



COUNTY OF ORANGE

**2026  
OPEN ENROLLMENT  
IS HERE**

**October 15 –  
November 4**



**Review.** It's time to evaluate your current benefit elections and determine whether you need to make any changes for 2026.

---



**Discover.** Learn about wellness programs to improve your health and save money along the way.

---



## YOUR CURRENT COVERAGE CONTINUES INTO 2026

Unless you want to make a change, there's nothing that you need to do during Open Enrollment. Your current coverage will automatically be the same in 2026.

## PLAN AHEAD!

Don't wait until the last day of Open Enrollment to access your account. If you need to reset your PIN or password, you can only receive it via postal mail, or via a one-time text if you have a mobile number on file.



# Start Here: Find Your PIN and/or Password

The first thing you need to do to be ready for Open Enrollment is find your PIN and/or password. Your PIN is needed for the phone system, and your password is needed online. If you don't know them, or if you forgot them, follow the steps below.

## Using Your PIN

Your PIN is for the phone system. To reset your PIN, call the Benefits Service Center at 1-833-476-2347. Follow the prompts to generate a PIN or choose the option to speak with a Center of Excellence representative for assistance.

While on the phone, verify that your contact information and communication preference are up to date.

**Important note!** Only County of Orange retirees can call using a PIN. A family member is not allowed to use your retiree PIN.

### IS YOUR CELL PHONE NUMBER ON FILE?


Make sure the Benefits Service Center has your correct cell phone number. This will come in handy if you ever need to reset your PIN.

## Using Your Password

Your password is used to access your online account. To set or reset your password, go to **My OC Benefits** at [mybenefits.ocgov.com](https://mybenefits.ocgov.com):

- **First-time users:** Click "New User?" and follow the prompts to set up your log-in credentials.
- **Current users:** Use the "Forgot User ID or Password?" option to reset your information.

While online, review your contact information and communication preference:

- From your homepage, go to the upper-right corner and click .
- Select "Personal Information."

If corrections are needed, contact both the Benefits Service Center at 1-833-476-2347 and the Orange County Employees Retirement System (OCERS) at 1-714-558-6200. Also, be sure to notify any other County of Orange organization you're affiliated with, such as the Retired Employees Association of Orange County (REAOC) at 1-714-840-3995.

## WATCH OUT FOR PHONE SCAMS!

The County will never call you to sell a benefits plan or new product over the phone. Do NOT enroll in anything a caller tries to sell you, as it may automatically disenroll you from County health plan coverage. However, if you DO want to disenroll from County coverage, you'll need to call the Benefits Service Center at 1-833-476-2347. If you don't, you'll be charged for coverage that you no longer need.

**Caller ID Tip:** You'll know it's an official call about your County coverage if your caller ID says "OC Benefits."

## 2026 Open Enrollment Checklist

✓ **October 6: Visit the Open Enrollment information page** at [hrs.oc.gov/2026OE](https://hrs.oc.gov/2026OE) **Retirees**. You'll find resources including monthly rates for retiree health plans, the 2026 Health Plan Comparison Chart, Summaries of Benefits and Coverages (SBCs) for non-Medicare plans, one-page summaries for Medicare-eligible plans, and educational videos.

✓ **Week of October 6: Review the Open Enrollment materials** that arrive in your home mail. They will include 2026 health plan rates, your Confirmation of Benefits, and your Retiree Medical Grant amount (if applicable).

✓ **October 14: Attend a webinar** to learn about non-Medicare retiree health plans. To register and join on the day of the event, go to [bit.ly/pre65webinar](https://bit.ly/pre65webinar).

✓ **October 15: Open Enrollment begins.** Go to **My OC Benefits** at [mybenefits.ocgov.com](https://mybenefits.ocgov.com) or call the Benefits Service Center at **1-833-476-2347** (8 a.m. to 8 p.m. PT through November 4).

### WANT THE SAME COVERAGE FOR 2026 AS TODAY?

If you want the same benefits in 2026, there's nothing that you need to do. Your current coverage will transfer automatically into 2026.

✓ **October 21 (9 a.m. to 4 p.m.): Attend the Retiree Open Enrollment Fair** at the County Conference Center (601 N. Ross St., Santa Ana, CA 92701). Representatives from the County's retiree health plans will be available to answer your questions. Register at [bit.ly/RetireeFair](https://bit.ly/RetireeFair) or scan the QR code with your phone.



**Medicare health plans session:**  
9 to 11:30 a.m.

**Non-Medicare health plans session:**  
1:30 to 4 p.m.

**Parking:**  
P4 parking lot at 630 Broadway Street  
(enter from Broadway)

✓ **November 4: The last day of Open Enrollment.** The deadline is 8 p.m. PT by phone or 11:59 p.m. PT online.

✓ **November 12: The last day to correct any errors** on your Confirmation of Benefits. See [page 10](#).

✓ **December: Submit any requested documentation** if you add a new dependent for the first time or if you opt into coverage. See [page 10](#).

✓ **January 15: Submit your 2026 Medicare premium information** if you're eligible for a Medicare Part B reimbursement amount. See [page 10](#).

# How to Enroll

**Online:**  
**My OC Benefits**  
[mybenefits.ocgov.com](https://mybenefits.ocgov.com)

**Phone:**  
**Benefits Service Center**  
**1-833-476-2347**

**Alight Mobile App:**



## Have Questions?

**IVA (Intelligent Virtual Assistant):** For any questions you have, look for the button at the bottom right of every page.

**Start a web chat:** From the bottom of any page, choose Contact Us > General Information > “Chat With Us” link.

**Take advantage of extended hours:** October 15 – November 4, Monday through Friday (8 a.m. to 8 p.m. PT).

**Schedule an appointment:** Reserve a time and skip the line. Beginning October 15, call the Benefits Service Center or go online to schedule. Appointment slots are limited, so be sure to book early.

**Get assistance with the setup:** Go to **My OC Benefits** at [mybenefits.ocgov.com](https://mybenefits.ocgov.com). Look for the “Recommended” section of the homepage and find the Quick Reference Guide by scrolling right or left on the carousel menu titles.



# What's New for 2026

## Health Plan Rates

For 2026, monthly costs will increase by the amounts noted below. To find the exact amount for your plan, go to [hrs.oc.gov/2026OERetirees](https://hrs.oc.gov/2026OERetirees).

### For non-Medicare-eligible plans:

- Cigna Choice Retiree HMO: 14.8 percent
- Cigna Select Retiree HMO: 14.8 percent
- Kaiser Retiree HMO: 4.2 percent
- Sharewell Retiree PPO: 13 percent
- Wellwise Retiree PPO: 13 percent

### For Medicare-eligible\* plans:

- Humana Retiree Medicare PPO: 11.5 percent
- Kaiser Senior Advantage HMO: 2.9 percent
- SCAN HMO: No change
- Sharewell Retiree PPO: 35 percent
- Wellwise Retiree PPO: 8 percent

*\*These are the costs for retirees enrolled in both Medicare Parts A and B. If you're enrolled in Medicare Part B only, your cost will be different.*

## ARE YOU STILL IN THE BEST HEALTH PLAN FOR YOUR SITUATION?

Review the Open Enrollment materials that arrive the week of October 6. They will contain:

- 2026 rates for each plan
- Your Confirmation of Benefits (a summary of your 2026 coverage if you take no action)
- Your Retiree Medical Grant (if applicable)

## WHY DID THE SHAREWELL RETIREE PPO PREMIUM GO UP SO MUCH?

High claims caused a significant increase in premiums. In fact, claim expenses for the Sharewell Retiree PPO have increased by 50 percent over the past two years. That's the result of high utilization by members — along with high Medicare claims — since Medicare often covers the Sharewell deductible when it's the primary insurer for members with dual coverage.

Please know the County is actively monitoring health plan rates. We're committed to keeping you informed as we work toward a solution that supports our retirees' health and well-being.



## DO I NEED TO TAKE ACTION?

Unless you want to make a change to your current coverage, no action is required. You'll automatically have the same coverage in 2026.

## NEW INFERTILITY TREATMENT

### Non-Medicare Plans Only

Effective January 1, 2026, California's Senate Bill 729 mandates that fully-insured large group health plans cover infertility diagnosis and treatment. This impacts the County's Cigna Choice, Cigna Select, and Kaiser HMO plans. It does NOT apply to the Sharewell or Wellwise PPOs because they are self-funded plans.

This law broadly defines infertility and ensures nondiscriminatory coverage for various fertility services, including in vitro fertilization. Coverage will be provided in accordance with guidelines from the American Society for Reproductive Medicine and include a maximum of three completed oocyte retrievals and unlimited embryo transfers. Contact your plan for details.

## Benefit Changes

Beginning January 1, 2026, the following changes will apply to the County's retiree health plans.

NON-MEDICARE PLANS	BENEFIT CHANGE
<ul style="list-style-type: none"><li>• <b>Cigna Choice Retiree HMO</b></li><li>• <b>Cigna Select Retiree HMO</b></li><li>• <b>Kaiser Retiree HMO</b></li></ul>	To comply with California legislation, coverage for the diagnosis and treatment of infertility will be covered. For details, see "New Infertility Treatment" on the left.
<ul style="list-style-type: none"><li>• <b>Sharewell Retiree PPO</b></li><li>• <b>Wellwise Retiree PPO</b></li></ul>	There are no changes.
MEDICARE-ELIGIBLE PLANS	BENEFIT CHANGE
<ul style="list-style-type: none"><li>• <b>Humana Retiree Medicare PPO</b></li><li>• <b>Kaiser Senior Advantage HMO</b></li><li>• <b>SCAN Retiree Medicare HMO</b></li><li>• <b>Wellwise Retiree Medicare PPO</b></li></ul>	The annual out-of-pocket maximum for prescription drugs will increase to \$2,100.
<ul style="list-style-type: none"><li>• <b>Sharewell Retiree PPO</b></li></ul>	There are no changes.



# Stay Healthy and Save Money: Tips for Medicare Retirees

If you're a Medicare-eligible retiree, your health plan offers much more than coverage when you're sick. It also includes programs to help you **stay healthy** and keep more **money in your pocket** year-round. Don't let these valuable benefits go unused!

## Humana Retiree Medicare PPO

- **Go365:** You can earn cash rewards by completing activities from three different categories.
  - Get screened: Stay on top of preventive care, like annual wellness visits, colorectal cancer screenings, and breast cancer screenings.
  - Connect and learn: Engage in activities like volunteering, attending an art class, or participating in a social club.
  - Get active: Complete a verified workout using a fitness tracker, take an in-person SilverSneakers® class, or participate in an online fitness class or other fitness activity that suits your lifestyle.

To enroll in Go365, activate your account by logging in or registering at [your.humana.com/countyoforange](https://your.humana.com/countyoforange).

- **In-home health and well-being assessments:** A clinician can come to your home to take your vital signs, get a brief medical history, and review recommended screenings based on your age and health status. Plus, you can discuss the medications, over-the-counter vitamins, and supplements you take. To learn more, call 1-866-771-1615 or log into your account at [your.humana.com/countyoforange](https://your.humana.com/countyoforange).
- **Health coaching:** Work with a health coach over the phone for guidance about weight management, nutrition, exercise, back care, blood pressure management, and blood sugar management. To learn more, call 1-866-771-1615 or log into your account at [your.humana.com/countyoforange](https://your.humana.com/countyoforange).
- **Post-discharge benefits:** If you're discharged from a hospital or skilled nursing facility, you can get transitional assistance for activities related to daily living, which aren't covered by Medicare. This includes assistance with transportation to medical appointments and meals delivered to your home. To learn more, call 1-866-771-1615 or log into your account at [your.humana.com/countyoforange](https://your.humana.com/countyoforange).





## Kaiser Senior Advantage HMO

- **One Pass:** This is a no-cost health and wellness program.
  - Work out at the gym: Use any of the 25,000+ fitness gyms nationwide that participate in One Pass, including premium locations at no additional cost.
  - Exercise at home: Log into your account on the One Pass website for access to thousands of on-demand and live-streaming classes, such as yoga, fall prevention, Pilates, cycling, strength conditioning, and more.
  - Get social: One Pass will match you to fitness classes and social activities in your community, where you can meet others who share your interests. For example, if you like to dance or if knitting is your passion, One Pass can connect you with classes and events in your area.
  - Keep your brain fit: Just like muscles in the body, our brains benefit from regular exercise designed to keep them strong and in good working order. CogniFit is an online program that offers a series of mental activities designed to strengthen attention, memory, and other skills that can help you stay healthy and independent.To get started, go to [www.youronepass.com](http://www.youronepass.com) and create your online account.
- **Transportation:** Access transportation for medical-related appointments. There's no cost for a trip within 50 miles one way. To learn more, call 1-800-443-0815.
- **Home-delivered meals:** Get fresh, healthy meals delivered to your home immediately following an inpatient stay at a hospital or skilled nursing facility, all at no cost. To learn more, call 1-800-443-0815.
- **Bold online exercise program:** Available at no cost, Bold can help you achieve better balance, improve bladder control, boost strength and well-being, increase mobility, and reduce pain. With Bold, you can exercise from the comfort of your own home, with guidance from expert trainers and physical therapists. To learn more, go to [www.agebold.com/kpsca](http://www.agebold.com/kpsca) or call 1-833-701-1545.

## SCAN HMO

- **Independent Living Power Services:** Qualifying members are eligible for up to a \$1,200 monthly allowance for in-home care services. These services can help you recover from a hospital stay or provide support during a long-term illness. Examples of support include a personal care coordinator, home-delivered meals, emergency response system, enhanced routine transportation, hygiene supplies, transportation escort, homemaker service, inpatient custodial-level care, in-home caregiver relief, adult day health care, and bathroom durable medical equipment. This is available only in California's Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties. To learn more, call 1-800-559-3500.
- **Telehealth for urgent issues through Doctor on Demand by Included Health:** This convenient urgent care option lets you talk to a board-certified physician from the comfort of your home 24 hours a day, at a \$0 copay. To schedule, call 1-888-993-4087 or visit [www.doctorondemand.com/scan](http://www.doctorondemand.com/scan).
- **Telehealth for behavioral health through Doctor on Demand by Included Health:** Connect with a licensed psychologist, therapist, or psychiatrist via video 7 days a week, at a \$0 copay. To schedule, call 1-888-993-4087 or visit [www.doctorondemand.com/scan](http://www.doctorondemand.com/scan).
- **Nurse Advice Line through Doctor on Demand by Included Health:** Speak with a Registered Nurse 24 hours a day by phone, at a \$0 copay. Call 1-855-431-5537.
- **Transportation:** You have access to unlimited transportation for medical appointments, pharmacy trips, and dentist visits through SafeRide Health. A taxi, wheelchair van, and other modes to meet physical needs are also available. There's no cost for up to 75 miles per each one-way ride within the SCAN service area. To schedule a ride, call 1-844-714-2218.
- **Home-delivered meals:** SCAN's home-delivered meal benefit can help you recover after a hospital stay or jump-start healthy eating habits if you have a chronic condition. For members who qualify, this service is available for up to 28 days and up to 84 meals. To learn more, call 1-800-559-3500.
- **SCAN Travel Assurance:** SCAN coverage travels with you, even when you're out of the country. Travel Assurance provides worldwide emergency and urgent care, and facilitates reimbursement for your claims. To request a SCAN Travel Assurance kit, call 1-800-559-3500.
- **One Pass:** This is a no-cost health and wellness program.
  - Work out at the gym: Use any of the 25,000+ fitness gyms nationwide, including premium locations at no added cost.
  - Exercise at home: Log into your account on the One Pass website for access to thousands of on-demand and live-streaming classes, such as yoga, fall prevention, Pilates, cycling, strength conditioning, and more.
  - Get social: One Pass will match you to fitness classes and social activities in your community, where you can meet others who share your interests. For example, if you like to dance or if knitting is your passion, One Pass can connect you with classes and events in your area.
  - Keep your brain fit: Just like muscles in the body, our brains benefit from regular exercise designed to keep them strong and in good working order. CogniFit is an online program that offers a series of mental activities designed to strengthen attention, memory, and other skills that can help you stay healthy and independent.To get started, go to [www.youronepass.com](http://www.youronepass.com) and create your online account.
- **Urgent care while traveling in the U.S.:** If you travel outside of SCAN's service area, you can receive urgent care services through MinuteClinic locations in 38 states at the standard urgent care copay.
- **SCAN HEALTHtech:** For virtual health care appointments, SCAN's technology support line helps you with issues related to your computer, tablet, or smartphone so you can access health care and health-related information. HEALTHtech can help with things like Teams/Zoom/FaceTime training for doctor visits, a telehealth visit overview, personal equipment setup, prescription delivery setup, and more. To access technology support aid, call 1-833-437-0555.

## Select Medications with Lower Pricing in 2026

Starting January 1, 2026, Medicare-eligible retirees will pay less out of pocket for ten common prescription drugs. This is the result of “maximum fair prices” that the Centers for Medicare & Medicaid Services (CMS) negotiated with drug companies.

Drugs with lower expected pricing include Eliquis, Jardiance, Xarelto, Januvia, Farxiga, Entresto, Enbrel, Imbruvica, Stelara, and NovoLog/Fiasp. If you’re currently taking one of these medications, your price will be adjusted automatically at your first pharmacy visit in 2026.

### HAVE HIGH PRESCRIPTION DRUG COSTS?

Medicare offers the option to pay for prescription drugs in monthly installments throughout the year, instead of paying up front at the pharmacy. This doesn’t lower your out-of-pocket costs. However, it allows you to spread prescription drug costs over the course of the year. To enroll, contact your retiree health plan or prescription drug plan. (Note: This feature is not available if you’re enrolled in the Sharewell Retiree PPO.)



## Retiree Medical Grant

**If you retired on or before June 15, 2023, and you're eligible for a Retiree Medical Grant,** the grant cost of living adjustment (COLA) is calculated on an annual basis. The grant COLA is calculated by taking the total percentage of increases/decreases for all retiree health plan premiums, then dividing that by the number of health plans (to a maximum of 3 percent).

For 2026, the grant amount will increase by 3 percent. That means your monthly amount will be \$26.11 per month for each year of County service (up to 25 years).

**If you retired on or after June 16, 2023, and you're eligible for a Retiree Medical Grant,** annual increases/decreases don't apply. Your grant amount is frozen.

### DO YOU HAVE A HEALTH REIMBURSEMENT ARRANGEMENT (HRA)?

You might have an HRA if:

- You chose to receive the frozen value of your grant as an HRA in 2023, or
- You were employed in 2023 or after, automatically enrolled in an HRA, and received the County's biweekly contributions.

As a reminder, you can use the HRA for things like after-tax monthly premiums for any medical plan, doctor visits, prescriptions, glasses, and certain over-the-counter items.

For more information, go to

[www.countyoforange.healthinvesthra.com](http://www.countyoforange.healthinvesthra.com).



# What to Do After You Enroll

After you enroll, take these steps for your 2026 coverage.

- 1 Check your Confirmation of Benefits for accuracy.** If you enroll online, print your confirmation upon completion. If you enroll by phone, the confirmation will be mailed to your home or emailed to your secure mailbox at [mybenefits.ocgov.com](https://mybenefits.ocgov.com). The location depends on your designated communication preference.
- 2 Don't miss the Open Enrollment correction period November 5 – 12.** If your Confirmation of Benefits has any incorrect information, this is the time to make updates by calling the Benefits Service Center at 1-833-476-2347, Monday through Friday (8 a.m. to 6 p.m. PT). If you don't make changes, the coverage displayed on your Confirmation of Benefits will be in place throughout 2026, unless you experience a Qualified Life Event.
- 3 Complete dependent verification if you enroll a new dependent.** If you add a new dependent for the first time during Open Enrollment, you must provide dependent verification documentation. You'll receive a dependent verification notice in the mail shortly after Open Enrollment ends. If you don't submit the requested documentation by the deadline on the notice:
  - Your new dependent won't have coverage for 2026, and
  - You won't receive a refund for any dependent premiums you pay during the period of ineligibility.Learn more on **My OC Benefits** at [mybenefits.ocgov.com](https://mybenefits.ocgov.com). Click "Plan Information" and look for the Dependent Eligibility Definitions and Required Documents flyer.
- 4 If you opt into coverage, provide proof of continuous coverage.** If you opt into coverage for 2026, a notice will be emailed to your secure mailbox at [mybenefits.ocgov.com](https://mybenefits.ocgov.com), and also mailed to your home. You'll have 30 days to provide proof of continuous coverage. If you don't, you won't be enrolled in County coverage on January 1, 2026.
- 5 Submit Medicare documentation.** Certain events require you to submit proof of your Medicare enrollment and related premiums for you and your spouse/domestic partner. It's important to meet any deadline, so that your retiree health coverage is set up properly. For details, see [page 11](#).



## WHEN TO SUBMIT MEDICARE DOCUMENTATION

Event	What You Need to Do	Deadline
You're currently receiving a monthly Medicare Part B reimbursement of \$104.90 or higher and your 2026 Medicare premium is <b>more than</b> \$104.90 for you or \$209.80 for you and your spouse.	For 2026, the default amount for Medicare Part B reimbursement from the County is \$104.90 for you only or \$209.80 for you and your spouse. This will be your reimbursement unless you submit proof that you're paying more than the default amount. Please note: Changing to a new health plan may also change the amount of your grant that's available for the Medicare Part B reimbursement.  Look for a Medicare Part B premium statement from the Social Security Administration in mid-to-late November and submit a copy to the Benefits Service Center.	January 15
Your total retiree health plan premiums are less than your Retiree Medical Grant and you're <b>not currently</b> receiving monthly Medicare Part B reimbursement.	You must submit a copy of your 2026 Medicare premium statement.  Look for a Medicare Part B premium statement from the Social Security Administration in mid-to-late November.	January 15
You and/or a dependent enroll for the <b>first time</b> in retiree health coverage as a Medicare-eligible individual.	You must provide a copy of your and/or your dependent's Medicare cards and proof of Part B premiums, if applicable.	60 days from the date you provide your Medicare information
You opt into retiree health coverage and you and/or your dependent is <b>eligible</b> for Medicare.	You must provide a signed attestation and proof of continuous health coverage. In addition, you need to submit a copy of Medicare cards and proof of Part B premiums for you and your dependents (if applicable).	60 days from the date you provide your Medicare information
You opt into retiree health coverage and you and/or your dependent is <b>NOT eligible</b> for Medicare.	You must provide a signed attestation and proof of continuous health coverage.	30 days from the date of your election

You can submit your documentation in one of the following ways:

ONLINE	U.S. MAIL	OVERNIGHT MAIL	FAX
<b>My OC Benefits</b> at <a href="http://mybenefits.ocgov.com">mybenefits.ocgov.com</a>	County of Orange Service Center Dept# 16725 PO Box 64116 The Woodlands, TX 77387-4116	Benefits Service Center MS-55 2701 East Grauwlyer Rd Irving, TX 75061-1162	1-224-607-3465

**Have questions about submitting your Medicare documentation?** Contact the Benefits Service Center at 1-833-476-2347.

## Reminder for Split Families

Individuals in a split family can each choose their own plan. Non-Medicare individuals can select from any of the non-Medicare plan options. Medicare-eligible individuals can select from any of the Medicare-eligible plan options. Note: Only one non-Medicare plan and one Medicare plan can be chosen per split family.

To learn about plan options and determine the monthly cost for a split family, go to [hrs.oc.gov/2026OERetirees](https://hrs.oc.gov/2026OERetirees).

## Sharewell Retiree PPO Participants

### Eligible for Medicare but Enrolled in the Non-Medicare Option?

If you have Medicare but you're enrolled in the non-Medicare Sharewell Retiree PPO Plan, you're missing out on cost savings. To verify your election, call the Benefits Service Center at 1-833-476-2347 or go to **My OC Benefits** at [mybenefits.ocgov.com](https://mybenefits.ocgov.com).

As a Medicare participant, you might be enrolled in the non-Medicare Sharewell Retiree PPO Plan because:

- Your or your spouse's Medicare was not in order,
- You didn't provide a record of your Medicare eligibility, or
- You lost Medicare due to nonpayment.

Please contact Medicare to discuss reinstating your Medicare benefits.

Now's the time to get your Medicare coverage up to date for 2026, so you can change your plan during Open Enrollment. Please contact the Benefits Service Center once your Medicare benefits are reinstated.

If you don't take action, you'll remain enrolled in the non-Medicare Sharewell Retiree PPO again for 2026, at the higher non-Medicare rate.

## Need to Coordinate with Medicare Part D?

If you have Medicare and you're enrolled in the Sharewell Retiree PPO, be sure to coordinate benefits between your Medicare Part D plan and Sharewell. Here's what you need to do:

- **Locate an in-network pharmacy and check drug coverage.** Sign in to your account on [optumrx.com](https://optumrx.com). Click on "Member tools" and select "Pharmacy locator and Drug list." You can also call OptumRx Customer Service for assistance at 1-800-573-3583.
- **Present two ID cards at the pharmacy.** When you go to the pharmacy, present your Medicare Part D insurance card and your Blue Shield of CA medical card. (This card contains your OptumRx pharmacy processing information.)
- **Indicate that Medicare is primary.** Inform the pharmacy staff that your Medicare Part D plan is primary and OptumRx is secondary. From there, your pharmacy will handle billing between both plans.

If your pharmacy is unable to coordinate benefits electronically for you:

- Have the pharmacy submit the claim to your primary plan (Medicare).
- Submit an online or hard copy coordination of benefits claim, along with a copy of your pharmacy receipt, to OptumRx.
- To submit your claim online, go to [optumrx.com](https://optumrx.com) (Forms > File a form online). To submit a claim by mail, download a claim form from [optumrx.com](https://optumrx.com) (Forms > Download your claim form as a PDF). You may also request a claim form by calling OptumRx Customer Service at 1-800-573-3583 — 24 hours a day, 7 days a week.

## Part B Medicare Advantage Plan: Are You Paying Too Much?

Do you have a Part B-only Medicare Advantage plan through the County? Since your Medicare Part B alone doesn't cover hospital costs, you pay a higher monthly premium for your County coverage.

**You could save money if your spouse has Medicare Part A.** If you've been married for at least one year and your spouse has Medicare Part A, you might qualify for free Part A coverage, too. This would lower your monthly County premiums. Here's what you need to do:

- 1 See if you're eligible.** Call Social Security at 1-800-772-1213 to ask if you can get free Medicare Part A based on your spouse's work history.
- 2 Call the Benefits Service Center at 1-833-476-2347.** If you qualify for Part A, send a copy of your new Medicare card that shows both Part A and Part B.
- 3 Start paying less.** When the Benefits Service Center receives your updated Medicare card, your lower monthly premiums will begin the first of the following month.

### ENROLLING IN A NEW MEDICARE ADVANTAGE PLAN FOR 2026?

**Provide your Medicare Beneficiary Identifier (MBI) to the County.** Call the Benefits Service Center at 1-833-476-2347 or go to **My OC Benefits** at [mybenefits.ocgov.com](https://mybenefits.ocgov.com).

**The Centers for Medicare & Medicaid Services (CMS) may request additional information.** If CMS needs additional information to approve your enrollment request, you may be contacted by phone/ mail — by either CMS or the insurance company for your chosen retiree health plan.

#### **If enrollment in your chosen health plan is denied by CMS...**

- **You may be defaulted to a different plan:** You and your covered dependents will be enrolled in the Sharewell Retiree PPO at the non-Medicare rate. Once you provide proof of Medicare enrollment, your premium will be updated to the Medicare rate. However, you won't be able to change your plan until the next Open Enrollment unless you experience a Qualified Life Event.
- **A "split family" will be defaulted:** If you and a dependent have differing Medicare eligibility, you're considered a split family. If you receive a CMS denial, the retiree and all family members will be defaulted into the Sharewell Retiree PPO at the non-Medicare rate.

**Need to contact CMS?** Call 1-800-633-4227 and have your MBI on hand.

## Temp Opt-Out Considerations

If you elected to temporarily opt out of coverage, you can enroll in a retiree health plan during Open Enrollment. Simply call the Benefits Service Center at 1-833-476-2347 and provide proof of your continuous coverage. If you're eligible for a Retiree Medical Grant, it will be effective the first day of the month following your election date.

**Want to permanently disenroll or notify us that a retiree has passed away?** In certain situations, a retiree may want to disenroll from County retiree medical coverage permanently. For example, if a retiree has access to a more affordable medical plan elsewhere or wants more control over the plans they choose from.

If you wish to cancel County coverage, call the Benefits Service Center at 1-833-476-2347. If you're eligible for a Retiree Medical Grant, you can discuss your Medicare premium reimbursement options at that time, too.

**Next enrollment opportunity?** If you don't enroll for coverage during Open Enrollment, your next enrollment opportunity will be when you become eligible for Medicare or you experience a Qualifying Life Event (for example, marriage, divorce or moving outside the plan's service area).

# 2026 Retiree Health Plan Highlights (Non-Medicare)

Below is a high-level comparison of the 2026 plan options. For more details, go to **My OC Benefits** at [mybenefits.ocgov.com](http://mybenefits.ocgov.com) or call the Member Service Department for the plan you're considering.

## Retirees/Dependents Without Medicare

2026 HEALTH PLAN COMPARISON: HMO PLANS			
	Cigna Choice Retiree HMO	Cigna Select Retiree HMO	Kaiser Retiree HMO
<b>Annual Deductible</b> (the amount you pay before the plan pays benefits)	None	None	None
<b>Annual Out-of-Pocket Maximum</b> (the most you pay in a year)	\$1,000 individual \$2,000 family	\$750 individual \$1,500 family	\$1,500 individual \$3,000 family
<b>Office Visits</b>	\$20 per visit	<b>Primary care:</b> \$5 per visit <b>Specialist:</b> \$10 per visit	\$20 per visit
<b>Labs and X-rays</b>	No charge	No charge	No charge
<b>Chiropractic Care</b>	\$15 per visit (up to 30 visits/year)	\$10 per visit (unlimited visits)	\$15 per visit (up to 30 visits/year)
<b>Inpatient Hospital</b>	\$100 per admission	\$100 per admission	\$100 per admission
<b>Emergency Room</b> (as defined by the plan)	\$50 per visit	\$50 per visit	\$50 per visit
<b>Urgent Care</b>	\$25 per visit	\$25 per visit	\$20 per visit
<b>Mental Health</b>	<b>Outpatient:</b> \$20 per visit <b>Inpatient:</b> \$100 per admission	<b>Outpatient:</b> \$10 per visit <b>Inpatient:</b> \$100 per admission	<b>Outpatient:</b> \$20 per visit <b>Inpatient:</b> \$100 per admission
<b>Prescription Drugs</b> (other exclusions, limits, and requirements set by the plan)	Up to 30-day supply: <b>Generic:</b> \$10 <b>Brand:</b> \$30 <b>Nonformulary:</b> \$50 Up to 90-day supply: 2x copays noted above	Up to 30-day supply: <b>Generic:</b> \$10 <b>Brand:</b> \$30 <b>Nonformulary:</b> \$50 Up to 90-day supply: 2x copays noted above	Up to 100-day supply: <b>Generic:</b> \$10 <b>Brand:</b> \$30 Up to 30-day supply: <b>Specialty:</b> \$30
<b>Plan Contact Information</b>	1-888-806-5042 7 days/week, 24 hours a day (closed holidays) <a href="http://cigna.com/countyoforange">cigna.com/countyoforange</a>	1-888-806-5042 7 days/week, 24 hours a day (closed holidays) <a href="http://cigna.com/countyoforange">cigna.com/countyoforange</a>	1-800-514-0985 7 days/week, 24 hours a day (closed holidays) <a href="http://my.kp.org/oc">my.kp.org/oc</a>

## Retirees/Dependents Without Medicare

2026 HEALTH PLAN COMPARISON: PPO PLANS		
	Sharewell Retiree PPO	Wellwise Retiree PPO
<b>Annual Deductible</b> (the amount you pay before the plan pays benefits)	<b>Network/non-network combined:</b> \$5,000 <b>Applies to:</b> Medical and prescription drug claims	<b>Network:</b> \$500 individual/\$1,000 family <b>Non-network:</b> \$750 individual/\$1,500 family <b>Applies to:</b> Medical claims (not prescription drugs)
<b>Annual Out-of-Pocket Maximum</b> (the most you pay in a year)	<b>Network:</b> \$6,000 family <b>Non-network:</b> \$12,000 family	<b>Network:</b> \$2,500 individual/\$5,000 family <b>Non-network (medical):</b> \$5,000 individual/\$10,000 family <b>Prescription drugs:</b> \$4,100 individual/\$8,200 family
<b>Office Visits</b>	<b>Network:</b> 10% coinsurance after deductible <b>Non-network:</b> 30% coinsurance after deductible	
<b>Labs and X-rays</b>	<b>Network:</b> 10% coinsurance after deductible <b>Non-network:</b> 30% coinsurance after deductible (complex imaging requires prior authorization, except in an emergency)	
<b>Chiropractic Care</b>	<b>Network:</b> 10% coinsurance after deductible (up to 25 visits/year, network and non-network combined) <b>Non-network:</b> 30% coinsurance after deductible (up to 25 visits/year, network and non-network combined)	
<b>Inpatient Hospital</b>	<b>Network:</b> 10% coinsurance after deductible <b>Non-network:</b> 30% coinsurance after deductible (50% if no pre-admission review)	
<b>Emergency Room</b> (as defined by the plan)	<b>Network:</b> 10% coinsurance after deductible <b>Non-network:</b> 10% coinsurance after deductible; member also pays for charges in excess of usual, reasonable, and customary amounts	
<b>Urgent Care</b>	<b>Network:</b> 10% coinsurance after deductible <b>Non-network:</b> 30% coinsurance after deductible	
<b>Mental Health</b>	<b>Network (outpatient):</b> 10% coinsurance after deductible (prior authorization may be required) <b>Non-network (outpatient):</b> 30% coinsurance after deductible (prior authorization may be required) <b>Network (inpatient):</b> 10% coinsurance after deductible <b>Non-network (inpatient):</b> 30% coinsurance after deductible (50% if no pre-admission review)	
<b>Prescription Drugs</b> (other exclusions, limits, and requirements set by the plan)	<b>Network only:</b> Through OptumRx 20% coinsurance after deductible with important requirements and considerations (refer to Plan Document and Summary of Benefits and Coverages (SBC))	<b>Network only:</b> Through OptumRx Deductible does not apply <b>Tier 1:</b> 20% coinsurance <b>Tier 2:</b> 25% coinsurance <b>Tier 3:</b> 30% coinsurance
<b>Plan Contact Information</b>	<b>Medical:</b> Blue Shield 1-888-235-1767 <a href="https://www.blueshieldca.com/oc">blueshieldca.com/oc</a> <b>Pharmacy:</b> OptumRx 1-800-573-3583 <a href="https://welcome.optumrx.com/countyoforange">welcome.optumrx.com/countyoforange</a>	<b>Medical:</b> Blue Shield 1-888-235-1767 <a href="https://www.blueshieldca.com/oc">blueshieldca.com/oc</a> <b>Pharmacy:</b> OptumRx 1-800-573-3583 <a href="https://welcome.optumrx.com/countyoforange">welcome.optumrx.com/countyoforange</a>

# 2026 Retiree Health Plan Highlights (Medicare Eligible)

Below is a high-level comparison of the 2026 plan options. For more details, go to **My OC Benefits** at [mybenefits.ocgov.com](http://mybenefits.ocgov.com) or call the Member Service Department for the plan you're considering.

## Retirees/Dependents With Medicare

2026 HEALTH PLAN COMPARISON: MEDICARE ADVANTAGE PLANS			
	Humana Retiree Medicare PPO	Kaiser Senior Advantage HMO	SCAN Retiree Medicare HMO
<b>Annual Deductible</b> (the amount you pay before the plan pays benefits)	None	None	None
<b>Annual Out-of-Pocket Maximum</b> (the most you pay in a year)	<b>Medical:</b> \$3,400 <b>Prescription drugs:</b> \$2,100	<b>Medical:</b> \$1,000 individual <b>Prescription drugs:</b> \$2,100	<b>Medical:</b> \$3,000 <b>Prescription drugs:</b> \$2,100
<b>Office Visits</b>	<b>Primary care:</b> \$25 per visit <b>Specialist:</b> \$40 per visit	\$20 per visit	\$15 per visit
<b>Inpatient Hospital</b>	\$100 copay per day for days 1 – 5, then covered at 100%	\$100 per admission	\$100 per admission
<b>Emergency Room</b> (as defined by the plan)	\$65 per visit	\$50 per visit	\$50 per visit, waived if admitted
<b>Prescription Drugs</b> (other exclusions, limits, and requirements set by the plan)	<b>Tier 1:</b> \$0 <b>Tier 2:</b> \$40 <b>Tier 3:</b> \$45 <b>Tier 4:</b> \$45	Up to 100-day supply: <b>Generic:</b> \$10 <b>Brand:</b> \$35	<b>Generic:</b> \$5 preferred pharmacy/\$10 non-preferred pharmacy <b>Brand:</b> \$20 <b>Specialty:</b> 25% coinsurance
<b>Plan Contact Information</b>	<b>Medical:</b> Humana 1-866-771-1615 <a href="http://your.humana.com/countyoforange">your.humana.com/countyoforange</a> <b>Pharmacy:</b> Centerwell (mail delivery) 1-800-379-0092 <a href="http://your.humana.com/countyoforange">your.humana.com/countyoforange</a>	1-800-433-0815 7 days/week, 8 a.m. – 8 p.m. (closed holidays) <a href="http://my.kp.org/oc">my.kp.org/oc</a> (from top navigation, choose “Plans and services,” then “Early Retirees” or “Retirees”)	<b>Current members:</b> 1-800-559-3500 <b>Prospective members:</b> 1-877-212-7654 <a href="http://scanhealthplan.com/countyoforange">scanhealthplan.com/countyoforange</a>

## Retirees/Dependents With Medicare

2026 HEALTH PLAN COMPARISON: PPO PLANS		
	Sharewell Retiree PPO	Wellwise Retiree Medicare PPO
<b>Annual Deductible</b> (the amount you pay before the plan pays benefits)	<b>Network/non-network combined:</b> \$5,000  <b>Applies to:</b> Medical and prescription drug claims	<b>Network:</b> \$500 individual  <b>Non-network:</b> \$750 individual  <b>Applies to:</b> Medical claims (not prescription drugs)
<b>Annual Out-of-Pocket Maximum</b> (the most you pay in a year)	<b>Network:</b> \$6,000 family  <b>Non-network:</b> \$12,000 family	<b>Network (medical):</b> \$2,500 individual/\$5,000 family  <b>Network (prescription drugs):</b> \$2,100 individual  <b>Non-network (medical):</b> \$5,000 individual/\$10,000 family  <b>Non-network (prescription drugs):</b> \$2,100 individual
<b>Office Visits</b>		<b>Network:</b> 10% coinsurance after deductible  <b>Non-network:</b> 30% coinsurance after deductible
<b>Inpatient Hospital</b>		<b>Network:</b> 10% coinsurance after deductible  <b>Non-network:</b> 30% coinsurance after deductible (50% if no pre-admission review)
<b>Emergency Room</b> (as defined by the plan)		<b>Network:</b> 10% coinsurance after deductible  <b>Non-network:</b> 10% coinsurance after deductible; member also pays for charges in excess of usual, reasonable, and customary amounts
<b>Prescription Drugs</b> (other exclusions, limits and requirements set by the plan)	<b>Network only:</b> Through OptumRx  20% coinsurance after deductible with important requirements and considerations (refer to Plan Document and one-page summaries)	<b>Network only:</b> Through OptumRx  Deductible does not apply  <b>Tier 1:</b> 20% coinsurance <b>Tier 2:</b> 25% coinsurance <b>Tier 3:</b> 30% coinsurance
<b>Plan Contact Information</b>	<b>Medical:</b> Blue Shield 1-888-235-1767 <a href="http://blueshieldca.com/oc">blueshieldca.com/oc</a>  <b>Pharmacy:</b> OptumRx 1-800-573-3583 <a href="http://welcome.optumrx.com/countyoforange">welcome.optumrx.com/countyoforange</a>	<b>Medical:</b> Blue Shield 1-888-235-1767 <a href="http://blueshieldca.com/oc">blueshieldca.com/oc</a>  <b>Pharmacy:</b> OptumRx 1-800-908-9097 <a href="http://welcome.optumrx.com/countyoforange">welcome.optumrx.com/countyoforange</a>



County of Orange  
 Human Resource Services/Employee Benefits  
 400 W. Civic Center Drive, #111  
 Santa Ana, CA 97201



### IMPORTANT DATES

<b>October 6</b>	Open Enrollment information page is live (see <a href="#">page 1</a> )
<b>Week of October 6</b>	Open Enrollment materials arrive in your home mail (see <a href="#">page 1</a> )
<b>October 14</b>	Webinar about non-Medicare plans (see <a href="#">page 1</a> )
<b>October 15</b>	First day of Open Enrollment (see <a href="#">page 2</a> )
<b>October 21</b>	Retiree Open Enrollment Fair at the County Conference Center (see <a href="#">page 1</a> )
<b>November 4</b>	Last day of Open Enrollment (see <a href="#">page 2</a> )
<b>November 12</b>	Last day to make corrections (see <a href="#">page 10</a> )
<b>December</b>	Submit requested documentation (for new dependents or if you opt into coverage) (see <a href="#">page 10</a> )
<b>January 15</b>	Deadline to submit Medicare reimbursement documentation (see <a href="#">page 11</a> )

COUNTY OF ORANGE  
**2026**  
**OPEN ENROLLMENT**  
 October 15 –  
 November 4