



Benefits  
*It's Your  
Choice*

Your 2024 Comprehensive  
**Open Enrollment Guide**



## What is Annual Open Enrollment?

This is your opportunity to review current enrollment and make changes for the following year. You can make changes to your medical, dental, vision, disability, life, and spending/savings accounts. You can also make changes to your covered dependents. Some changes require additional information/documentation so it's important to review all options, requirements, and deadlines.

## Where can you find information about Open Enrollment?

Access the county's open enrollment webpage from any device ([www.ocfl.net/openenrollment](http://www.ocfl.net/openenrollment)).

## Important Dates

### ❑ Enrollment period:

October 1, 2023, 12:00 am ET - October 14, 2023, 11:59 pm ET

### ❑ Dependent documentation:

Must be received by HR by October 28, 2023

### ❑ Medical underwriting:

Must be received by The Standard by October 28, 2023

## Before Open Enrollment

1. **Contact information** - Now is a great time to log into your myOCPortal and review your contact information in self-service so you do not miss any important information. Ensure your mailing address, email and phone numbers are up to date. Don't forget to opt-in to important employee text messages.
2. **Current elections** - Before you make your enrollment choices for the 2024 plan year, please take a moment to review your current 2023 benefits and covered dependents on myOCPortal so you are prepared to make any needed changes during Open Enrollment.
3. **Assistance** - Plan to attend one or more benefits presentations. Details can be found on the county's open enrollment webpage ([www.ocfl.net/openenrollment](http://www.ocfl.net/openenrollment)). You can also reach out to us directly.

### myOCHR

407-836-5661 [HumanResources@ocfl.net](mailto:HumanResources@ocfl.net)

### Cigna

Michael Bradley 407-403-8108, Ariel Burrage 407-795-1110, or [OCRep@Cigna.com](mailto:OCRep@Cigna.com)

### The Standard

Donna McCann 971-321-7429 or [OCLifeAndDisability@Standard.com](mailto:OCLifeAndDisability@Standard.com)

### Benefits

[Benefits@ocfl.net](mailto:Benefits@ocfl.net)



## Is Open Enrollment Required?

**No.** You are not required to complete open enrollment this year. However, we strongly encourage you to review your current coverage and coverage options. Caution! Some benefits do not roll over into the following plan year.

**Yes,** if you would like to receive the High Plan County contribution into your HSA.

**Yes,** if you would like to change your current elections.

**Yes,** if you would like to change your current covered dependents

**Yes,** if you would like to contribute to a spending/savings account.

**Reminder!** You can only make changes outside of open enrollment if you have a qualified life event such as marriage, birth/adoption, divorce, death, change in a dependent's employment status, etc., and complete your enrollment changes within 60 days of the event.

## How do I complete open enrollment?

Enroll in your benefits through myOCPortal, the same system you used last year for open enrollment and currently use for qualified life event, to apply for County jobs, change your address, and view and print your paystubs.

myOCPortal can be accessed from any device with internet access within the county network. AnyConnect can be used to connect certain devices from home. If you need assistance connecting through a VPN, contact ISS at 407-836-2929.

Log in, click on Main Menu, select Self Service, then click on the Open Enrollment tile.

You must log in to MyOCPortal between October 1 and October 14, 2023, 11:59 pm ET, to submit your Open Enrollment elections.

**Important!** Don't forget to click the submit button, print your enrollment statement, and submit your applicable dependent documentation or medical underwriting application by October 28, 2023.

## New Resource Available!

This year, you will have access to **Cigna's Easy Choice** Tool which will ask you a few quick questions about your family, healthcare needs, and if there are specific providers that you'd like to ensure are included in-network. Within moments you will receive a customized side by side comparison to let you know which plan is the best fit for you based on the details you input.

Cigna Easy Choice Tool (<https://decisionsupport.cigna.com>) **Employee access code: V4BHPEXW**



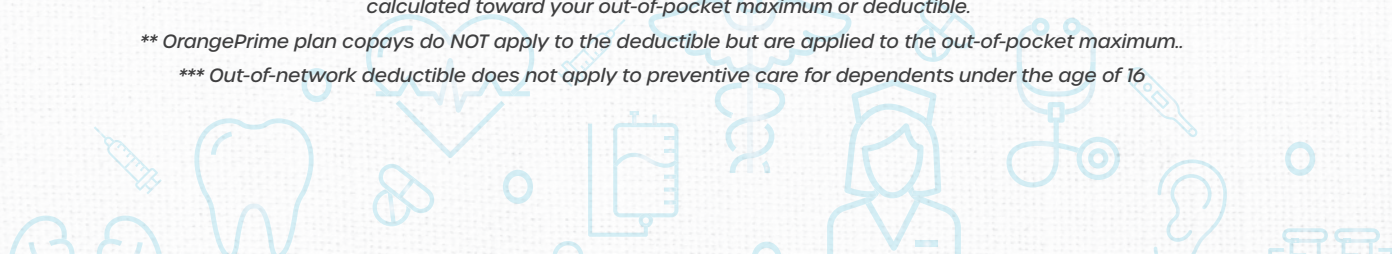
# 2024 Medical Plan Options

Benefit	OrangePrime Plus Plan (HDHP)		OrangePrime Plan (LDHP)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>DEDUCTIBLE</b> Individual/Family	\$1,600 / \$3,200	\$3,000 / \$6,000	\$1,250 / \$2,500	\$3,000 / \$6,000
<b>EMPLOYER CONTRIBUTION</b> Individual/Family	Up to \$750 / \$1,250 (proration apply)	Up to \$750 / \$1,250 (proration apply)	No employer contribution	No employer contribution
<b>OUT-OF-POCKET MAX</b> Individual/Family	\$3,000 / \$6,000	\$6,000 / \$12,000	\$3,000 / \$6,000	\$6,000 / \$12,000
<b>Preventive Care</b>	\$0	***50% after Deductible	\$0	***50% after Deductible
<b>Telehealth</b>	\$10 after Deductible	*50% after Deductible	**\$10 co-pay	*50% after Deductible
<b>Primary Care</b>	\$30 after Deductible	*50% after Deductible	**\$30 co-pay	*50% after Deductible
<b>Specialist</b>	\$50 after Deductible	*50% after Deductible	**\$50 co-pay	*50% after Deductible
<b>Inpatient Hospital Admission</b>	20% after Deductible	*50% after Deductible	20% after Deductible	*50% after Deductible
<b>Outpatient Surgery (Non-Hospital)</b>	20% after Deductible	*50% after Deductible	**\$150 co-pay	*50% after Deductible
<b>Outpatient Surgery (Hospital Based)</b>	20% after Deductible	*50% after Deductible	20% after Deductible	*50% after Deductible
<b>Advanced Imaging (Hospital Based)</b>	20% after Deductible	*50% after Deductible	20% after Deductible	*50% after Deductible
<b>Advanced Imaging (Freestanding Facility)</b>	20% after Deductible	*50% after Deductible	**\$150 co-pay	*50% after Deductible
<b>Urgent Care</b>	20% after Deductible	*20% after Deductible	**\$50 co-pay	*20% after Deductible
<b>Emergency Room</b>	20% after Deductible	*20% after Deductible	20% after Deductible	*20% after Deductible
<b>Ambulance</b>	20% after Deductible	*50% after Deductible	20% after Deductible	*50% after Deductible
<b>Home Healthcare</b>	20% after Deductible	*50% after Deductible	20% after Deductible	*50% after Deductible
<b>Durable Medical Equipment</b>	20% after Deductible	*50% after Deductible	20% after Deductible	*50% after Deductible
<b>Short-Term Rehabilitation/Therapy</b>	20% after Deductible	*50% after Deductible	20% after Deductible	*50% after Deductible
<b>Mental Health/Substance Abuse (inpatient)</b>	20% after Deductible	*50% after Deductible	20% after Deductible	*50% after Deductible
<b>Mental Health/Substance Abuse (outpatient)</b>	20% after Deductible	*50% after Deductible	**\$35 co-pay	*50% after Deductible

\* Out-of-network benefits are subject to reasonable and customary limitations. Any amount over reasonable charges will not be calculated toward your out-of-pocket maximum or deductible.

\*\* OrangePrime plan copays do NOT apply to the deductible but are applied to the out-of-pocket maximum.

\*\*\* Out-of-network deductible does not apply to preventive care for dependents under the age of 16



## 2024 Dental Plan Options

Benefits	Low Plan	Middle Plan	High Plan
<b>Annual Maximum paid by insurance</b>	\$1,000 per person per calendar year	\$1,000 per person per calendar year	\$1,500 per person per calendar year
<b>Calendar Year Deductible</b>	\$50 per Individual \$150 per Family	\$50 per Individual \$150 per Family	\$50 per Individual \$150 per Family
<b>Calendar Year Benefits Maximum</b> Applies to: Class I, II, III & IX expenses	Year 1: \$1,000 Year 2: \$1,250 Year 3: \$1,500 Year 4 & Beyond: \$1,750	Year 1: \$1,000 Year 2: \$1,250 Year 3: \$1,500 Year 4 & Beyond: \$1,750	Year 1: \$1,500 Year 2: \$1,750 Year 3: \$2,000 Year 4 & Beyond: \$2,250
<b>Preventive Services</b> Oral exams, cleanings, routine x-rays, fluoride	100% - no deductible	100% - no deductible	100% - no deductible
<b>Basic Services</b> Sealants; fillings; oral surgery; root canals; repairs to dentures, bridges, and crowns	Employee pays 40%, after deductible has been met	Employee pays 30%, after deductible has been met	Employee pays 20%, after deductible has been met
<b>Major Services</b> Periodontics, dentures, bridges, crowns, inlays, onlays	Employee pays 70%, after deductible has been met	Employee pays 60%, after deductible has been met	Employee pays 50%, after deductible has been met
<b>Orthodontia</b> Coverage for eligible children only up to age 19	Not covered  Select network orthodontists provide a 15% discount for adults. Contact your provider for more details.	Employee pays 60%, no deductible. Lifetime limit of \$1,000  Select network orthodontists provide a 15% discount for adults. Contact your provider for more details.	Employee pays 50%, no deductible. Lifetime limit of \$1,000  Select network orthodontists provide a 15% discount for adults. Contact your provider for more details.
<b>Implants</b>	Not covered	Employee pays 60%, after deductible has been met	Employee pays 50% after deductible has been met

Details regarding specific eligibility, coverage exclusions, definitions, and other information are included in the full summary plan document.

## 2024 Vision

Vision Services	In-Network	Out-of-Network <sup>1</sup>
<b>Exam Copay</b>	\$5	\$45 allowance <sup>1</sup>
<b>Materials Copay</b>	\$15	N/A
<b>Frames</b>	\$175-\$200 (after copay) *	Up to \$70 (after copay) <sup>1</sup>
<b>Standard Plastic Lenses Per Pair</b>	\$15	Up to \$30
<b>Conventional Contact lenses (materials) when Elective</b>	\$30	Up to \$105
<b>Disposable Contact lenses (materials) when Elective</b>	\$175 allowance	Up to \$105
<b>Contact Lenses (materials) when Medically Necessary</b>	Covered in full With prior authorization	Up to \$210
<b>Contact lens Fitting &amp; Follow-up. (Standard Fit)</b>	Covered in full after \$30 Co-Payment	Applied to the allowance for contact lenses
<b>Contact lens Fitting &amp; Follow-up. (Specialty Fit)</b>	Covered in full after \$30 Co-Payment	Applied to the allowance for contact lenses
<b>Laser Vision Correction</b>	Discounts available through Quasight	N/A

## Are you eligible for a Health Savings Account (HSA)?

According to the IRS, to be an eligible individual and qualify for an HSA, you must meet the following requirements:

- ✓ You must be covered under a high deductible health plan (HDHP)
- ✓ You must have no other health coverage that is not a high deductible health plan including TRICARE or TRICARE for Life
- ✓ You must not be covered by a general purpose Medical Flexible Spending Account (FSA) or a Health Reimbursement Account (HRA), either yours or your spouse's (you can have a Limited Purpose Spending Account (LPFSA) and will have a separate debit card for this).
- ✓ You are not enrolled in Medicare
- ✓ You cannot receive VA medical benefits, unless for a service-related disability, within the 3 months prior to making a contribution
- ✓ You cannot be claimed as a dependent on someone else's tax return (Note: filing married/jointly is not the same as being claimed as a dependent)

## Do you want to receive up to \$1,250 next year?

The County offers two financial contributions based on your Open Enrollment elections. If you are a benefits-eligible employee, you can receive a \$750 or \$1,250 contribution if you elect the high deductible medical plan or up to \$25 per pay period if you waive both medical plans. Review the information below to learn more about these contributions.

### High deductible medical plan contribution:

Employees who select the high plan during open enrollment will be eligible for either a \$750 (employee only) or \$1250 (employee plus dependents) employer contribution. The contribution amount is based on your coverage level and employment status at the time of funding and will be deposited into your HSA in January. If you are not eligible for an HSA, you will receive it into your paycheck minus applicable taxes.

### Opt-out credit:

Employees who opt out of the county's medical insurance during open enrollment will receive a credit up to \$25 per pay period to help offset the cost of other optional benefits - Tricare supplement plan, dental, vision, or supplemental employee life insurance. The credit cannot be used to cover the cost of spouse or child life insurance, or short-term disability insurance; nor can it be deposited into a spending/savings account.

## 2024 Spending/Savings Accounts Options

	Health Savings Account (HSA)	Medical Flexible Spending Account (FSA)	Limited Purpose Flexible Spending Account (FSA)	Dependent Flexible Spending Account (FSA)
Eligibility	<ul style="list-style-type: none"> <li>• HDHP required</li> <li>• IRS criteria</li> </ul>	<ul style="list-style-type: none"> <li>• LDHP or HDHP</li> <li>• Do not need to be on County Medical</li> <li>• Cannot be contributing to an HSA</li> </ul>	<ul style="list-style-type: none"> <li>• LDHP or HDHP</li> <li>• Do not need to be on County Medical</li> </ul>	<ul style="list-style-type: none"> <li>• LDHP or HDHP</li> <li>• Do not need to be on County Medical</li> </ul>
Maximum Contribution	\$4150 / \$8300 (reduced by County contribution)	\$3,050 (not impacted by County contribution)	\$3,050 (not impacted by County contribution)	\$5,000
Fund availability	Upon deposit	Front loaded	Front loaded	Upon deposit
Forfeitures	n/a	March 15th	March 15th	March 15th
Accessibility	Debit card, check, pay online	Debit card or submit claim for reimbursement	Debit card or submit claim for reimbursement	Submit claim for reimbursement

## Is your child eligible for life county insurance?

Your child must meet the following requirements:

- ✓ Unmarried children from live birth through age 25
- ✓ Unmarried stepchildren and the child of your spouse through age 25 if living with you
- ✓ Unmarried disabled children
- ✓ Grandchildren cannot be covered by child dependent life insurance
- ✓ Children aged 26-30, please see the employee handbook for coverage options

## 2024 Rates

Medical and Pharmacy Premiums			Bi-Weekly Rates
Cigna Medical	Total Premium	Employee Contribution	County Contribution
HDHP Employee only	\$456.86	\$23.32	\$433.54
HDHP Employee + spouse	\$959.71	\$150.71	\$809.00
HDHP Employee + child(ren)	\$867.18	\$119.34	\$747.84
HDHP Employee + family	\$1,269.81	\$266.15	\$1,003.66
LDHP Employee only	\$497.65	\$38.85	\$458.80
LDHP Employee + spouse	\$1,023.89	\$180.71	\$843.18
LDHP Employee + child(ren)	\$932.49	\$147.17	\$785.32
LDHP Employee + family	\$1,357.06	\$310.24	\$1,046.82
Dental Premiums			Bi-Weekly Rates
Cigna Dental	Total Premium	Employee Contribution	County Contribution
Low Employee only	\$6.96	\$6.96	\$0
Low Employee + 1	\$14.20	\$14.20	\$0
Low Employee + 2 or more	\$25.96	\$25.96	\$0
Middle Employee only	\$10.66	\$10.66	\$0
Middle Employee + 1	\$22.09	\$22.09	\$0
Middle Employee + 2 or more	\$41.53	\$41.53	\$0
High Employee only	\$17.36	\$17.36	\$0
High Employee +1	\$35.36	\$35.36	\$0
High Employee + 2 or more	\$64.26	\$64.26	\$0
Vision Premiums			Bi-Weekly Rates
MetLife Vision	Total Premium	Employee Contribution	County Contribution
Employee only	\$2.20	\$2.20	\$0
Employee + 1	\$4.40	\$4.40	\$0
Employee + 2 or more	\$6.46	\$6.46	\$0

Employee Additional Life/AD & D and Spouse Life AD&D Premiums*			Bi-Weekly Rates
Standard Insurance Company (rates are per \$10,000 of coverage)	Total Premium	Employee Contribution	County Contribution**
<b>Age as of 01/01/2024:</b>			
Under 30	\$0.37	\$0.37	\$0
30-34	\$0.46	\$0.46	\$0
35-39	\$0.74	\$0.74	\$0
40-44	\$1.11	\$1.11	\$0
45-49	\$1.57	\$1.57	\$0
50-54	\$2.31	\$2.31	\$0
55-59	\$2.63	\$2.63	\$0
60-64	\$3.32	\$3.32	\$0
65-69***	\$6.51	\$6.51	\$0
70 & up***	\$12.88	\$12.88	\$0

\* AD&D premiums are included with Additional Life and Spouse Life premiums

\*\* Basic Employee Life Insurance is paid by the County.

\*\*\* Age reductions apply

Employee/Spouse Age	Percentage
65 through 69	65%
70 through 74	50%
75 and up	35%

Child Life Insurance Premiums			Bi-Weekly Rates
Standard Insurance Company	Total	Employee Contribution	County Contribution
\$5,000 per eligible child	\$0.16	\$0.16	\$0
\$10,000 per eligible child	\$0.32	\$0.32	\$0

Short-Term Disability Premiums			Bi-Weekly Rates
Standard Insurance Company (rates are per \$10 of covered weekly benefit - see formula)	Total	Employee Contribution	County Contribution
120 calendar day waiting period	\$0.04	\$0.037	\$0
90 calendar day waiting period	\$0.06	\$0.055	\$0
60 calendar day waiting period	\$0.10	\$0.097	\$0
30 calendar day waiting period	\$0.12	\$0.125	\$0
15 calendar day waiting period	\$0.14	\$0.143	\$0

\* Long Term Disability Insurance is paid by the County

Formula for calculating Short-Term Disability bi-weekly premium:

1. Divide your gross annual salary by 52 (this gives you your weekly gross salary).
2. Multiply your gross weekly salary by 60%.
3. Divide that number by 10.
4. Multiply that number by the rate shown above for the STD waiting period you selected to get your bi-weekly premium.





# 2024 Open Enrollment Checklist

- 1. LOG IN TO MYOCPORTAL** - Complete enrollment through myOCPortal, the same system you used last year for open enrollment and currently use for qualified life event, to apply for County jobs, change your address, and view and print your paystubs. Now is great time to review your life insurance beneficiary(ies) and make applicable changes.
- 2. REVIEW YOUR CONTACT INFORMATION** - Take a few minutes to log into your myOCPortal and review your contact information in self-service so you do not miss any important information. Ensure your mailing address, email and phone numbers are up to date. Don't forget to opt-in to important employee text messages.
- 3. REVIEW YOUR CURRENT BENEFITS** - Take a few minutes while your logged into your current benefits and covered dependents on MyOCPortal so you are better prepared to make any needed changes during Open Enrollment.
- 4. REVIEW THE OPEN ENROLLMENT RESOURCES** Visit [www.ocfl.net/openenrollment](http://www.ocfl.net/openenrollment) for important information that will help you complete your annual open enrollment.
- 5. COMPLETE THE OPEN ENROLLMENT WORKSHEET** The open enrollment worksheet will help you plan ahead and gather the information you will need to complete your enrollment online. The worksheet is available in this guide as well as online.
- 6. ATTEND OPEN ENROLLMENT PRESENTATIONS OR REACH OUT FOR ASSISTANCE** - Plan to attend one or more benefits presentations. Details can be found on the county's open enrollment webpage ([www.ocfl.net/openenrollment](http://www.ocfl.net/openenrollment)). You can also reach out to us directly.
  - myOCHR - 407-836-5661  
[HumanResources@ocfl.net](mailto:HumanResources@ocfl.net)
  - Cigna - Michael Bradley 407-403-8108, Ariel Burrage 407-795-1110, or [OCRep@Cigna.com](mailto:OCRep@Cigna.com)
  - The Standard - Donna McCann 971-321-7429 or [OCLifeAndDisability@Standard.com](mailto:OCLifeAndDisability@Standard.com)
  - Benefits [Benefits@ocfl.net](mailto:Benefits@ocfl.net)
- 7. SUBMIT YOUR ELECTIONS** - You must click the submit button on the Benefits Enrollment page in order to send your final enrollment choices, and to receive the county contribution or opt-out credit.
- 8. REVIEW AND PRINT YOUR ENROLLMENT SUMMARY** - After submitting your elections on myOCPortal, be sure to print your Enrollment Elections Summary page. Review it to make sure you didn't make any mistakes and keep it in a safe place with all your other important records. No corrections or changes will be made once Open Enrollment ends on 10/14/2023 11:59:59 pm ET.
- 9. OPEN A HEALTH SAVINGS ACCOUNT** - Open your county Health Savings Account through Cigna by October 28, 2023. [https://secure.hsabank.com/group\\_enrollment/enrollment.aspx?id=596000773](https://secure.hsabank.com/group_enrollment/enrollment.aspx?id=596000773) Your account must be open and active at time of funding, or you will receive the employer contribution in your paycheck minus taxes.
- 10. SUBMIT PROOF OF DEPENDENT ELIGIBILITY** - If you have added a dependent to one or more plans, you may be required to upload documentation to HR by October 28, 2023. <https://bit.ly/3Qabp0T>
  - Initial Enrollment: If dependent is being added to County healthcare coverage for the first time, then dependent documentation is required.
  - Dependent Child (biological, adopted/custodial, or grandchild): If dependent child has ever been covered on one or more healthcare plans (medical, dental, or vision), and is being added to another healthcare plan, additional documentation is not required.
  - Spouse/Stepchild: If dependent spouse or stepchild has been covered on one or more healthcare plans (medical, dental, or vision) within the last five (5) years, and is being added to another healthcare plan, additional documentation is not required.
- 11. SUBMIT PROOF OF MEDICAL UNDERWRITING** - If you have updated your life or disability elections, you may be required to submit a medical underwriting application to The Standard by October 28, 2023. <https://bit.ly/3D5oJxg>



# Important Post Open Reminders

- 1. Open your county Health Savings Account** through Cigna by October 28, 2023.  
[https://secure.hsabank.com/group\\_enrollment/enrollment.aspx?id=596000773](https://secure.hsabank.com/group_enrollment/enrollment.aspx?id=596000773)
- 2. Verify your Dependents.** If you have added a dependent to one or more plans, you may be required to upload documentation to HR by October 28, 2023. <https://bit.ly/3oCN6NA>

Initial Enrollment: If dependent is being added to County healthcare coverage for the first time, then dependent documentation is required.

Dependent Child (biological, adopted/custodial, or grandchild): If dependent child has ever been covered on one or more healthcare plans (medical, dental, or vision), and is being added to another healthcare plan, additional documentation is not required.

Spouse/Stepchild: If dependent spouse or stepchild has been covered on one or more healthcare plans (medical, dental, or vision) within the last five (5) years, and is being added to another healthcare plan, additional documentation is not required.
- 3. Submit you EOI Application.** If you have updated your life or disability elections, you may be required to submit a medical underwriting application to The Standard by October 28, 2023.  
<https://bit.ly/3QabpOT>

<b>Child Life</b>	<ul style="list-style-type: none"> <li>• <b>EOI Not Required</b></li> </ul>
<b>Spouse Life</b>	<ul style="list-style-type: none"> <li>• <b>EOI Not Required</b> if maintaining the same level of coverage</li> <li>• <b>EOI Not Required</b> for a \$10K increase (\$50K max) and have not previously been denied.</li> <li>• <b>EOI Required</b> for any increase greater than \$10K</li> <li>• <b>EOI Required</b> for any increase greater than \$50K</li> <li>• <b>EOI Required</b> for any increase if previously denied</li> </ul>
<b>Supplemental (Employee)</b>	<ul style="list-style-type: none"> <li>• <b>EOI Not Required</b> if maintaining the same level of coverage</li> <li>• <b>EOI Not Required</b> for \$10K increase, (\$200K max), and have not previously been denied.</li> <li>• <b>EOI Required</b> for any increase greater than \$10K</li> <li>• <b>EOI Required</b> for any increase greater than \$200K</li> <li>• <b>EOI Required</b> for any increase if previously denied</li> </ul>
<b>Short Term Disability</b>	<ul style="list-style-type: none"> <li>• <b>EOI Not Required</b> if maintaining the same level of coverage</li> <li>• <b>EOI Not Required</b> for any decreased benefit (i.e., from 15-day to 30-day)</li> <li>• <b>EOI Not Required</b> for an increased benefit of 1 tier (i.e., from 60-day to 30-day or from no benefit to 120-day) and have not been previously denied.</li> <li>• <b>EOI Required</b> for any increased benefit more than 1 tier (i.e., from 60-day to 15-day)</li> <li>• <b>EOI Required</b> if you've been previously denied</li> </ul>



# 2024 Open Enrollment Worksheet

Complete this worksheet and use it when you enroll in your benefits using MyOCPortal.

## IMPORTANT INFORMATION:

1. Open Enrollment begins on Sunday, October 01, 2023, and ends on Thursday, October 14, 2023, 11:59 p.m. ET
2. You must submit your elections online if you plan to change your coverage selections, add/remove dependents, or re-enroll in a spending account
3. Dependent dates of birth and Social Security numbers are required
4. Proof of dependent eligibility must be submitted to HR by October 28, 2023

## MEDICAL PLAN

### Select one of the following plans:

- OrangePrime Plus Plan (HDHP)  
 OrangePrime Plan (LDHP)  
 Waive Medical

### Enroll Your Dependents:

- Spouse DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Child DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Child DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Child DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

## DENTAL PLAN

### Select one of the following plans:

- Dental Low Plan       Dental High Plan  
 Dental Middle Plan       Waive Dental

### Enroll Your Dependents:

- Spouse DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Child DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Child DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Child DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

## VISION PLAN

### Select one of the following plans:

- Vision Care Plan  
 Waive Vision

### Enroll Your Dependents:

- Spouse DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Child DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Child DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Child DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

## SUPPLEMENTAL LIFE

(Medical Underwriting rules may apply)

### Select one of the following plans:

- Supplemental Life       Waive Supplemental Life

### Coverage Level:

\_\_\_\_\_

## DEPENDENT CHILD LIFE

(Eligibility requirements for children through age 25)

### Select one of the following plans:

- Child Life       Waive Child Life

### Coverage Level:

\_\_\_\_\_

## DEPENDENT LIFE SPOUSE

(Medical Underwriting rules may apply)

### Select one of the following plans:

- Spouse Life       Waive Spouse Life

### Coverage Level:

\_\_\_\_\_

## SHORT-TERM DISABILITY

### Select one of the following plans:

- Spouse Life  
 Short-term Disability 120 Day  
 Short-term Disability 90 Day  
 Short-term Disability 60 Day  
 Short-term Disability 30 Day  
 Short-term Disability 15 Day  
 Waive Short-term Disability

## MEDICAL FLEXIBLE SPENDING ACCOUNT

### Select one of the following plans:

- Medical FSA / Annual Election: \_\_\_\_\_  
 Limited Purpose FSA Annual Election: \_\_\_\_\_  
 Waive Flex Spending Account

## DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

### Select one of the following plans:

- Dependent Care FSA / Annual Election: \_\_\_\_\_  
 Waive Flex Spending Account

## HEALTH SAVINGS ACCOUNT

### Select one of the following plans:

- HSA Employer Contribution Only  
 HSA Employer & Employee Contribution Only  
 Annual Contribution Amount: \_\_\_\_\_  
 Waive (You cannot contribute to an HSA; your employer contributions will be deposited into your paycheck and subject to taxation)

