Explore Your Employee Benefits

We believe in protecting what matters



Accident, Critical Illness and Hospital Indemnity Insurance





Orange County Employees Association Health and Welfare Trust Group Policy # 762040



Act Now to Help Protect What You Care About Explore your new benefit options.

Having a lot of benefit choices is great — but can be confusing! You may be wondering ... which ones are the best for me and my family?

Think of insurance as a financial safety net that can help protect you when life doesn't go as planned. Each benefit that **Orange County Employees Association Health and Welfare Trust** offers can play a role in helping you achieve financial security.

Enrolling in coverage now is an easy way to help make sure you and your loved ones have the protection you need. Use this guide to explore your group insurance options from Standard Insurance Company (The Standard). The Enrollment Form you need is also right here.



When you buy insurance through work, you get competitive group rates. And it's convenient, with premiums deducted right from your paycheck.



Benefits You Can Add at Group Rates

- Accident insurance
- Critical Illness insurance
- Hospital Indemnity insurance

Make sure you and your loved ones have the protection you need.



Protect Your Family From the Unexpected

An accident, serious illness or hospital stay can be a big drain on your finances. Even with medical insurance, deductibles and copays can pile up. The insurance below pays a benefit directly to you — instead of your doctors. So, you can use the money for anything you choose — from medical costs to rent, gas and groceries.

Accident insurance can help keep your finances on track when an accident happens. It pays a benefit directly to you, not to medical providers. Another plus, your group insurance rate won't increase as you get older.

Critical Illness insurance helps you manage expenses during a serious illness, such as a heart attack, stroke or cancer. It pays a lump-sum benefit directly to you upon diagnosis with a covered illness. You can use the money to pay bills while you or a family member recover.

Hospital Indemnity insurance can help you take care of the out-of-pocket costs of a stay in the hospital. It pays you a flat benefit regardless of any medical coverage you have.



Ready to apply?

Once you review your benefit options, the next step is to apply. Complete, sign and submit your Enrollment Form online through Docusign or directly to OCEA via two methods:

- 1. Scan and email your form to benefits@ocea.org; or
- 2. Send to the following address:

Orange County Employees Association Health & Welfare Trust 830 North Ross Street, Santa Ana, CA 92701

Remember to turn your form in during your annual enrollment period, within 31 days of membership or within 31 days of a family status change. No late enrollments accepted.

ENROLL

During Annual Enrollment

Within 31 days of membership

Within 31 days of a family status change

QUESTIONS?

Contact OCEA for details regarding your benefits.

(714) 835-3355 or benefits@ocea.org

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Visit standard.com

GP494-ADD/S399, GP310-ADD, GP609-ADD

SI **20444**

762040-OPTION 1 (2/24)





Group Accident Insurance

Keep your finances on track when an accident happens.

Here's How Accident Insurance Works

1 You have an accident.

Your health insurance covers some costs, after you meet your deductible, but you still may have copays and a lot of out-of-pocket expenses.

2 We send you a check.

The Standard will send a check directly to you — not to your medical providers — upon approval of your claim. You decide how you spend the money.

3 You focus on getting better.

With The Standard helping you handle the unexpected expenses, you get to pay attention to what matters most — your health.

Here's what it does:

- Pays you directly, so you can choose how to spend the money.
- **Pays you for what happens**, regardless of your other coverage.
- May go with you if you leave your employer.
- Provides coverage without answering any medical questions.
- Gives you the option to cover your spouse and children.
- **Pays an additional 25 percent benefit** if your child, 18 or under, is injured playing organized sports.
- You pay the same premium for as long as you have your coverage.
- Provides the convenience of having your premium payments deducted directly from your paycheck.

This coverage from Standard Insurance Company (The Standard) can help you stress less about unexpected medical bills.

Here's an example of benefits paid for a covered accident:

You're injured during your city league soccer game. An ER visit and scans reveal a concussion, broken leg, torn ACL, and meniscus - requiring a 2 day hospital stay and surgery.

Here's what your plan would cover for this example:

Benefits Paid to You	Benefit Amounts		
Emergency Room Visit	\$150		
X-ray	\$50		
Concussion	\$150		
Leg Fracture (Surgical)	\$2,400		
Knee Cartilage Repair	\$750		
Hospital Admission	\$1,000		
2 Days Hospital Confinement	\$400		
Medical Appliance	\$100		
Physician Follow-Up Appointment	\$50		
2 Physical Therapy Appointments	\$100		
TOTAL	\$5,150		

Here's what it would cost you:

Coverage for	BiWeekly Premium
You	\$3.71
You and your spouse	\$6.18
You and your children	\$6.80
You, your spouse and your children	\$10.78

Accident Insurance Includes 70+ Benefits for Covered Injuries and Treatment

This is only a partial listing of benefits offered. The specific benefit amounts you'd receive vary. Please consult with your plan administrator for more details.

Injury	Emergency	Surgery	
 Burns Dislocations Eye Injuries Concussion Loss of Hearing Lacerations Fractures Coma Paralysis 	 Emergency Dental Urgent Care Ambulance Emergency Room X-ray Major Diagnostic Exam 	 Abdominal/Thoracic Surgery Outpatient Surgical Facility Skin Grafts Knee Cartilage/ Ligament/ Tendon Repair Ruptured Disk Rotator Cuff 	
Hospitalization	Follow-Up Care	Value Added Benefits	
 Hospital Admission Hospital Confinement CCU Confinement CCU Admission 	 Chiropractor Medical Appliance Hearing Device Physical Therapy Physician Care Prosthesis Rehab Facility 	 Transportation Lodging Youth Organized Sports Benefit 	

Additional Benefits

24-hour coverage – Includes coverage for accidents that occur on and off the job.

Accidental Death & Dismemberment — Includes a benefit for an accidental death or covered dismemberment for you or your dependents.

Line of Duty Benefit — Provides an additional benefit for public safety officers who suffer an accidental death or covered dismemberment, or impairment while on the job.

Health Maintenance Screening Benefit — Pays a \$200 benefit once per calendar year when you or your dependents go to the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19), or a mammogram.

Automobile Accident Benefit — Provides an additional \$500 benefit for injuries you or your dependents sustain while traveling in an automobile involved in a covered accident.

Important Details Here's where you'll find the details about Accident insurance.

Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill if your employment ends, the group policy terminates, or your insurance ends because you no longer meet the eligibility requirements.

Eligibility Requirements

To be eligible for this coverage, you must be 18 years old or older, actively working in the United States, a citizen or resident of the United States, and an active employee in a regular or limited term position who is regularly scheduled to work at least 20 hours each week, and for whom Orange County Employees Association receives a health and welfare contribution from Orange County or other affiliated Employer, and who is a dues-paying member of Orange County Employees Association.

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

You can choose to cover your spouse, 18 years old or older, a person to whom you are legally married, or your domestic partner as recognized by law or by your employer's domestic partnership policy, if applicable. You can also cover your children from birth through age 25. Your children cannot be insured by more than one employee. Your spouse or children must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

A minimum number of eligible employees must apply and qualify for the proposed plan before Accident insurance coverage can become effective.

Your Effective Date

You must satisfy the eligibility requirements listed above, serve an eligibility waiting period, agree to pay premium, and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your plan administrator, benefits@ocea.org, or call (714) 835-3355 for more information regarding the requirements that must be satisfied for your insurance to become effective.

Exclusions

Benefits are not payable if an accident is proximately caused by any of the following:

- · War or any act of war
- Suicide or other intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit a felony or being engaged in an illegal occupation
- Any accident sustained or contracted in consequence of you or your dependent being intoxicated or under the influence of any narcotic, unless administered on the advice of a Physician
- Sickness existing at the time of the accident, including any medical or surgical treatment or diagnostic procedure for a sickness
- Travel or flight in or on any aircraft, except as a farepaying passenger on a commercial aircraft
- Engaging in mountain climbing, caving, heli-skiing, boxing, full contact martials arts, bungee jumping, base jumping, parachuting, skydiving, hang gliding, sail gliding, parasailing, parakiting, kitesurfing, kiteboarding, or scuba diving
- Practicing for, or participating in, any semiprofessional or professional competitive athletic contests for which any type of compensation or remuneration is received
- Routine eye exams and dental procedures other than a crown or extraction for a tooth or teeth as a result of a covered accident
- Riding in or driving any automobile in a race, stunt show, or speed test
- Cosmetic surgery or other procedure to improve appearance, unless it is necessary to correct a deformity or restore bodily function after a covered accident
- Any accident which occurs while you or your dependents are incarcerated in a jail, penal, or correctional institution

When Your Insurance Ends

Your insurance ends if you notify your employer or policyholder to terminate your coverage, you stop making premium payments, your employment terminates, you cease meeting the member definition, or the group policy terminates.

Child and spouse insurance ends when your insurance ends, they cease to meet the definition of child or spouse, you stop making premium payments for child or spouse insurance, spouse or child insurance is no longer offered under the group policy, or the group policy terminates.

Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions, and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate, or the insurance coverage in any way.

IMPORTANT NOTICE TO PERSONS ON MEDICARE: THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

Some healthcare services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- · Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before you buy this insurance:

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from Standard Insurance Company.
- For help in understanding your health insurance, contact your state insurance department or state health

insurance assistance program (SHIP).

About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at **www.standard.com**.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

This is a limited benefit policy.

GP0614-ACC

Standard Insurance Company 1100 SW Sixth Avenue Portland OR 97204

www.standard.com

SI 17615-D-CA-762040-C1 (8/23) 7411578-1047720



Group Hospital Indemnity Insurance Keep your finances on track when you're in the hospital.

You're admitted to the hospital.





You focus on recovering.

Your health insurance covers many costs of your stay and treatment. You still have a lot of expenses, including deductibles, copays, and other costs you couldn't predict.

The Standard will send a check directly to you - not to your medical handle the costs of your hospital providers - upon approval of your claim. You decide how you spend the money.

With The Standard helping you stay, you get to concentrate on what matters most - your health.

Here's what it does:

- **Pays you directly**, so you can choose how to spend the money
- May go with you if you leave your employer
- Provides coverage without answering any medical questions .
- Gives you the option to cover your spouse and children •
- **Protects your HSA Account**
- Provides the convenience of having your premium payments deducted directly from your paycheck

This coverage from Standard Insurance Company (The Standard) can help protect your finances and provides you peace of mind.

Here's how it works:

Ruptured Ulcer: Kim is out of town on a business trip when she experiences abdominal pain and a racing heartbeat. Diagnosis: ruptured gastric ulcer. She is rushed to the hospital, admitted and taken into surgery. She ends up being hospitalized for 15 days, fifteen of which are in a critical care unit. Kim's spouse leaves their two kids with their daycare provider and flies to be at her side. The family now faces additional costs for medical bills, travel, and childcare amounting to \$6,500.

Here's what your plan would cover for this example:

Benefits Paid to You	Benefit Amount			
Hospital admission	\$2,000			
Hospital confinement (15 days)	\$2,250			
Critical care unit confinement (15 days)	\$2,250			
Total paid to you	\$6,500			

Here's what it would cost you:

Coverage for	Biweekly Premium
You	\$7.38
You and your spouse	\$12.60
You and your children	\$10.28
You, your spouse, and your children	\$18.41

Please note, you may not enroll in coverage past age 64.

Group Hospital Indemnity Insurance

Here's what it covers:

Benefits Paid to You	Benefit Amount		
Hospital Admission ¹	\$2,000 Maximum 1 per calendar year		
Daily Hospital Confinement 1	\$150 per day Maximum 15 days per stay		
Daily Critical Care Unit Confinement ^{1,2}	\$150 per day Maximum 15 days per stay		

1 Defined as a stay for at least 20 consecutive hours in a hospital setting.

2 Payable in addition to the Hospital Admission and Daily Hospital Confinement benefit you may be eligible to receive.

Additional Benefits

Waiver of Premium - Premium waived if you are confined to a hospital for more than 30 days.

Health Maintenance Screening Benefit — Pays a \$50 benefit once per calendar year when you or your dependents go to the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19), or a mammogram.

Protect your HSA Account — Hospital Indemnity insurance provides financial protection while you are building your HSA assets. Contact your employer to determine if this Hospital Indemnity plan impacts the taxability of your contributions to an HSA. It's protection that's also convenient: Your premium payments can be deducted directly from your paycheck.

Important Details Here's where you'll find the details about Hospital Indemnity insurance.

Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill if your employment ends, the group policy terminates, or your insurance ends because you no longer meet the eligibility requirements.

Eligibility Requirements

To be eligible for this coverage, you must be 18 years old or older, actively working in the United States, a citizen or resident of the United States, and an active employee in a regular or limited term position who is regularly scheduled to work at least 20 hours each week, and for whom Orange County Employees Association receives a health and welfare contribution from Orange County or other affiliated Employer, and who is a dues-paying member of Orange County Employees Association.

Temporary and seasonal employees, full-time members of the armed forces, leased employees, and independent contractors are not eligible.

You can choose to cover your spouse, 18 years old or older, a person to whom you are legally married, or your domestic partner as recognized by law or by your employer's registered domestic partnership policy, if applicable. You can also cover your children from birth to age 26. Your child cannot be insured by more than one employee. Your spouse or children must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and as a dependent.

A minimum number of eligible employees must apply and qualify for the proposed plan before Hospital Indemnity insurance coverage can become effective.

Your Effective Date

You must satisfy the eligibility requirements listed above, serve an eligibility waiting period, agree to pay premium, and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your plan administrator, ocea@benefits.org, or call (714) 835-3355 for more information regarding the requirements that must be satisfied for your insurance to become effective.

Annual Open Enrollment

You may enroll for coverage for you and your spouse up to the maximum amount if you enroll within 31 days of OCEA membership or during annual open enrollment. However, if you do not enroll during this period, you may do so during your employer's open enrollment period.

Family Status Change

In the event of a family status change, you and your spouse or registered domestic partner may enroll for coverage if you or your spouse or registered domestic partner enroll within 31 days of the change. Family status change include:

- Your marriage or divorce or dissolution of your domestic partner relationship
- The birth of your child
- The adoption of a child
- The death of your dependent
- The commencement or termination of your spouse's employment
- A change in employment from full-time to part-time by your spouse
- A loss of hospital indemnity insurance through your spouse's employment

Waiver of Premium

Your insurance will continue without payment of premiums if you are confined in a hospital for more than 30 days in a row. We will waive payment of premium for your insurance from the 31st day of your confinement until the last day of the month you are in the hospital.

Exclusions

Benefits are not payable if an injury or sickness is proximately caused or contributed to by any of the following:

- War or any act of war
- Attempted suicide or other intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit a felony or being engaged in an illegal occupation
- Intoxicated or under the influence of any narcotic, unless administered on the advice of a physician. This exclusion does not apply to a sickness.
- Travel or flight in or on any aircraft, except as a fare-

paying passenger on a commercial aircraft

 Cosmetic surgery. Cosmetic surgery means surgery that is performed to alter or reshape normal structures of the body in order to improve your or your dependent's appearance. Cosmetic surgery does not include reconstructive surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to do either of the following:

(a) to improve function,

(b) to create a normal appearance to the extent possible,

(c) to restore or achieve symmetry.

- Any injury or sickness which occurs while you or your dependent is incarcerated in a jail, penal or correctional institution
- Dental care or dental procedures, unless treatment is the result of an injury
- · Routine newborn nursing or well-baby care
- Hospital confinement of a newborn child following the child's birth unless the confinement is as a result of an injury or sickness
- Riding in or driving any automobile in a race, stunt show, or speed test

When Insurance Ends

Your insurance ends if you notify your employer or policyholder to terminate your coverage, you stop making premium payments, your employment terminates, you cease meeting the member definition, or the group policy terminates.

Child and spouse insurance ends when your insurance ends, they cease to meet the definition of child or spouse, you stop making premium payments for child or spouse insurance, spouse or child insurance is no longer offered under the group policy, or the group policy terminates.

Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions, and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate, or the insurance coverage in any way.

IMPORTANT NOTICE TO PERSONS ON MEDICARE: THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

Some healthcare services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before you buy this insurance:

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from Standard Insurance Company.
- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

About Standard Insurance Company

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This is a limited benefit policy.

GP0614-HI

Standard Insurance Company 1100 SW Sixth Avenue Portland OR 97204

www.standard.com

SI 17617-D-CA-762040-C1 (8/23) 7411581-1047719



Group Critical Illness Insurance

Plan for the Costs of a Serious Illness So You Can Focus on Getting Well.

for you

1 You get a critical illness diagnosis

Your health insurance covers many of your treatment costs, but you still have a lot of expenses that your finances aren't ready for. The Standard helps shield your finances by paying benefits directly to you. You get to decide how you spend that money.

The Standard is there

With The Standard helping cover your out-of-pocket or everyday expenses, you get to concentrate on what's most important to you, getting better.

Focus on getting better

Here's what it does:

- Pays you directly, so you can choose how to spend the money
- May go with you if you leave your employer
- Provides coverage without answering any medical questions
- Covers children at 50 percent of your benefit amount, at no additional cost
- Gives you the option to cover your spouse

This coverage from Standard Insurance Company (The Standard) helps fill the gap caused by out-of-pocket costs, creating a financial safety net for you and your family.

Here's how it works:

Cancer: Shayna beat cancer, but faced many costs she didn't expect. There were her medical plan's copays for doctor visits, and what she owed for chemotherapy after meeting her deductible. She also bought hair prosthetics, paid for travel to specialists, and had alternative treatments. The benefits from Shayna's Critical Illness insurance helped cover the expenses. Her plan also gave her access to Health Advocate[™]. Through this service, Shayna received the support of a personal guide who helped her make sense of her diagnosis and treatment options.

Here's an example of what this benefit could cover:

Example Of Out-Of-Pocket Expenses

Medical plan	\$1,400
Lost wages	\$5,000
Alternate treatments and diets not covered by medical plan	\$4,500
Total Out-Of-Pocket Expenses	\$10,900

Example Of Benefits

Critical Illness Benefit Option	\$10,000
Total Out-Of-Pocket Expenses	\$10,900
Remaining Out-Of-Pocket Expenses	\$900
Remaining Benefit For Other Expenses	\$0

These are the benefit options you may elect:

Coverage for	Coverage Amount
You	Flat amount of \$10,000, \$20,000, or \$30,000
Your spouse	Flat amount of \$5,000, \$10,000, or \$15,000, as long as it's not more than 50 percent of your coverage amount
Your children	Automatically covered at 50 percent of your coverage amount

See the Important Details section for more information, including requirements, exclusions, and definitions.

Affordable Group Rates

Since you'll be buying this insurance through Orange County Employees Association Health and Welfare Trust, you'll have access to affordable group rates. You'll also have the convenience of having your premium deducted directly from your paycheck.

The biweekly premiums you would pay for Critical Illness insurance benefits are below.

Employee Biweekly Attained Age Premiums						
Coverage	Employee Age					
Amount	18-29 30-39 40-49 50-59 60-69					
\$10,000	\$1.30	\$1.80	\$3.50	\$6.80	\$12.30	\$31.10
\$20,000	\$2.60	\$3.60	\$7.00	\$13.60	\$24.60	\$62.20
\$30,000	\$3.90	\$5.40	\$10.50	\$20.40	\$36.90	\$93.30

Spouse Biweekly Attained Age Premiums						
Coverage	Employee Age					
Amount	18-29	30-39	40-49	50-59	60-69	70+
\$5,000	\$0.65	\$0.90	\$1.75	\$3.40	\$6.15	\$15.55
\$10,000	\$1.30	\$1.80	\$3.50	\$6.80	\$12.30	\$31.10
\$15,000	\$1.95	\$2.70	\$5.25	\$10.20	\$18.45	\$46.65

Note: You may continue your coverage past age 64. However, you cannot increase your coverage or apply for new coverage past age 64.

With Critical Illness insurance, you can:

- **Protect your loved ones.** Cover your spouse up to \$15,000, as long as it's not more than 50 percent of your benefit amount. Your children are automatically covered at 50 percent of the amount elected for yourself for the same critical illnesses that you are. Children are also covered for 21 additional childhood diseases, including cystic fibrosis, Down syndrome, muscular dystrophy, spina bifidam, and cerebral palsy.
- Receive a benefit for taking care of your health. You and your covered loved ones receive a Health Maintenance Screening benefit of \$100 once per calendar year when visiting the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19), or a mammogram — that typically cost you nothing under your medical insurance.
- Receive additional benefits. If you are diagnosed with a covered illness again after a treatment-free period of 6 months, you will receive 100 percent of the original benefit amount. If you are diagnosed with a different and subsequent covered illness after the diagnosis of the first critical illness, you will receive an additional Critical Illness insurance benefit.
- Access a Health Advocate*. Additional services available through Health Advocate, include access to specialists for a second opinion upon approval of a covered claim.
- Update your coverage as needed. As your life circumstances change, increase or decrease your coverage, in accordance with your employer's plan.

Covered Conditions

Receive 100 percent of your coverage amount for:

- Heart attack
- Severe Stroke
- Invasive Cancer
- End stage renal (kidney) failure
- Major organ failure
- Coma
- Paralysis of two or more limbs
- Loss of sight
- Occupational Hepatitis
- ALS (Lou Gehrig's Disease)
- Advanced Alzheimer's Disease
- Advanced Multiple sclerosis
- Advanced Parkinson's disease
- Benign brain tumor
- Bone marrow transplant
- Loss of hearing
- Loss of speech

Receive 25 percent of your coverage amount for:

- Severe coronary artery disease with recommendation for bypass
- Non-Invasive Cancer

* Health Advocacy services are provided through an arrangement with Health Advocate, a leading health advocacy and assistance company. Health Advocate is not affiliated with The Standard or any insurance or third-party provider, and does not replace health insurance coverage, provide medical care, or recommend treatment.

Payment of benefits is subject to the terms and conditions of the group critical illness policy and insurance certificate. These plan documents are the final arbiter of coverages.

Diagnosis and recommendation must occur after your coverage becomes effective.

Please see your certificate for full medical definitions that guide eligibility for payment, which may differ slightly from commonly used terms.

Important Details Here's where you'll find the details about Critical Illness Insurance.

Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill if your employment ends, the group policy terminates, or your insurance ends because you no longer meet the eligibility requirements.

Eligibility Requirements

To be eligible for this coverage, you must be 18 years old or older, actively working in the United States, a citizen or resident of the United States, and an active employee in a regular or limited term position who is regularly scheduled to work at least 20 hours each week, and for whom Orange County Employees Association receives a health and welfare contribution from Orange County or other affiliated Employer, and who is a dues-paying member of Orange County Employees Association.

Temporary and seasonal employees, full-time members of the armed forces, leased employees, and independent contractors are not eligible.

You can choose to cover your spouse, 18 years old or older, a person to whom you are legally married, or your domestic partner as recognized by law or by your employer's registered domestic partnership policy, if applicable. You can also cover your child(ren) from birth through age 25. Your child(ren) cannot be insured by more than one employee. Your spouse or child(ren) must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and as a dependent.

A minimum number of eligible employees must apply and qualify for the proposed plan before Critical Illness insurance coverage can become effective.

Your Effective Date

You must satisfy the eligibility requirements listed above, serve an eligibility waiting period, agree to pay premium, and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your plan administrator, benefits@ocea.org, or (714) 835-3355 for more information regarding the requirements that must be satisfied for your insurance to become effective.

Annual Open Enrollment

You may enroll for coverage for you and your spouse up to the maximum amount if you enroll within 31 days of OCEA membership or during annual open enrollment. However, if you do not enroll during this period, you may do so during your employer's open enrollment period.

Family Status Change

In the event of a family status change, you and your spouse or registered domestic partner may enroll for coverage if you or your spouse or registered domestic partner enroll within 31 days of the change. Family status change include:

- Your marriage or divorce or dissolution of your domestic partner relationship
- The birth of your child
- The adoption of a child
- The death of your dependent
- The commencement or termination of your spouse's employment
- A change in employment from full-time to part-time by your spouse
- A loss of critical illness insurance through your spouse's employment

Reoccurrence Benefit

If you or your dependents receive a benefit for a covered critical illness and are later diagnosed with the same critical illness, a one-time reoccurrence benefit will be paid if you or your dependents have:

- Been continuously insured under the group policy between the initial and subsequent diagnosis or recommendation
- Served a 6-month treatment-free period in connection with the critical illness during which you or your dependents did not:
 - Consult a physician or other licensed medical professional
 - Receive medical treatment, services, or advice
 - Undergo diagnostic procedures, including self-administered procedures
 - Take prescribed drugs or medications

Exclusions

Benefits are not payable if a critical illness is proximately caused by any of the following:

- · War or any act of war
- Attempted suicide or other intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit a felony
- Intoxicated or under the influence of any narcotic, unless administered on the advice of a Physician
- Cosmetic surgery. Cosmetic surgery means surgery that is performed to alter or reshape normal structures of the body in order to improve your or your dependent's appearance. This exclusion will not apply to a Critical Illness caused or contributed to by reconstructive surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to do either of the following:
 - To improve function;
 - To create a normal appearance to the extent possible. Reconstructive surgery includes medically necessary dental or orthodontic services that are an integral part of reconstructive surgery for cleft palate procedures.

Note: This exclusion will not apply to a Critical Illness caused or contributed to by your or your dependent's donation of an organ or tissue.

When Your Insurance Ends

Your insurance ends if you notify your employer or policyholder to terminate your coverage, you stop making premium payments, your employment terminates, you cease meeting the member definition, or the group policy terminates.

Child and spouse insurance ends when your insurance ends, they cease to meet the definition of child or spouse, you stop making premium payments for spouse insurance, spouse or child insurance is no longer offered under the group policy, or the group policy terminates.

Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions, and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate, or the insurance coverage in any way.

IMPORTANT NOTICE TO PERSONS ON MEDICARE: THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

Some healthcare services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed dollar amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before you buy this insurance:

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from Standard Insurance Company.
- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at

www.standard.com.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

This is a limited benefit policy.

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Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group Disability, Life, Dental, Vision, and Individual Disability insurance. We provide insurance to more than 24,800 groups, covering over 8 million employees nationwide.* Our first group policy, written in 1951, and still in force today, stands as a testament to our commitment to building long-term relationships.

To learn more about products from The Standard, contact your human resources department or visit us at **standard.com.**

*As of December 31, 2016, based on internal data developed by Standard Insurance Company.

Standard Insurance Company 1100 SW Sixth Avenue Portland, OR 97204