



2026 Health Plan Highlights

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

Retirees Without Medicare

| | CIGNA CHOICE HMO | CIGNA SELECT HMO | KAISER HMO | SHAREWELL PPO | WELLWISE PPO |
|--|--|---|--|---|--|
| Annual Deductible (the amount you pay before the plan pays benefits) | None | None | None | Network/non-network combined: \$5,000 Applies to: Medical and prescription drug claims | Network: \$500 individual/\$1,000 family Non-network: \$750 individual/\$1,500 family Applies to: Medical claims (not prescription drugs) |
| Annual Out-of-Pocket Maximum (the most you pay in a year) | \$1,000 individual \$2,000 family | \$750 individual \$1,500 family | \$1,500 individual \$3,000 family | Network: \$6,000 family Non-network: \$12,000 family | Network: \$2,500 individual/\$5,000 family Non-network (medical): \$5,000 individual/\$10,000 family Prescription drugs: \$4,100 individual/\$8,200 family |
| Office Visits | \$20 per visit | Primary care: \$5 per visit Specialist: \$10 per visit | \$20 per visit | | Network: 10% coinsurance after deductible Non-network: 30% coinsurance after deductible |
| Labs and X-rays | No charge | No charge | No charge | | Network: 10% coinsurance after deductible Non-network: 30% coinsurance after deductible (complex imaging requires prior authorization, except in an emergency) |
| Chiropractic Care | \$15 per visit (up to 30 visits/year) | \$10 per visit (unlimited visits) | \$15 per visit (up to 30 visits/year) | | Network: 10% coinsurance after deductible (up to 25 visits/year, network and non-network combined) Non-network: 30% coinsurance after deductible (up to 25 visits/year, network and non-network combined) |
| Inpatient Hospital | \$100 per admission | \$100 per admission | \$100 per admission | | Network: 10% coinsurance after deductible Non-network: 30% coinsurance after deductible (50% if no pre-admission review) |

Retirees Without Medicare (continued)

| | CIGNA CHOICE HMO | CIGNA SELECT HMO | KAISER HMO | SHAREWELL PPO | WELLWISE PPO |
|---|--|--|---|--|--|
| Emergency Room (as defined by the plan) | \$50 per visit | \$50 per visit | \$50 per visit | Network: 10% coinsurance after deductible Non-network: 10% coinsurance after deductible; member also pays for charges in excess of usual, reasonable, and customary amounts | |
| Urgent Care | \$25 per visit | \$25 per visit | \$20 per visit | Network: 10% coinsurance after deductible Non-network: 30% coinsurance after deductible | |
| Mental Health | Outpatient: \$20 per visit Inpatient: \$100 per admission | Outpatient: \$10 per visit Inpatient: \$100 per admission | Outpatient: \$20 per visit Inpatient: \$100 per admission | Network (outpatient): 10% coinsurance after deductible (prior authorization may be required) Non-network (outpatient): 30% coinsurance after deductible (prior authorization may be required) Network (inpatient): 10% coinsurance after deductible Non-network (inpatient): 30% coinsurance after deductible (50% if no pre-admission review) | |
| Prescription Drugs (other exclusions, limits, and requirements set by the plan) | Up to 30-day supply: Generic: \$10 Brand: \$30 Nonformulary: \$50 Up to 90-day supply: 2x copays noted above | Up to 30-day supply: Generic: \$10 Brand: \$30 Nonformulary: \$50 Up to 90-day supply: 2x copays noted above | Up to 100-day supply: Generic: \$10 Brand: \$30 Up to 30-day supply: Specialty: \$30 | Network only: Through OptumRx 20% coinsurance after deductible with important requirements and considerations (refer to Plan Document and Summary of Benefits and Coverages (SBC)) | Network only: Through OptumRx Deductible does not apply Tier 1: 20% coinsurance Tier 2: 25% coinsurance Tier 3: 30% coinsurance |
| Plan Contact Information | 1-888-806-5042 7 days/week, 24 hours a day (closed holidays) cigna.com/countyoforange | 1-888-806-5042 7 days/week, 24 hours a day (closed holidays) cigna.com/countyoforange | 1-800-514-0985 7 days/week, 24 hours a day (closed holidays) my.kp.org/oc | Medical: Blue Shield 1-888-235-1767 blueshieldca.com/oc Pharmacy: OptumRx 1-800-573-3583 welcome.optumrx.com/countyoforange | Medical: Blue Shield 1-888-235-1767 blueshieldca.com/oc Pharmacy: OptumRx 1-800-573-3583 welcome.optumrx.com/countyoforange |