833-786-5639
Your Pathway to Wellness Program (WebMD)	webmdhealth.com/countyoforange 1-800-492-9812

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Contacts *(continued)*

For Questions About...	Click or Call...
Unions	
ACLEM Association of County Law Enforcement Management	1-714-569-2044
AFSCME American Federation of State, County and Municipal Employees	www.afscme36.org 1-844-533-2956 1-213-487-9887
AOCDS Association of Orange County Deputy Sheriffs	www.aocds.org 1-714-285-2800
IUOE International Union of Operating Engineers	www.local501.org 1-213-385-1561
OCAA Orange County Attorneys Association	www.ocaa.net 1-714-973-1914 1-714-907-7178
OCEA Orange County Employees Association	www.ocea.org 1-714-835-3355
OCMA Orange County Managers Association	ocmanagers.com 1-714-953-6262
Teamsters Local 952 Teamsters	www.teamsters952.org 1-714-740-6200



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. You can opt-out of such disclosures by sending us an email to privacy.info@alight.com or writing to Alight Solutions, ATTN: Chief Privacy Officer, Legal Department, 320 South Canal Street, 50th Floor, Suite 5000, Chicago, Illinois 60606.

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.

