

Open Enrollment 2026

Benefits, it's your choice



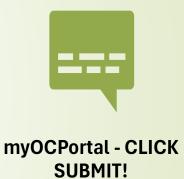
2026 Open Enrollment





Passive Enrollment, what does this mean?





Open Enrollment Reminders



Log in to the myOCPortal



Review your mailing address, email, and phone number



Opt in for important messages

Agenda

- What's Changing
- MDLive
- Cigna Easy Choice Tool
- Cigna ID Cards
- Medical Plan Overview
- Dental
- Vision
- Spending Accounts
- Additional Life and Disability
- ComPsych
- Webinars
- Additional Help

What's Changing

- OrangePrime Plus Increased deductibles:
 - Individual Deductible \$1,700 (was \$1,650)
 - Family Deductible \$3,400 (was \$3,300)
- **■** HSA Plan Limits:
 - Individual Deductible \$4,400 (was \$4,300)
 - Family Deductible \$8,750 (was \$8,550)
- Health Care Flexible Spending Account:
 - **\$3,300** (was \$3,200)
- Limited Purpose Spending Account:
 - **\$3,300** (was \$3,200)
- Dependent Care Spending Account:
 - **>** \$7,500 (was \$5,000)
- **Life and Disability EOI**
- **■** MDLive \$10 copay



MDLive Virtual Care

- ■\$10 copay, and plan pays 100%
- Provides services by dedicated virtual providers through audio, video, and secure internetbased technologies.



CHOOSING A HEALTH PLAN JUST GOT EASIER

The Cigna Easy Choice tool gives you personalized guidance to help you find your best fit medical and dental plan



Best Fit	Next Best Fit	Good Fit
LDHP Cigna Health and Life Insurance Company	HSA Cigna Health and Life Insurance Company This plan has a Health Savings Account (HSA). 1	Surefit Cigna Health and Life Insurance Company
You pay Monthly \$84.18 after employer contribution	You pay Monthly ▼ \$50.52 after employer contribution	You pay Monthly ▼ \$0.00 after employer contribution
Annual Estimated Health Care Cost Enter some additional information, and we'll estimate the annual costs for each plan.	Annual Estimated Health Care Cost Enter some additional information, and we'll estimate the annual costs for each plan. ⇒ START ESTIMATE Your employer is contributing \$1,000.00 to your HSA.	Annual Estimated Health Care Cost Enter some additional information, and we'll estimate the annual costs for each plan.

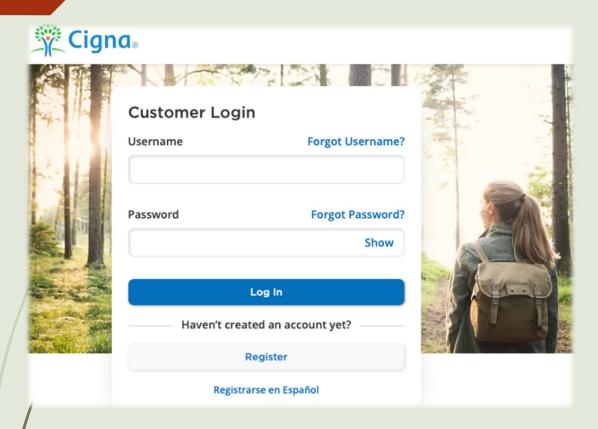
Employee Access Code: 24X3L9UK

https://decisionsupport.cigna.com/login

**HSA is the OrangePrime Plus High Deductible Health Plan



Cigna now has Digital ID cards





Not registered on myCigna yet? It's quick and easy.



Medical Plan Comparison

	OrangePrime Plus HDHP w/HSA	OrangePrime LDHP	SureFit
BENEFITS	In-Network	In-Network	In-Network
DEDUCTIBLE			
Individual/Family	\$1,700/\$3,400	\$1,500/\$3,000	\$1,500/\$3,000
EMPLOYER HSA CONTRIBUTION Individual/Family	Up to \$1,000/\$1550 (Proration Applies)	Not HSA Eligible	Not HSA Eligible
OUT-OF-POCKET MAX			
Individual/Family	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000
Preventative Care	\$0	\$0	\$0
Primary Care	\$30 after Deductible	\$30 Co-Pay	\$30 Co-Pay
Specialist	\$50 after Deductible	\$50 Co-Pay	\$50 Co-Pay
Inpatient Hospital Admission	20% after Deductible	20% after Deductible	20% after Deductible
Outpatient Surgery (Non-Hospital)	20% after Deductible	\$150 Co-Pay	\$150 Co-Pay
Advance Imaging (Hospital)	20% after Deductible	20% after Deductible	20% after Deductible
Advance Imaging (Non-Hospital)	20% after Deductible	\$150 Co-Pay	\$150 Co-Pay
Urgent Care	20% after Deductible	\$50 Co-Pay	\$50 Co-Pay
Emergency Room	20% after Deductible	20% after Deductible	20% after Deductible
Short-Term Rehabilitation Therapy	20% after Deductible	20% after Deductible	20% after Deductible
Mental Health	20% after Deductible	20% after Deductible	20% after Deductible

2026 Premium Comparison Chart

Medical and Pharmacy Premiums			Bi-Weekly Rates
Cigna	Total Premium	Employee Contribution	County Contribution
HDHP Employee only	\$482.88	\$23.32	\$459.56
HDHP Employee + spouse	\$1008.25	\$150.71	\$857.54
HDHP Employee + child(ren)	\$912.06	\$119.34	\$792.72
HDHP Employee + family	\$1330.03	\$266.15	\$1063.88
LDHP Employee only	\$525.18	\$38.85	\$486.33
LDHP Employee + spouse	\$1074.49	\$180.71	\$893.78
LDHP Employee + child(ren)	\$979.61	\$147.17	\$832.44
LDHP Employee + family	\$1419.87	\$310.24	\$1109.63
SureFit Employee only	\$464.79	\$0	\$464.79
SureFit Employee + spouse	\$950.92	\$138.45	\$812.47
SureFit Employee + child(ren)	\$866.95	\$92.30	\$774.65
SureFit Employee + family	\$1,256.58	\$230.76	\$1,025.82

Dental Plan Options

Low Plan

Benefits	Low Plan
Annual Maximum paid	\$1,000 per person
by Insurance	per calendar year
Progressive Maximum	\$250 per year up to \$1,750
Calendar Year	\$50 per individual
Deductible	\$150 per family
Preventative Services Oral exams, cleanings, routine x-rays, fluoride	100% - no deductible
Basic Services Sealants, fillings, oral surgery, root canals, repairs to dentures, bridges, and crowns	Employee pays 40% after deductible has been met
Major Services Periodontics, dentures, bridges, crowns, inlays, onlays	Employee payes 70% after deductible has been met
Orthodontia	Not Covered
Coverage for eligible children only up to age 19	Select network orthodontists provide a 15% discount for adults. Contact your provider for more details

Middle Plan

Benefits	Middle Plan
Annual Maximum paid	\$1,000 per person
by Insurance	per calendar year
Progressive Maximum	\$250 per year up to
1 Togicosive i luximum	\$1,750
Calendar Year	\$50 per individual
Deductible	\$150 per family
Preventative Services	100% - no
Oral exams, cleanings,	deductible
routine x-rays, fluoride	deddetible
Basic Services	
Sealants, fillings, oral	Employee pays 30%
surgery, root canals,	after deductible has
repairs to dentures,	been met
bridges, and crowns	
Major Services	Employee payes 60%
Periodontics, dentures,	after deductible has
bridges, crowns, inlays,	been met
onlays	500111101
Orthodontia	Employee payes
	60%, no deductible
Coverage for eligible	Select network
children only up to age	orthodontists provide
19	a 15% discount for
	adults. Contact your
	provider for more
	details

High Plan

Benefits	High Plan
Annual Maximum paid	\$1,500 per person
by Insurance	per calendar year
Progressive Maximum	\$250 per year up to
i iogi oodivo i iaxiiiiaiii	\$2,250
Calendar Year	\$50 per individual
Deductible	\$150 per family
Preventative Services	100% - no
Oral exams, cleanings,	deductible
routine x-rays, fluoride	acadonico
Basic Services	
Sealants, fillings, oral	Employee pays 20%
surgery, root canals,	after deductible has
repairs to dentures,	been met
bridges, and crowns	
Major Services	Employee payes 50%
Periodontics, dentures,	after deductible has
bridges, crowns, inlays,	been met
onlays	
Orthodontia	Employee payes
	50%, no deductible
Coverage for eligible	Lifetime limit of
children only up to age	\$1,000
19	Select network
	orthodontists provide
	a 15% discount for
	adults. Contact your
	provider for more
	details

Cigna Dental Coverage

No changes to the benefits or premium contributions for the 3 Cigna Dental Plans

Dental Premiums			Bi-Weekly Rates
Cigna Low Plan	Total	Employee	County
Cigila Low Flati	Premium	Contribution	Contribution
Low Employee only	\$7.10	\$7.10	\$0
Low Employee + 1	\$14.49	\$14.49	\$0
Low Employee + 2 or more	\$26.48	\$26.48	\$0
Cigna Middle Plan	Total	Employee	County
Cigna Middle Plan	Premium	Contribution	Contribution
Middle Employee only	\$10.88	\$10.88	\$0
Middle Employee + 1	\$22.53	\$22.53	\$0
Middle Employee + 2 or more	\$42.36	\$42.36	\$0
Cigna High Plan	Total	Employee	County
	Premium	Contribution	Contribution
High Employee only	\$17.71	\$17.71	\$0
High Employee +1	\$36.07	\$36.07	\$0
High Employee + 2 or more	\$65.55	\$65.55	\$0

Vision Plan Options

Vision Services	In-Network
Exam Copay	\$5
Materials Copay	\$15
Frames	\$175-\$200 (after copay)
Standard Plastic Lens Per Pair	\$15
Conventional Contact Lens	
(materials) when elective	\$30
	\$
Disposable Contact Lenses	
(materials) when elective	\$175 allowance
Contact Lenses	Covered in full, with prior
(materials) medically	authorization when necessary
Contact Lens	
Fitting & Follow-up	
(Standard Fit)	Covered in full after \$30 Co-pay
Contact Lens	
Fitting & Follow-uo	
(Speciality Fit)	Covered in full after \$30 Co-pay

MetLife Vision Coverage

Warby Parker is now covered as a in-network provider under the Superior Vision Network

What are the benefits?

Plan Frequencies:

- Exams every 12 months
- Lenses every 12 months
- Frames every 24 months
- Contacts every 12 months

What are the In-Network copayments?

- Vision Examination: \$5
- Materials: \$15
- Standard Progressive Lenses: \$15
- Tiers 1-3 Progressive Lenses: \$110-\$225
- Frames \$175-\$200 allowance*
- Contacts \$175 allowance

Vision Premiums			Bi-Weekly Rates
MetLife	Total	Employee	County
Wetthe	Premium	Contribution	Contribution
Employee only	\$2.20	\$2.20	\$0
Employee + 1	\$4.40	\$4.40	\$0
Employee + 2 or more	\$6.46	\$6.46	\$0

2026 Spending Accounts

Health Savings Account HSA

Employer Contribution

- Employee Only Coverage Up to \$1,000 contribution
- Employee plus Dependent(s) -Up to \$1,550 contribution

Individual and Family Contributions

Elected at Open Enrollment and as a New Hire

Limits Individual \$4,400 Family \$8,750

Eligibility: OrangePrime Plus HSA (HDHP)

Eligible Expenses: Medical, RX, Dental, Vision, Durable Medical Equipment

Availability: Funded through payroll

deductions

Forfeitures: None

Health Care Flexible
Spending Account
HCFSA

Maximum \$3,300

Eligibility: Enrollment not required on any plan

Eligible Expenses: Medical, RX, Dental, Vision, Durable Medical Equipment

Availability: Front Loaded

Forfeitures: March 15, 2027

Limited Purpose Flexible
Spending Account
LPFSA

Maximum \$3,300

Eligibility: OrangePrime
Plus
To be paired with the Heal

To be paired with the Health Savings Account (HSA)

Vision, and Preventative
Care not covered by your
health plan

Availability: Front Loaded

Forfeitures: March 15, 2027

Dependent Care Spending Account DCSA

Maximum \$7,500

Eligibility: Enrollment not required on any plan

Eligible Expenses: Dependent Care Services

Availability: Funded through payroll deductions

Forfeitures: March 15, 2027

Additional Life and AD&D



Basic Employee Life with AD&D Insurance

- Employer paid benefit
- All employees receive 1x Salary of Basic Life and AD&D Insurance (max \$200,000)

Additional Employee Life with AD&D Insurance

- Employee Paid / aged based rates (up to a max of 5x your salary not to exceed \$300,000)
- Increase up to \$20,000 medical underwriting not required, if not previously denied as of 1/1/2025

Spouse Life with AD&D Insurance

- Employee Paid / aged based rates (up to a max of \$250,000 not to exceed Employee coverage)
- Increase up to \$20,000 medical underwriting not required, if not previously denied as of 1/1/2025

Child Life Insurance

- Employee Paid
- \$5,000 or \$10,000 (coverage ends on 26th birthday)

Disability



Short-Term Disability

- Employees have the option of enrolling in and paying premiums for an STD plan. The STD plan pays employees an
 amount up to 60% of their pre-disability salary to a weekly maximum of \$2,500
- STD premiums are deducted from employee pay after taxes, so STD benefits paid to employees are non-taxable
- STD benefits begin once you have exhausted all County paid sick, term, personal, and vacation leave and have met the required waiting period

Benefit Waiting Period	Maximum Benefit Period
120 day waiting	9 weeks
90 day waiting	13 weeks
60 day waiting	18 weeks
30 day waiting	22 weeks
15 day waiting	24 weeks

Long-Term Disability

The County provides this benefit at no cost to you. The LTD plan pays an amount equal to 60% of your salary to a monthly maximum of \$10,000 (reduced by Deductible Income) upon completion of a 180-day waiting period. LTD premiums are paid by the County; the LTD benefits paid to employees are considered taxable.

Life and Disability Insurance

Additional Life Insurance

- If you make an election subject to Evidence of Insurability (EOI) you will receive an email from the Standard with further instructions after the close of annual enrollment.
- Check your Orange County email for an invitation from <u>securemedicalhistory@ssc.standard.com</u> with your custom link to complete your election.
- EOI is not required for amounts up to \$20,000 unless previously denied after 01/01/2025.

Short Term Disability

Any request to decrease your waiting period by more than one tier will require medical underwriting.

ComPsych Employee Assistance Program

- All services are confidential
- Receive <u>8</u> sessions per topic/situation
- Cognitive behavioral therapy
- In-person or virtual appointments
- Speaks English & Spanish
- Members can call 1-855-221-8925 to make an appointment
- www.guidanceresources.com
- Organizational Web ID: ORANGECOUNTY



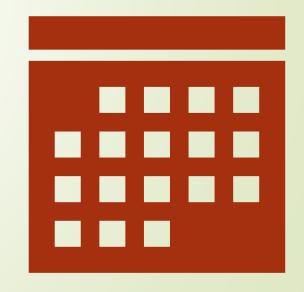
EAP Counselor
Janelle Carbone- Rodriguez MSW, LCSW

Open Enrollment Webinars

- **09/30/2025** 10:00am **–**11:00am **Open Enrollment Overview** (Virtual)
- **09/30/2025** 3:00pm –4:00pm **Open Enrollment Overview** (Virtual)
- **10/07/2025** 10:00am **–**11:00am **Open Enrollment Overview** (Virtual)
- 10/07/2025 3:00pm –4:00pm Open Enrollment Overview (Virtual)

We will host sessions virtually and a recorded session will be posted to the Open Enrollment Website for employees to view at their leisure.

Mark Your Calendars



How Do I Complete Open Enrollment?



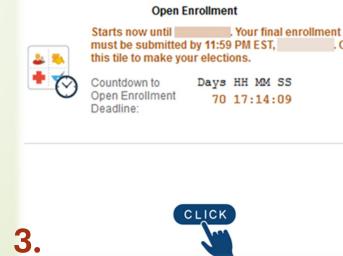
Main Menu

ORACLE

PEOPLESOFT

2.





Click SUBMIT!

Need Additional Help?

in-person and virtually this year. Additional information can be found online on myOCPortal on the "Benefits Presentation" tab.





Cigna

Michael Bradley

407-403-8108

OCRep@Cigna.com

MetLife

800-333-9372

www.metlife.com/ocbocc

ChardSnyder, a Wex Company

800-982-7715

AskPenny@wexinc.com

The Standard

Donna McCann

971-321-7429

OCLifeAndDisability@Standard.com

Post Open Enrollment Reminders

- Dependent Verification Documentation Deadline:
 - October 28, 2025, 11:59 p.m. EST
- The Standard Medical Underwriting Deadline:
 - November 30, 2025, 11:59 p.m. EST
- Open your Health Savings Account (HSA) by:
 - October 28, 2025, 11:59 p.m. EST

Open Enrollment 2026



www.ocfl.net/openenrollment

HR Benefits – Benefits@ocfl.net myOCHR – 407-836-5661 HumanResources@ocfl.net