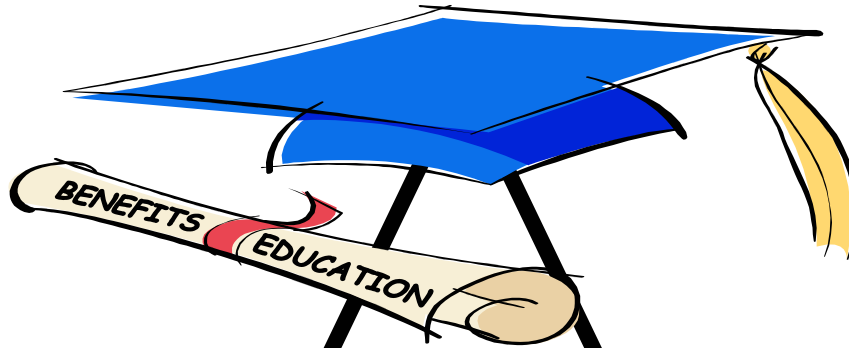


2010 BENEFITS COMPARISON BOOKLET



Helping You Build...

WORK/ LIFE

- AFLAC • Long-Term Care
- Credit Union • Ill Child Care
- Flexible Spending Accounts (FSA)
- Employee Assistance Program (EAP)

RETIREMENT

OCERS • ARBA • Deferred Compensation

HEALTH & WELFARE

Medical • Dental • Vision • Disability • Survivor Benefits

a Healthier Tomorrow



Board of Directors, Administrative, and TCU Employees

A MESSAGE FROM HUMAN RESOURCES

Our mission is to provide the highest quality health care options to OCTA employees and Board Members at affordable costs. Please use the enclosed information to help you in making the best choice for you and your family members.

This booklet is intended to provide you with a general outline of the benefits offered under the OCTA benefits program. Specific details on exclusions and limitations can be found in each plan's brochures. Information in this booklet is not intended as a contract. The master policies held by the company contain the controlling provisions for all benefits. This comparison is not intended in any way to modify these provisions or their meaning.

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INTRODUCTION

OCTA offers employees and their family members a full range of benefits from which to choose, to best meet individual needs. This brochure provides the information you may need to take full advantage of these benefits.

ELIGIBILITY

Employee Eligibility

Full-time and part-time employees working a minimum of 20 hours per week, as well as Board of Directors, are eligible for benefits following completion of the required continuous service requirement. An employee must be actively at work on his/her effective date of coverage to be enrolled in the plan. Failure to meet this requirement will defer the employee's effective date, and that of their enrolled dependents, at least until he/she returns to active full-time work. Extra-Help employees are not eligible for benefits.

Dependent Eligibility

The definition of a dependent is defined as follows:

- Spouse: unless legally separated or divorced
- Domestic partner: registered with the state of California
- Unmarried children:
 - From birth to age 19, or
 - If a full-time student at an accredited school and chiefly dependent on you for support and for whom you are entitled to an income tax exemption, then to age 24, or
 - If a full-time student at an accredited school and chiefly dependent on you for support, then to age 26, or
 - A dependent who is determined to be incapable of self-sustaining employment due to a developmental disability or a handicap, that occurred prior to reaching the age of 19.
 - A dependent on a medically necessary leave of absence from a postsecondary educational institution, or any other change in enrollment that –
 - commences while such child is suffering from a serious illness or injury;
 - is medically necessary; and
 - causes such child to lose student status for purposes of coverage under the terms of the plan or coverage.

Written certification by the child's treating physician is required. Insurance coverage will continue to the earlier of:

- the date that is one (1) year after the first day of the medically necessary leave of absence; or
- the date on which such coverage would otherwise terminate under the terms of the plan or health insurance coverage.

Special Dependent Eligibility Requirements

- Marriage and birth certificates are required to add dependent(s).
- A **Domestic Partner** may become eligible for Health and Welfare benefits subject to satisfaction of certain enrollment and tax payment requirements:
 - Both persons have a common residence.
 - The definition of "common residence" means that both domestic partners share the same residence. It is not necessary that the legal right to possess the common residence be in both of their names. Two people have a common residence even if one or both have additional residences. Domestic partners do not cease to have a common residence if one leaves the common residence but intends to return.
 - Neither person is married to someone else or is a member of another domestic partnership with someone else that has not been terminated, dissolved, or adjudged a nullity.
 - The two persons are not related by blood in a way that would prevent them from being married to each other in this state.
 - Both persons are at least 18 years of age.
 - Either of the following:
 - Both persons are members of the same sex or,
 - One or both of the persons is/are over the age of 62 and meet the eligibility criteria under Title II of the Social Security Act as defined in 42 U.S.C. Section 402(a) for old-age insurance benefits or Title XVI of the Social Security Act as defined in 42 U.S.C. Section 1381 for aged individuals.
 - Both persons are capable of consenting to the domestic partnership.
 - Declaration of Domestic Partnership and birth certificates are required to add dependent(s).
 - If you need to enroll or cancel domestic partner health benefit coverage, please contact the OCTA Human Resources Department to obtain the required forms:
 - **Affidavit of Domestic Partnership** – You must submit this form as proof your domestic partnership is registered with the proper jurisdiction.
 - A domestic partner will be considered a “qualified dependent” if:
 - You provide more than half of the support for the year for your domestic partner,
 - Your domestic partner earns less than the Internal Revenue Service (IRS) exemption amount, and
 - Your domestic partner is a member of the household maintained and occupied by the employee.

- **Declaration of Tax Status** – You must submit this form as proof your domestic partnership meets the requirements established by the IRS for tax purposes.
 - If your domestic partner does not qualify as a tax dependent, the amount OCTA contributes for coverage on their behalf will be added to your taxable income. However, in California, you are not subject to state income tax on OCTA's or your pre-tax contributions if your domestic partner is registered with the state.
- **Statement of Termination of Domestic Partnership** – You must submit this form if you need to remove your domestic partner from your benefits for any reason
 - Here is what you need to know about imputed income for domestic partners:
 - The IRS has many rules and regulations you should know about if you are covering your domestic partner for health care coverage.
 - The IRS has determined that enrolling your domestic partner for coverage could affect your taxes because federal and most state laws don't recognize a domestic partner as a legal "spouse" (except where treated differently by state law).
 - Any contributions you make for your domestic partner's benefits will be made on an after-tax basis. There is one exception to this rule – if your domestic partner is a qualified dependent as defined by the IRS, then contributions can be made pre-tax.
- If an employee of OCTA is eligible for one of the OCTA provided insurance plans for Administrative and/or Transportation Communications International Union (TCU) employees, that employee may be covered as a dependent of another employee if the employee that is covered as a dependent waives insurance and both are enrolled in the same plans. Otherwise, each employee shall enroll in his or her own plans. Also, the dependents of two Administrative and TCU employees may only be covered as dependents under one of the employee's plans, not both.
- Full-time employees hired before June 27, 2004, who have been employed by OCTA for over seven years, will have their medical/dental/vision premiums paid entirely by OCTA for themselves and their dependents beginning the pay period following the completion of 7 years of service.
- Dependents over the age of 19 must provide, to the OCTA Human Resources Department, proof of Full-time Student Status at the beginning of each school term to avoid termination of coverage or a disruption in the processing of health claims. Coverage for dependents over the age of 19, who are no longer full-time students, will terminate at the end of the month in which they last attend school as a full-time student.
- Dependents over the age of 19, who are determined to be incapable of self-sustaining employment due to a developmental disability or handicap, will be required to submit documentation from the dependent's treating physician.

ENROLLMENT PERIOD

New Employees

You must complete and return to the Human Resources Department the necessary benefits enrollment forms within one month of employment. *****IMPORTANT*** Enrollment is never automatic.**

Benefits coverage begins one month after employment in an eligible Administrative or TCU position.

Current Employees

Annual Open Enrollment – Held within the *month of November*; the Annual Open Enrollment allows all benefits-eligible employees an opportunity to enroll or make changes to their medical, dental, vision, Flexible Spending Accounts, and AFLAC Supplemental Insurance Plans. The benefits effective date is January 1st of the following year.

- You may apply for Supplemental Life Insurance at any time; however, your application will need to go through the underwriting process for review.
- Enrollment for Long-Term Care is a special application period, which will be announced separately.

Qualifying Events– Other than during the annual “Open Enrollment” period, you may not change your coverage unless you experience certain “Change in Status Events” or Health Insurance Portability and Accountability Act (HIPAA) “Special Enrollment Events,” **provided you submit your election changes to the Human Resources Department within 30 days of either type of event. Please note that if you or your dependent loses eligibility for coverage, benefits coverage continues through the end of the month that the qualifying event occurs.**

For some “Change in Status Events”, both the event and your benefit election change must meet a “Consistency Requirement” in order for you to make benefit changes. This requirement is met if:

- The “Change in Status Event” causes you, your spouse, your domestic partner, or your dependent to gain or lose eligibility for coverage, and
- The enrollment change is because of and corresponds with your “Change in Status Event.” For example, if you have a baby or adopt a child during the year, you may add your child to the medical plan in which you are enrolled. You would not, however, be able to change medical plans or enroll another dependent not currently covered until open enrollment.

You may change your benefit elections during the year if you experience one of the following “Change in Status Events”, as long as the election change satisfies the consistency requirement explained above:

- Your marital status changes due to a marriage, divorce, legal separation, or annulment,
- Your spouse or dependent dies,
- Employment status changes for you, your spouse, or your dependent,
- Benefit eligibility begins or ends for a dependent (such as birth of a child or a dependent child reaches the plan’s age limit for eligibility), or
- Residence changes for you or a covered dependent that cause you to lose coverage.

Other Change in Status Events

If you experience one of the events listed below, you may make relevant changes in your benefit elections, regardless of whether the consistency requirement is met:

- You begin or return to work from a leave under the Family and Medical Leave Act (FMLA),
- A qualified medical child support order is issued against you,
- Your eligible dependent(s) either becomes eligible for, or lose coverage in a State Children's Health Insurance Program (SCHIP),
- You, your spouse, or your dependent become(s) entitled to Medicare or Medicaid, or
- A significant change occurs in the coverage or cost under your spouse's medical or dental coverage, such as:
 - A new benefit or other coverage option is offered,
 - An existing benefit or coverage option is no longer offered,
 - You and/or your spouse enrolled in your spouse's or dependent's employer-provided health plan during that employer's open enrollment period, or
 - Your cost for coverage increases or decreases more than 10%.

Changes to Flexible Spending Accounts

- You may also make changes to your **Health Care Spending Account** for events listed above, with one exception: You may not make changes to your Health Care Spending Account because of a significant change in coverage or cost.
- You may also make changes to your **Dependent Care Spending Account** if you experience one of the events listed above. You may even make changes if you experience significant changes in coverage or cost, such as:
 - You change day care providers,
 - Your cost for dependent care increases or decreases more than 10% (as long as the caregiver is not a relative), or
 - Your child reaches age 13 and expenses for his or her care are no longer eligible expenses under the account, or
 - "Special Enrollment Events" may allow you to change your pre-tax contributions to the medical, dental, vision, or Health Care Spending Account, but not your Dependent Care Spending Account. These events include:
 - Gaining a dependent by marriage, birth, adoption, or placement for adoption, and the loss of other coverage, if you had declined enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage. In this situation, you or your dependent may be enrolled only if one of the following conditions is met:
 - You declined coverage for yourself or for a dependent,
 - You had Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) continuation coverage under another plan and COBRA continuation coverage under that other plan has since ended,
 - You or your dependent had other group health coverage or health insurance that ended due to a loss of eligibility as a result of legal separation, divorce, death, termination of employment, reduction in number of hours of employment, or termination of employer contributions towards the other coverage.

BENEFIT OPTIONS

Health Insurance Portability and Accountability Act of 1996

Non-Federal Governmental Health Plan

Disclosure Notice to Participants

In general, HIPAA requires certain insured group health plans to:

- Limit the period for which a group health plan can deny coverage for a pre-existing medical condition to 12 months (18 months for a late enrollee);
- Establish special enrollment rights for certain employees or dependents:
 - If they initially declined to enroll in the plan because they had other health plan coverage and now have lost the other coverage, or
 - If a person becomes dependent through marriage, birth, adoption, or placement for adoption.
- Eliminate any plan rules that base eligibility for enrollment on an individual's health status, including evidence of insurability.

The HIPAA Administrative Simplification provision covers five areas:

- National Standard Health Care Provider Identifier: The purpose of the National Provider Identifier (NPI) is to uniquely identify a health care provider in standard transactions, such as health care claims.
- National Standard Employer Identifier: The employer's federal identification number.
- Electronic data interchange (EDI): Require Covered Entities (Health Plans, Health Care Providers, Health Care Clearinghouses) to transmit health plan transactions in a standard format electronically.
- Security standards: To ensure security in terms of people, computer systems, and procedures.
- Privacy Rules:
 - The Plan's Uses & Disclosures of Protected Health Information (PHI),
 - Your privacy rights with respect to your PHI,
 - The Plan's duties with respect to your PHI,
 - Your right to file a complaint with the plan and with the Secretary of Health and Human Services (HHS), and
 - The person or office to contact for further information about the Plan's privacy practices.

Medical

OCTA's medical benefits are available to you in helping maintain wellness, as well as protect you and your family from major financial hardship due to illness or injury. OCTA offers a choice of medical plans through two providers, Kaiser and Aetna. The specific choices include:

- Kaiser Permanente
- Aetna Health Maintenance Organization (HMO)
- Aetna Open Access Managed Choice (OAMC)

Medical Identification Cards

New enrollees will receive medical ID card(s) within ten business days of submitting completed paperwork to the OCTA Human Resources Department. If you do not receive your ID card and have enrolled in Aetna, please go to their website www.aetna.com and print a temporary ID card. If you have not received your ID card and have enrolled in Kaiser, please call their Member Services number at (800) 464-4000. Please see the Health and Welfare Contact List at the back of this booklet for more information.

Medicare Prescription Drug Coverage

Starting January 1, 2006, prescription drug coverage became available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans might also offer more coverage for a higher monthly premium.

If you are covered under one of OCTA's prescription drug plans, your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage in 2010. Therefore, if you are or become eligible for Medicare, you can keep this coverage and not pay extra if you later decide to enroll in a Medicare prescription drug plan.

OCTA has determined that the prescription drug coverage offered under OCTA's group insurance program is, on average, expected to pay out as much as the standard Medicare prescription drug coverage will pay in 2010.

Medicare participants can enroll in a Medicare prescription drug plan from when they first become eligible for Medicare. However, because you have existing prescription drug coverage that, on average, is as good as Medicare coverage, you can choose to keep that coverage and join a Medicare prescription drug plan later. Each year after that, you will have the opportunity to enroll in a Medicare prescription drug plan from November 15 through December 31.

If you decide to enroll in a Medicare prescription drug plan, you may also continue your employer coverage. The employer plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. You may also drop your employer coverage, in which case Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment event.

At this time, OCTA is planning to provide, for 2010, its prescription drug plan offerings available to Medicare eligible individuals, which include:

- Aetna, or
- Kaiser

You should know that if you drop or lose your coverage with OCTA and do not promptly enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more to enroll in Medicare prescription drug coverage later. If you go 63 days or longer without prescription drug coverage that is at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You will have to pay this higher premium as long as you have Medicare prescription drug coverage. You may also have to wait until next November to enroll.

MEDICAL PLAN FEATURES			
	AETNA HMO	KAISER PERMANENTE	AETNA OPEN ACCESS MANAGED CHOICE
Medical Plan Deductible	No Deductible Applied	No Deductible Applied	\$250 Per Person; \$750 Per Family per Calendar Year
Hospital Maximum	Unlimited Days	Unlimited Days	Unlimited Days
Hospital Room and Board, Intensive Care Unit, Miscellaneous Charges	Full Coverage -- After \$500 Admit Copay (No Limit)	Full Coverage -- After \$500 Admit Copay (No Limit)	Semi-Private - After Deductible IN-NETWORK: 20% to \$1,500/person; \$3,000/family OUT-OF-NETWORK: 40% of UCR* to \$3,000/person; \$6,000/family 100% of UCR* thereafter, per calendar year are paid by the plan
Inpatient Mental Health	\$500 per admission Copay	Full Coverage -- After \$500 Copay per admit	IN-NETWORK: 20% after Deductible OUT-OF-NETWORK: 40% of UCR* after Deductible
Doctor's Calls: Home Hospital Office	\$20 Copay per visit Full Coverage \$20 Copay per visit	Full Coverage Full Coverage \$20 Copay per Visit	IN-NETWORK: \$15 Copay per visit, Deductible waived OUT-OF-NETWORK: 40% of UCR* after Deductible
Routine Physical Exams	\$20 Copay per office visit	\$20 Copay per office visit	IN-NETWORK: \$15 Copay, Deductible waived OUT-OF-NETWORK: 40% of UCR* after calendar year deductible has been satisfied
Prescription Drugs For additional information, see Plan Formulary Guide at each plan's Website.	<u>Retail Pharmacy:</u> \$10 Copay - Generic \$20 Copay - Brand Name \$40 Copay - Non-Preferred Brand-Name/Generic Drugs <u>Mail Order (90 day supply):</u> \$20 Copay - Generic \$40 Copay - Brand Name \$80 Copay - Non-Preferred Brand-Name/Generic Drugs	\$10 Copay - Generic \$20 Copay - Brand Name 100-Day Supply	IN-NETWORK: <u>Retail Pharmacy:</u> \$10 Copay - Generic \$20 Copay - Brand Name \$35 Copay - Non-formulary <u>Mail Order (90 day supply):</u> \$20 Copay - Generic \$40 Copay - Brand Name \$70 Copay - Non-formulary OUT-OF-NETWORK: No Coverage
Chiropractic Care	\$15 Copay per office visit; Direct access to participating providers: Limited to 20 visits per calendar year	No Coverage	IN-NETWORK: \$15 Copay; deductible waived; 20 visits per calendar year OUT-OF-NETWORK: 20 visits per calendar year is combined
Emergency In-and-Out-of-Area Benefits	\$50 Copay Urgent Care \$100 Copay for Emergency Room - waived if admitted. Emergency: An unforeseen injury or acute illness, which may be harmful to your health, requiring immediate attention.	\$100 Copay - waived if admitted. Emergency: An unforeseen injury or acute illness, which may be harmful to your health, requiring immediate attention.	\$50 Copay for Urgent Care \$100 Copay for Emergency Room - waived if admitted. Emergency: An unforeseen injury or acute illness, which may be harmful to your health, requiring immediate attention.

***Usual, Customary, and Reasonable Charges**

Dental

OCTA's dental benefits are available to you, with a choice of the following two plans:

- SmileSaver, a Dental Maintenance Organization (DMO)
- MetLife Preferred Provider Organization (PPO)

Dental Identification Cards

New employees that are enrolling in the MetLife Dental plan will find a generic dental ID card in the new hire enrollment packet. If you need additional ID cards, please contact the Human Resources Department at (714) 560-5814. If you have enrolled in SmileSaver and need an ID card, please contact SmileSaver Member Services at (800) 333-9561. Please see the Health and Welfare Contact List at the back of this booklet for more information.

DENTAL PLAN FEATURES			
	MetLife		SmileSaver
Provider	Your Choice of Dentists		A Dentist that contracts with SmileSaver
Deductible	\$50 per Person per Calendar Year -- No deductible for Preventative Care		No Deductible
Maximum	\$2,500 per Calendar Year -- excluding Orthodontia; \$2,500 Orthodontia lifetime maximum		No Maximum
	In Network	Non-Network	
Preventative Care	100% of Negotiated Fee covered by Metlife	100% of Usual, Customary, and Reasonable Charges covered by Metlife	Full Coverage
Restorative (Fillings)	20% of Negotiated Fee	30% of Usual, Customary, and Reasonable Charges	Full Coverage except for composite restorations, emergency treatment and space maintainers
Oral Surgery/Endontics	20% of Negotiated Fee	30% of Usual, Customary, and Reasonable charges	Refer to Schedule of Charges
Bridges, Dentures, Crowns, Inlays & Outlays	20% of Negotiated Fee	30% of Usual, Customary, and Reasonable Charges	Refer to Schedule of Charges
Orthodontic	20% of Negotiated Fee	30% of Usual, Customary, and Reasonable Charges	\$1,600 Children to age 19 \$1,950 Adults
Prescriptions	Submit under major medical benefits.	Submit under major medical benefits.	Submit under major medical benefits.
Missed Appointments	No Coverage	No Coverage	\$22 Charge (less than 24-hour notice).
Emergency Out-of-Area	20% of Negotiated Fee	30% of Usual, Customary, and Reasonable Charges	Plan will pay up to \$50 per contract year

Vision

In addition to medical and dental insurance, OCTA provides vision insurance to all benefit eligible employees and their dependents. For those employees who have selected either the Aetna HMO or the Aetna Open Access Managed Choice plan, the vision plan option is through Vision Service Plan (VSP). For those employees who have selected Kaiser, vision coverage is included in the Kaiser medical plan.

VISION PLAN FEATURES		
	Vision Service Plan (if Aetna plan elected)	Kaiser Permanente
Deductible	\$25 per year, per person	No Deductible
Vision Examination	Every 12 months	\$20 Charge per Office Visit
Frames	Every 24 months if needed	\$200 Allowance - eyeglasses and contact lenses (including fitting and dispensing), every 24 months
Lenses	Every 12 months if needed	
Contact Lenses	100% if medically necessary, otherwise \$50 fee. Every 12 months if needed.	
Laser Surgery: Laser-assisted-in-sitokeratomileusis (LASIK) or Photorefractive Keratectomy (PRK)	15% of Usual, Customary and Reasonable Charges	No Coverage

Life and Accidental Death & Dismemberment Insurance (AD&D)

Group Term Life Insurance provides protection for your beneficiaries in the event of your death. **Accidental Death and Dismemberment (AD&D)** provides specified benefits for a covered accidental bodily injury that directly causes dismemberment (i.e. the loss of a hand, foot or eye).

OCTA covers 100% of the premium cost of both Group Term Life and AD&D Insurance for all full-time Administrative/TCU employees. OCTA contributes 50% of the premium cost for part-time Administrative/TCU employees if they elect Group Term Life and AD&D Insurance.

If you would like to purchase additional life insurance coverage through payroll deductions, you can enroll in **Supplemental Life Insurance**, which can provide additional employee life insurance and dependent life insurance coverage.

In the event that death occurs from a covered accident, both the Life and the AD&D benefit would be payable.

LIFE INSURANCE AND AD&D PLAN FEATURES					
Benefit Type	Provider Name	Amount of Benefit	Minimum/Maximum Benefit Amount	Eligibility	Additional Information
Life & AD&D Insurance	Lincoln Financial Group	2X Annual Salary rounded to the next thousand. Board Members - \$50,000	Minimum - \$10,000 Maximum - \$500,000	All full-time & part-time Administrative/TCU Employees	100% Employer-Paid for all full-time Administrative/TCU Employees and Board of Directors 50% Employer-Paid for all part-time Admin/TCU employees

LIFE INSURANCE AND AD&D PLAN FEATURES					
Benefit Type	Provider Name	Amount of Benefit	Minimum/Maximum Benefit Amount	Eligibility	Additional Information
Supplemental Life Insurance	Principal Financial Group	Varies	Increments of \$10,000 to a Maximum of \$250,000 (not to exceed five times your annual earnings)	All full-time & part-time Administrative/TCU Employees Board of Directors	-Payroll deducted -Employee and dependents coverage -Includes a portability provision

SHORT-TERM DISABILITY

When a non-work related illness or injury makes it impossible for you to work for a short period of time, your income may be continued under OCTA’s Short-Term Disability Plan. This plan includes:

- Income protection of 67% of your basic weekly salary less any income from other sources,
- A maximum benefit of \$1,400 per week,
- Non-occupational illnesses covered for the first day of disability due to accidental injury or the day sick leave is exhausted (whichever is longer); and the 8th consecutive day of Disability due to sickness or the day sick leave is exhausted (whichever is longer),
- Eligibility for full-time and part-time Administrative employees only under this plan, and
- 100% of premium paid for full-time employees; 50% of premium is paid for part-time employees if this benefit is elected.

LONG-TERM DISABILITY

When an illness or injury makes it impossible for you to work for an extended period of time, your income may be continued under OCTA’s Long-Term Disability Plan. Under this plan, if you are disabled for more than 13 weeks, you are eligible to receive benefits. This plan includes:

- Income protection of 67% of your monthly base earnings less any income from other sources,
- A maximum benefit of \$8,000 per month,
- Eligibility for full-time and part-time Administrative and TCU employees only under this plan, and
- 100% of premium paid for full-time employees; 50% of premium is paid for part-time employees if this benefit is elected.

EMPLOYEE ASSISTANCE PLAN

The Employee Assistance Program (EAP) is a **CONFIDENTIAL** service designed to help you and members of your household resolve personal and workplace challenges, such as:

- Substance Abuse Recovery
- Legal Assistance
- Money Management
- Work Issues
- Parenting and Child Care

ACCESS YOUR EAP, Resources For Living, 24 HOURS A DAY, 7 DAYS A WEEK	
Contact Number: Call (866) 370-4838	Web Address: www.rfl.com
Click on <i>Register</i> and follow instructions	
Questions? Contact Grace Farmer in Benefits at (714) 560-5812	

FLEXIBLE SPENDING ACCOUNTS - VOLUNTARY

Flexible Spending Accounts (FSAs) are made possible by Section 125 of the Internal Revenue Code. FSAs enable employees to set aside money on a pre-tax basis to cover eligible health care and dependent care expenses.

To be eligible for participation under the FSA, you must be a regular full-time or part-time employee who works at least 20 hours each week.

WageWorks is the FSA plan administrator, and provides many great online resources for you. Your account information is viewable anytime by accessing www.wageworks.com. You can also submit your expenses online using the “**WageWorks Online Claim Entry**” process. You can also submit your FSA claim via fax to WageWorks.

A payment card is available for eligible health care expenses at any qualified merchants who accept VISA. The payment card works like a debit card, and will hold your 2010 account election amount.

Health Care Account

A Health Care Spending Account is used to pay for eligible health care expenses not covered by any insurance plan (for example: medical, dental, or vision). Specific covered items include:

- Over-the-counter or prescription drug expenses not paid by your health plan,
- Out-of-pocket medical, dental, vision, and
- Deductibles/Co-pays.

Dependent Care Account

Covers expenses incurred for the care of a qualifying dependent.

The maximum contribution to the Health Care Flexible Spending Account is \$3,500/year, while the maximum contribution to the Dependent Care Flexible Spending Account is \$5,000/year.

If you elect the Health Care and/or Dependent Care Account option, an annual pre-tax amount is taken in increments each pay period, determined by you, from your gross pay. This money goes directly into the flexible spending accounts you have specified. After you incur eligible health or dependent care expenses, simply submit a Flexible Spending Account claim form (which can be accessed on the octatoday intranet site @ http://octatoday/benefits/documents_forms.aspx?#FSA) to be reimbursed from the appropriate account.

Please note two important points regarding this plan:

- You must enroll each plan year to participate in FSA.
- There is a two and a half month grace period that allows you to be reimbursed from the prior plan year balance, if any, for expenses incurred during the grace period.

AFLAC SUPPLEMENTAL INSURANCE - VOLUNTARY

OCTA employees may purchase supplemental insurance through AFLAC. If you get hurt or sick, AFLAC pays you a cash benefit. Unlike traditional health insurance, AFLAC does not pay the doctor or the hospital, unless you tell them to. AFLAC works autonomously from any other insurance plan, and includes the following:

- Personal Accident Indemnity
- Cancer Indemnity
- Specified Health Event with Intensive Care
- Hospital Protection
- Dental and Vision

Open Enrollment for AFLAC's supplemental insurance coverage is held within the month of November, with benefits effective January 1st of the following calendar year.

LONG-TERM CARE - VOLUNTARY

Long-term care insurance is offered through the California Public Employees Retirement System (CalPERS). Long-term care in a nursing home or at home may be needed because of an accident, a chronic medical condition, or elder care. Many options are available to customize a plan to each individual's needs, and the premium rates are based on the age at time of enrollment. To receive additional information about the CalPERS Long-Term Care Program, visit www.calpers.ca.gov.

ILL CHILD CARE PROGRAM

The Ill Child Care Program reimburses Administrative employees up to \$50 per day, five days per year, to pay for licensed childcare or licensed nursing care to a maximum of \$250 per year per eligible employee.

To locate a facility that cares for ill children, please contact the Employee Assistance Program (EAP) at 1-866-370-4838. This is a referral source only, and employees should evaluate whether the facility is appropriate for the needs of their children.

To obtain reimbursement, please complete and submit the Ill Child Care Program e-Form on the octatoday intranet, along with copies of the childcare invoice(s) to the OCTA Human Resources Department **within** one month of incurring the cost.

EMPLOYEE BENEFITS COSTS

Plan	Premium Plan Cost Per Month	OCTA Premium Contribution Per Month	Employee Premium Contribution Per Month	Employee Share of Total Premium Cost (%)	Employee Premium Contribution Per Pay Period
Kaiser Permanente Medical Plan					
Employee Only	\$383.51	\$345.16	\$38.35	10%	\$17.70
Employee + 1 Dependent	\$767.02	\$651.97	\$115.05	15%	\$53.10
Employee + Family	\$1085.34	\$922.54	\$162.80	15%	\$75.14
AETNA HMO Medical Plan					
Employee Only	\$390.46	\$351.41	\$39.05	10%	\$18.02
Employee + 1 Dependent	\$839.49	\$713.57	\$125.92	15%	\$58.12
Employee + Family	\$1132.34	\$962.49	\$169.85	15%	\$78.39
AETNA OAMC Medical Plan					
Employee Only	\$607.55	\$546.80	\$60.76	10%	\$28.04
Employee + 1 Dependent	\$1306.23	\$1110.30	\$195.93	15%	\$90.43
Employee + Family	\$1761.88	\$1497.60	\$264.28	15%	\$121.98
SmileSaver Dental Plan					
Employee Only	\$10.35	\$9.32	\$1.04	10%	\$0.48
Employee + 1 Dependent	\$16.00	\$13.60	\$2.40	15%	\$1.11
Employee + Family	\$21.00	\$17.85	\$3.15	15%	\$1.45
MetLife PPO Dental Plan					
Employee Only	\$64.47	\$58.02	\$6.45	10%	\$2.98
Employee + 1 Dependent	\$138.49	\$117.72	\$20.77	15%	\$9.59
Employee + Family	\$186.11	\$158.19	\$27.92	15%	\$12.88
Vision Service Plan					
Employee Only	\$13.17	\$11.85	\$1.32	10%	\$0.61
Employee + 1 Dependent	\$26.34	\$22.39	\$3.95	15%	\$1.82
Employee + Family	\$38.19	\$32.46	\$5.73	15%	\$2.64

RETIREMENT

Orange County Employees Retirement System (OCERS)

Employees of OCTA are exempt from contributing to the Social Security System for retirement purposes, with the exception of 1.45% of gross income, which is paid into the Medicare portion of Social Security. Instead, contributions are made to the Orange County Employees Retirement System (OCERS) each pay period for full-time and part-time employees of regular status. The contribution amount is based on the employee's age when enrolled into the system. For Administrative employees, OCTA pays both the employee's portion as well as the employer's portion of the contributions.

The earliest date of retirement is age 50 or over with 10 or more years of service credit. Part-time employees age 55 or older with 5 years of service credit and at least 10 years of active employment are eligible to receive retirement benefits.

OCTA's Plan Type (Tier II) is "1.6667 @ 57.5." The monthly value of this benefit at age 65 with 10 years of service is equal to 2.4% of your final average salary (three consecutive years).

Employees who became members prior to September 21, 1979, participate in a different Plan Type (Tier I). For further information, please contact Lorraine Mills in Human Resources at (714) 560-5825.

Questions regarding the OCERS' program may be directed to OCERS or to the OCTA Human Resources Department. Please see the Health and Welfare Contact List at the back of this booklet for more information.

Additional Retiree Benefit Account (ARBA) Plan

An employee who retires from OCTA after January 1, 1995, may be eligible for a supplemental retirement benefit under the Additional Retiree Benefit Account (ARBA) Plan. The benefit is \$10.00 per month for each year of service performed for OCTA covered by OCERS, not to exceed a monthly supplement of \$150.00.

The retiring employee is eligible if the following conditions are met:

- Employees must be members of the Orange County Employee's Retirement System, and
- Retirement must occur within 30 days of separation from OCTA, and
- Employees must meet the OCERS eligibility criteria of a minimum age 50 and have at least 10 years of OCERS service.

OCTA reserves the right to modify or terminate this plan at any time by action of the Board of Directors. Administration of the ARBA Plan will be in accordance with the plan document.

457(b) Deferred Compensation Plan and 401(a) Defined Contribution Plan

The 457(b) Deferred Compensation Plan provides you with the opportunity to invest a portion of your salary on a pre-tax basis and/or roll funds from other qualified plans into your 457(b) retirement plan. The minimum payroll deferral is \$25 each pay period.

The process for enrolling in the Deferred Compensation plan is as follows:

- Complete an enrollment form stating the portion of your wages you would like transferred through payroll deductions into your personal Deferred Compensation account.
- Return the completed enrollment form to Human Resources. Please see the Health and Welfare Contact List at the back of this booklet for more information.
- The amount you have specified for deferral will be allocated directly into your personal Deferred Compensation account each pay period on a pre-tax basis.
- You may start or stop payroll contributions or change your contribution rate throughout the year.

2010 Maximum Annual Contributions to the 457(b) Plan

(Established by the Internal Revenue Service)

For Employees Under Age 50: **\$16,500**

For Employees Age 50 and Above: **\$22,000**

For Pre-Retirement Catch-Up Provision: **\$31,000**

Please note that deferral limits are subject to change. Visit the IRS website at www.irs.gov for more information. To help maximize your retirement savings, OCTA offers a 401(a) Plan to eligible employees, which compliments your Deferred Compensation savings. Your personal contributions are allocated to your 457(b) Plan. Employer-paid contributions are allocated to your 401(a) Plan. Contributions to the 401(a) Plan do not reduce the amount you may contribute to your 457(b) Plan.

401(a) Plan - Employer-Paid Contribution Schedules

(For Administrative Employees and for Employees Represented by the
Transportation Communications International Union)

Employer-Paid Matching Contributions to All Administrative Employees:

OCTA will match contributions to your 401(a) Plan based on years of service as set forth below:

- 1% of base pay for employees with 5 years or more of service
- 2% of base pay for employees with 10 years or more of service
- 3% of base pay for employees with 20 years or more of service

Employer-Paid Matching Contributions to Administrative Employees in Salary Grade V and Above:

In addition to the above schedule, OCTA will match contributions to your 401(a) Plan, up to 2% of your base salary, upon hire or promotion.

Employer-Paid Contributions to All Employees Represented by the Transportation Communications International Union:


OCTA will contribute to your 401(a) Plan based on years of service as set forth below:

- 1% of base pay for employees with 5 years or more of service
- 2% of base pay for employees with 15 years or more of service

To learn more about the Deferred Compensation Plan, please go to the octatoday intranet site. If you are unable to access the Intranet, please check out your location's information board. You can also contact the Deferred Compensation provider, Nationwide Retirement Solutions, or an OCTA Human Resources Representative. Please see the Health and Welfare Contact List at the back of this booklet for more information.

**Orange County Transportation Authority
Administrative and TCU Employees
HEALTH & WELFARE CONTACT LIST**

DESCRIPTION	GROUP NUMBER	CUSTOMER SERVICE
AETNA HEALTHCARE	aetna.com	
HMO Member Services	US394315	(877) 402-8742
OAMC Member Services	888850	(877) 204-9186
Mail Order Prescriptions		(866) 612-3862
24-Hour Health Information Line		(800) 556-1555
KAISER PERMANENTE	kp.org	
Customer Service	102283-0000	(800) 464-4000
Health phone (Free Recorded Health Message)		(800) 332-7563
SMILESAVER - (Plan 2000)	safeguard.net	
Customer Service	196476	(800) 333-9561
METLIFE DENTAL (PPO)	metlife.com	
Customer Service	119519	(800) 942-0854
VISION SERVICE PLAN (VSP)	vsp.com	
Customer Service	12023057	(800) 877-7195
RESOURCES FOR LIVING (EAP)	rfl.com	
Employee Assistance Program/24-Hour		(866) 370-4838
AFLAC	aflac.com	
Customer Service		(800) 992-3522
Claims – Fax Number		(877) 442-3522
LINCOLN FINANCIAL GROUP	lfg.com	
Short-Term Disability (Administrative Employees Only)		Contact Grace Farmer in Benefits for disability claims information at (714) 560-5812
Long-Term Disability		
PRINCIPAL FINANCIAL		
Supplemental Life Insurance		Contact Grace Farmer in Benefits at (714) 560-5812, for application/change forms
WageWorks	wageworks.com	
Flexible Spending Accounts - Plan Administrator	3255	(888) 295-5656 Current Participants
		(888) 363-2802 New Participants
OCERS	ocers.org	
Orange County Employees Retirement		(888) 570-6277
DEFERRED COMPENSATION	nrsservicecenter.com	
Nationwide Retirement Solutions		(877) 677-3678, * 0
CREDIT UNION	orangecountyscu.org	
Orange County's Credit Union		(714) 755-5900

INSURANCE	CHANGE DATES	EFFECTIVE DATE
Health Insurance	November 10 - November 24	January 1
AFLAC Supplemental Insurance	November 10 - November 24	January 1
Flexible Spending Accounts	November 10 - November 24	January 1
 Have you had a life/qualifying event? <i>If so, please make changes to your insurance within 30 days.</i>		
Life/Qualifying Events: Marriage, Divorce, Birth/Adoption, Spouse or Dependent Loss of Coverage/Employment, Death.		

****For general benefits information, please visit the Benefits website on Octatoday:**

<http://octatoday/benefits/>

Or contact Alyssa Vanesler in Human Resources at (714) 560-5814

BENEFITS SUMMARY

The following pages provide a chart summary of 2010 benefits.

2010 BENEFITS SUMMARY CHART – ADMIN & TCU

MEDICAL PLANS					
Coverage for an eligible Administrative or TCU position begins one month after employment					
Provider Name	Office Visit Copay	Deductible	Out-Of-Pocket Maximum	Prescription Drug Copay	Emergency In-and-Out-Of-Area Benefits
Kaiser	\$20 Copay per office visit	No deductible	Individual - \$1,500 Employee +1 Dependent & Family- \$3,000 (per Calendar Year)	\$10-Generic \$20-Brand Name	\$100 Copay per visit - waived if admitted
Aetna HMO	\$20 Copay per office visit	No deductible	Individual - \$1,500; Family - \$3,000 (per Calendar Year)	<u>Retail Pharmacy:</u> \$10 Copay - Generic \$20 Copay - Brand Name \$40 Copay - Non-Preferred Brand-Name and Generic Drugs <u>Mail Order (90 day supply):</u> \$20 Copay - Generic \$40 Copay - Brand Name \$80 Copay - Non-Preferred Brand-Name and Generic Drugs	\$50 Copay for Urgent Care \$100 Copay for Emergency Room - waived if admitted
Aetna Open Access Managed Choice	<u>In-Network</u> \$15 Copay per visit, deductible waived	See plan description for additional information regarding when deductibles are applied.	Excludes copays & deductibles: <u>In-Network:</u> Individual-\$1,500; Family-\$3,000 <u>Out-Of-Network:</u> Individual-\$3,000; Family-\$6,000	<u>IN-NETWORK:</u> <u>Retail Pharmacy:</u> \$10 Copay – Generic \$20 Copay - Brand Name \$35 Copay - Non-formulary <u>Mail Order (90 day supply):</u> \$20 Copay – Generic \$40 Copay - Brand Name \$70 Copay - Non-formulary <u>OUT-OF-NETWORK:</u> No Coverage	\$50 Copay for Urgent Care \$100 Copay for Emergency Room - waived if admitted
	<u>Out-Of-Network</u> 40% after plan deductible	\$250 per person; \$750 per family (per Calendar Year)			

DENTAL PLANS					
Coverage for an eligible Administrative or TCU position begins one month after employment					
Provider Name	Preventative Care	Deductible	Maximum	Restorative (Fillings)	Orthodontic
MetLife	<u>In Network:</u> 100% of Negotiated Fees paid for by the plan <u>Non-Network:</u> 100% of UCR*	\$50 per person per calendar year No deductible for Preventative Care	\$2,500 per calendar year - Excludes Orthodontia \$2,500 Orthodontia lifetime maximum	<u>In Network:</u> 20% of Negotiated Fees <u>Non-Network:</u> 30% of UCR*	<u>In Network:</u> 20% of Negotiated Fees <u>Non-Network:</u> 30% of UCR*
SmileSaver	Full coverage	No deductible	No maximum	Full coverage except for composite restorations, emergency treatment and space maintainers.	\$1600 Children to age 19 \$1950 Adults

* UCR – Usual, Customary, and Reasonable Charges

VISION CARE					
Coverage for an eligible Administrative or TCU position begins one month after employment					
Provider Name	Vision Examination	Deductible	Frames	Lenses	Laser Surgery
Vision Service Plan (w/ Aetna HMO or Aetna OAMC)	Every 12 Months	\$25 per year, per person	Every 24 months if needed	<u>Lenses:</u> Every 12 months if needed <u>Contact Lenses:</u> 100% if medically necessary, Otherwise \$50 fee. Every 12 months if needed.	15% discount of UCR
Kaiser (included w/ Kaiser Medical)	\$20 charge per office visit	No deductible	\$200 allowance - eyeglasses and contact lenses (including fitting and dispensing) every 24 months.		No coverage

LIFE INSURANCE/ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE (AD&D)					
Coverage for an eligible Administrative or TCU position begins one month after employment					
Benefit Type	Provider Name	Amount of Benefit	Minimum/Maximum Payment	Eligibility	Additional Information
Life & AD&D Insurance	Lincoln Financial Group	2X Annual Salary rounded to next thousand	Minimum - \$10,000 Maximum - \$500,000	All full-time & part-time Administrative/TCU Employees	100% of premium paid for full-time employees; 50% of premium paid for part-time employees
Supplemental Life Insurance	Principal Financial Group	Available in levels of \$10,000 with a maximum of \$250,000	Minimum - \$10,000 Maximum \$250,000	All full-time & part-time Administrative/TCU Employees	Payroll Deducted; Employees and dependents coverage

SHORT-TERM / LONG-TERM DISABILITY					
Coverage for an eligible Administrative or TCU position begins one month after employment					
Benefit Type	Provider Name	Amount of Benefit	Maximum Payment	Eligibility	Additional Information
Short-Term Disability (STD)	Lincoln Financial Group	Pays 67% of weekly earnings	Maximum \$1,400 per week, up to 13 weeks	Applies to Administrative Employees Only	100% of premium paid for full-time employees; 50% of premium paid for part-time employees if benefit elected
Long-Term Disability (LTD)	Lincoln Financial Group	Pays 67% of monthly base earnings	Maximum \$8,000 per month	Applies to Administrative & TCU Employees Only	100% of premium paid for full-time employees; 50% of premium paid for part-time employees if benefit elected

LONG-TERM CARE CalPers					
Provider Name	Amount of Benefit	Eligibility	Enrollment Period		Additional Information
CalPers	Plans vary	All OCTA employees, retirees, their spouses, parents, parents-in-law, and siblings, age 18 and older.	Annual application period will be announced.		For Additional Information, visit www.calpers.ca.gov
DEFERRED COMPENSATION Nationwide Retirement Savings Plan					
Eligibility	Minimum Employee Contribution	Maximum Employee Contribution	OCTA Matching Contribution	Enrollment Period/ Effective Date	Additional Information
Eligible to contribute once hired as an employee, no minimum hours worked requirement	Minimum Payroll deferral each pay period is \$25.00	Under 50 yrs of age: \$16,500/year 50 years of age and over: \$22,000/year	<u>Admin:</u> 1% of base pay with 5 years or more of service 2% of base pay with 10 years or more of service 3% of base pay with 20 years or more of service <u>TCU:</u> 1% of base pay with 5 years or more of service. 2% of base pay with 15 years or more of service.	Throughout the year	Admin Salary Grade V+: OCTA will match contributions to your 401(a) plan, up to an additional 2% of base salary at hire/promotion. Contributions and earnings grow on a tax-deferred basis. Choice of variety of professionally-managed investment options.

FLEXIBLE SPENDING ACCOUNTS				
Pre-tax Saving Plan for Health Care/Dependent Care Expenses – WageWorks				
Eligibility/Information	Health Care Coverage	Dependent Care Coverage	Enrollment Period/ Effective Date	IRS Regulations
Regular full-time and regular part-time employees who work at least 20 hours each week	<u>Health care expenses</u> (not covered by insurance) -Maximum \$3,500/year -Over-the-counter or prescription drug expenses not paid by Health Plan -Out-of-pocket medical, dental, vision -Deductibles/co-pays	<u>Dependent care expenses</u> -Maximum \$5,000/year Covers expenses incurred for the care of a qualifying dependent	If a new employee, 30 days from hire date. Plan Year begins January 1st & ends on December 31st. If already enrolled, annual contribution can only be changed at the time of Annual Open Enrollment or if a change in family status occurs.	There is a two and a half month grace period after the end of the calendar year to receive reimbursement, if any, for expenses incurred during this grace period. Any money left in a Health Care or Dependent Care account after all claims have been processed after the grace period for that plan year is forfeited by the employee
ORANGE COUNTY EMPLOYEE RETIREMENT SYSTEM (OCERS)				
Eligibility	Contributions			
All regular full-time and part-time employees. The earliest date of retirement is age 50 or over with 10 or more years of service credit. (Eligibility age/years of service credit differ for part-time employees).	<u>Admin:</u> OCTA makes a contribution on behalf of the employee. The contribution is based on the employee's age at the time of entry into OCERS. <u>TCU:</u> The employee's amount of contribution is based on age at the time of entry into OCERS. Contributions are deducted on a pre-tax basis.			

EMPLOYEE ASSISTANCE PROGRAM – RESOURCES FOR LIVING

Provider Name	Amount of Benefit	Eligibility	Enrollment Period		
Resources For Living	24/7 unlimited access to coaches for assistance in managing life events. 1-3 counseling sessions face-to-face.	All full-time and part-time Admin and TCU employees and members of their household.	Eligible immediately.		



2010 Benefits Comparison Booklet