



COUNTY OF ORANGE

2027 OPEN ENROLLMENT

October 14 –
November 3,
2026



What Do I Need to Do? For most retirees, you don't need to take action during Open Enrollment unless you want to make a change to your coverage. Current coverage will continue automatically in 2027.

Who Needs to Take Action? Medicare-eligible retirees enrolled in Sharewell Retiree Medicare PPO. If you're enrolled in this plan, it will end on December 31, 2026. That's why you **MUST** choose a new plan during Open Enrollment. If you don't act, you'll be automatically enrolled in the Wellwise Retiree Medicare PPO. Note: Sharewell PPO will still be available for non-Medicare retirees.



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

It's time to review **your health care coverage**
and make any changes **for 2027.**



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. 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 <http://mybenefits.ocgov.com>:

- **First-time users:** Click the “Don’t have User ID” link on the login page and follow the prompts to set up your credentials.
- **Current users:** Enter your User ID and then use the “Forgot 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 you need to update your mailing address and/or phone number, 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 retiree 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.”



2027 Open Enrollment Checklist

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- ✓ **October 7:** Visit the Open Enrollment information page at hrs.oc.gov/2027OERetirees. You'll find resources including monthly rates for retiree health plans, the 2027 Health Plan Comparison Chart, Summaries of Benefits and Coverages (SBCs) for non-Medicare plans, one-page summaries for Medicare-eligible plans, and educational videos.
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- ✓ **Week of October 7:** Review the Open Enrollment materials that arrive in your home mail. They will include 2027 health plan rates, your Confirmation of Benefits, and your Retiree Medical Grant amount (if applicable).
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- ✓ **October 14:** Open Enrollment begins. Go to **My OC Benefits** at <http://mybenefits.ocgov.com> or call the Benefits Service Center at 1-833-476-2347 (Monday – Friday, 8 a.m. to 8 p.m. PT through November 3).
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- ✓ **October 22 (9 a.m. to 4 p.m.):** Attend the Retiree Open Enrollment Fair at the County Conference Center (601 N. Ross Street, Santa Ana, CA 92701). Representatives from the County's retiree health plans will be available to answer your questions. Register at bit.ly/2027retireefair or scan the QR code with your phone.



 - Medicare health plans session:**
9 a.m. to 12 p.m.
 - Non-Medicare health plans session:**
1 p.m. to 4 p.m.
- Parking:** P4 parking lot at 630 N. Broadway Street (enter from Broadway). Parking validation will be provided.
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- ✓ **November 3:** The last day of Open Enrollment. The deadline is 8 p.m. PT by phone or 11:59 p.m. PT online.
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- ✓ **November 10:** The last day to correct any errors on your Confirmation of Benefits. See [page 10](#).
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- ✓ **December:** Submit any requested documentation if you add a new dependent for the first time or if you opt into coverage. See [page 10](#).
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- ✓ **January 15:** Submit your 2027 Medicare premium information if you're eligible for a Medicare Part B reimbursement amount. See [page 11](#).
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WANT THE SAME COVERAGE FOR 2027 AS TODAY?

For most retirees, your current coverage will transfer automatically into 2027.

There's one exception! If you're a Medicare-eligible retiree enrolled in the Sharewell Retiree Medicare PPO, your plan will end on December 31, 2026. You **MUST** choose a new plan during Open Enrollment. If you don't act, you'll be automatically enrolled in the Wellwise Retiree Medicare PPO. Note: Sharewell PPO will still be available for non-Medicare retirees.



How to Enroll



My OC Benefits

<http://mybenefits.ocgov.com>

IVA (Intelligent Virtual Assistant): For any questions you have, look for  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.



Benefits Service Center

1-833-476-2347

Take advantage of extended hours: October 14 – November 3, Monday through Friday (8 a.m. to 8 p.m. PT).

Schedule an appointment: Reserve a time and skip the line. Beginning October 14, call the Benefits Service Center or go online to schedule. Appointment slots are limited, so be sure to book early.



Alight Mobile App

Download the app: Go to your favorite app store and search for “Alight Mobile.” Once you’ve downloaded the app, enter “County of Orange” in the search bar and sign in with your User ID and password.

What's New for 2027

Health Plan Rates

For 2027, monthly costs will increase by the amounts noted below. To find the exact amount for your plan, go to hrs.oc.gov/2027OERetirees.

Non-Medicare-eligible plans:

- Cigna Choice Retiree HMO: 10.6 percent
- Cigna Select Retiree HMO: 10.6 percent
- Kaiser Retiree HMO: 9.5 percent
- Sharewell Retiree PPO: 11.2 percent
- Wellwise Retiree PPO: 11.2 percent

Medicare-eligible* plans:

- Humana Retiree Medicare PPO: 39.1 percent
- Kaiser Senior Advantage HMO: 1.3 percent decrease
- SCAN Retiree Medicare HMO: No change
- Sharewell Retiree Medicare PPO: This plan will end on December 31, 2026, for Medicare-eligible retirees. See "Benefit Changes" on the next page for more information.
- Wellwise Retiree Medicare PPO: 25.5 percent

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

Review the Open Enrollment materials that arrive the week of October 7. They will contain:

- 2027 rates for each plan
- Your Confirmation of Benefits (a summary of your 2027 coverage if you take no action)
- Your Retiree Medical Grant (if applicable)

**These are the increases for retirees enrolled in both Medicare Parts A and B. If you're enrolled in Medicare Part B only, the amount of your increase will be different. For details, go to hrs.oc.gov/2027OERetirees.*



Benefit Changes

Beginning January 1, 2027, the following changes will apply to the County's retiree health plans.

NON-MEDICARE PLANS	BENEFIT CHANGE
Cigna Choice Retiree HMO	NEW! Acupuncture will be covered after a \$15 copay per visit, up to 30 visits/year.
Cigna Select Retiree HMO	NEW! Acupuncture will be covered after a \$10 copay per visit, up to 30 visits/year.
Kaiser Retiree HMO	NEW! Acupuncture will be covered after a \$15 copay per visit, up to 30 visits/year (combined limit for acupuncture and chiropractic care).
Sharewell Retiree PPO Wellwise Retiree PPO	There are no changes.
MEDICARE-ELIGIBLE PLANS	BENEFIT CHANGE
Humana Retiree Medicare PPO SCAN Retiree Medicare HMO Wellwise Retiree Medicare PPO	The annual out-of-pocket maximum for prescription drugs will increase to \$2,400.
Kaiser Senior Advantage HMO	The annual out-of-pocket maximum for prescription drugs will increase to \$2,400. Coverage for routine dental care will no longer be available through Kaiser after December 31, 2026. If dental through Kaiser is your primary source for dental coverage, you should explore alternatives for 2027. One option to consider is through the the Retired Employees Association of Orange County, Inc.: • Pacific Group Agencies, Inc.: Details can be found at pgagencies.com/reaoc or by calling 1-800-511-9065.
Sharewell Retiree Medicare PPO	For Medicare-eligible retirees, this plan will no longer be available after December 31, 2026. If you're currently enrolled, you must choose a new plan for 2027 by November 3, 2026. If you don't, you and your Medicare-eligible dependents will be automatically enrolled in Wellwise Retiree Medicare PPO and the applicable premium will apply. Non-Medicare dependents will continue to be enrolled in their current coverage. For questions, call the Benefits Service Center at 1-833-476-2347. Why is this plan being eliminated? Sharewell was originally designed as a high-deductible plan with a lower premium. Because of rising costs under this plan, monthly premiums would need to increase dramatically to keep the plan sustainable. As a result, the County is retiring the plan and transitioning members into the Wellwise Retiree Medicare PPO, which offers a richer plan design at a more affordable premium.

How Well Do You Know Your Plan?

Health insurance can feel complicated because every plan has its own rules for how costs work. Understanding key concepts can help you make better decisions.

HMO vs. PPO: What's the Difference for Non-Medicare Retirees?

- **HMO plans** (like Kaiser and Cigna) require you to stay within the plan's network, unless it's an emergency. You also must choose a primary care doctor, which is the provider that coordinates all care and refers you to specialists when needed.
- **PPO plans** (like Sharewell and Wellwise) give you more flexibility for provider choice. You can see any doctor or specialist without a referral, including those outside the network. However, your costs are lower when you stay inside the network.
- **Which one is right for you?** It often comes down to how you want your care to be managed and how much flexibility you need. **HMO plans** require you to work through a primary care doctor and stay in-network for non-emergency care. **PPO plans** let you see specialists directly and use out-of-network providers, which can matter if you have a doctor you want to keep who isn't in an HMO's network.

Medicare Advantage vs. Employer-Sponsored Medicare Plan: What's the Difference for Medicare Retirees?

- **Medicare Advantage plans** (like Humana, Kaiser, and SCAN) replace Medicare and pay all your claims. Humana is a PPO, which pays the same whether you go in or out of network, so you can see any provider that accepts Medicare and insurance. Kaiser and SCAN are HMOs, which require you to use only network providers, except in emergencies.
- **Employer-sponsored Medicare plans** (like Wellwise) are PPOs that allow you to choose any doctor or specialist without a referral. However, you pay less when you stay in network. These plans coordinate your benefits with Medicare.

- **Which one is right for you?** It often comes down to how much flexibility you want in choosing doctors:
 - Want an all-in-one plan and don't mind a provider network? **Kaiser** or **SCAN** may fit.
 - Want an all-in-one plan with more flexibility to go outside the network, if the provider is willing to bill as out-of-network? **Humana** may fit.
 - Want a flexible plan that allows you to see any doctor without a referral, depending on your needs? **Wellwise** may fit.

To compare costs across these plans, visit hrs.oc.gov/2027OERetirees.

What's Preventive Care?

- **Preventive care** happens before you get sick — think annual checkups, screenings, and vaccines.
- **It matters because** you can catch health issues early, when they're easier and less expensive to treat. All plans cover preventive services at no cost to you when you use in-network providers. That means your annual wellness visit, certain screenings, and select vaccines cost you nothing.

Copay, Deductible, Coinsurance, and Out-of-Pocket Maximum

- **Copay:** A flat fee you pay at the time of a visit or service. For example, \$20 for an office visit.
- **Deductible:** The amount you pay out of pocket before your insurance starts sharing costs with you. For example, if your annual deductible is \$500, that means you pay the first \$500 in expenses that you incur.
- **Coinsurance:** After you've met the annual deductible, you and your insurance share in the cost. The percentage that you pay is called coinsurance.
- **Annual out-of-pocket maximum:** The most you'll have to pay in a year. Once you reach this amount, your plan pays 100% of covered costs for the rest of the year.

Everything Your Plan Offers, All in One Place

Your medical plan's online portal is one of the easiest ways to stay on top of your well-being. When you create an account, you unlock tools that help you manage your care, track your benefits, and make informed decisions — all in one place.

What's Inside Your Medical Plan's Portal

- **Access your benefits anytime:** See your coverage details, claims, and costs with just a few clicks.
- **Find care faster:** Search in-network providers, compare options, and schedule appointments.
- **Stay informed:** Get updates, reminders, and personalized health insights.
- **Use digital tools:** From wellness programs to cost estimates, your portal puts helpful resources at your fingertips. There's a good chance your health plan offers something surprisingly useful that you're overlooking.

Getting Started Is Easy

Creating your account takes only a few minutes, and it sets you up for a smoother, more empowered health care experience all year long. To get started, visit your health plan's website, click **"Register"** or **"Create Account"** and follow the prompts. Once you see what's inside, you'll wonder how you ever managed without it.

Cigna Choice Retiree HMO: cigna.com/countyoforange

Cigna Select Retiree HMO: cigna.com/countyoforange

Kaiser Retiree HMO: my.kp.org/oc

Sharewell Retiree PPO: blueshieldca.com/oc

Wellwise Retiree PPO: blueshieldca.com/oc

Optum Rx: welcome.optumrx.com/countyoforange

Humana Retiree Medicare PPO: your.humana.com/countyoforange

Kaiser Senior Advantage HMO: my.kp.org/oc

SCAN Retiree Medicare HMO: scanhealthplan.com/countyoforange

Stay Healthy and Save Money: Tips for Medicare Retirees

If you're a Medicare-eligible retiree, many of the retiree health plans offer programs to help you stay healthy and keep more money in your pocket year-round. Below are highlights for certain plans. 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.

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.

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.

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.

Wellwise Retiree Medicare PPO

For the programs mentioned below, you can find more information at blueshieldca.com/group/oc/retirees-medicare.

Teladoc Health: Connect with a board-certified doctor via phone or video in minutes (response time is one hour or less). You can also make an appointment in advance that fits into your schedule.

Teladoc Health for mental health services:

Connect with a licensed psychiatrist, psychologist, or counselor by phone or video. Virtual appointments are available daily from 7 a.m. to 9 p.m., offered at a low copay or none at all. Services are only available to members age 13 and older.

Fitness Your Way™: Get access to thousands of fitness centers nationwide, including virtual classes. Memberships start at \$19 per month with no contract.

SilverSneakers®: SilverSneakers is a fitness benefit designed to help improve your strength, flexibility, and balance. It includes membership to thousands of fitness locations.

Wellvolution®: This free digital wellness platform offers personalized programs to help you lose weight, manage diabetes, support mental health, and reach other health goals.

Experian Identity Works: Don't be one of the 17.6 million victims of identity theft every year. Get identity theft protection to protect your financial well-being with credit monitoring, identity repair assistance, and identity theft insurance.

Wellness discounts: Access a wide range of discount programs that can help you save money and take better care of yourself. There are discounts on fitness and exercise programs, vision care, therapeutic massage services, chiropractic care, acupuncture, and hearing aids.

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 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 agebold.com/kpscal or call 1-833-701-1545.

SCAN Retiree Medicare 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 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 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 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.

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 2027, the grant rate will increase by 3 percent. That means your monthly amount will be \$26.89 per month for each eligible 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 on or after June 16, 2023, 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.

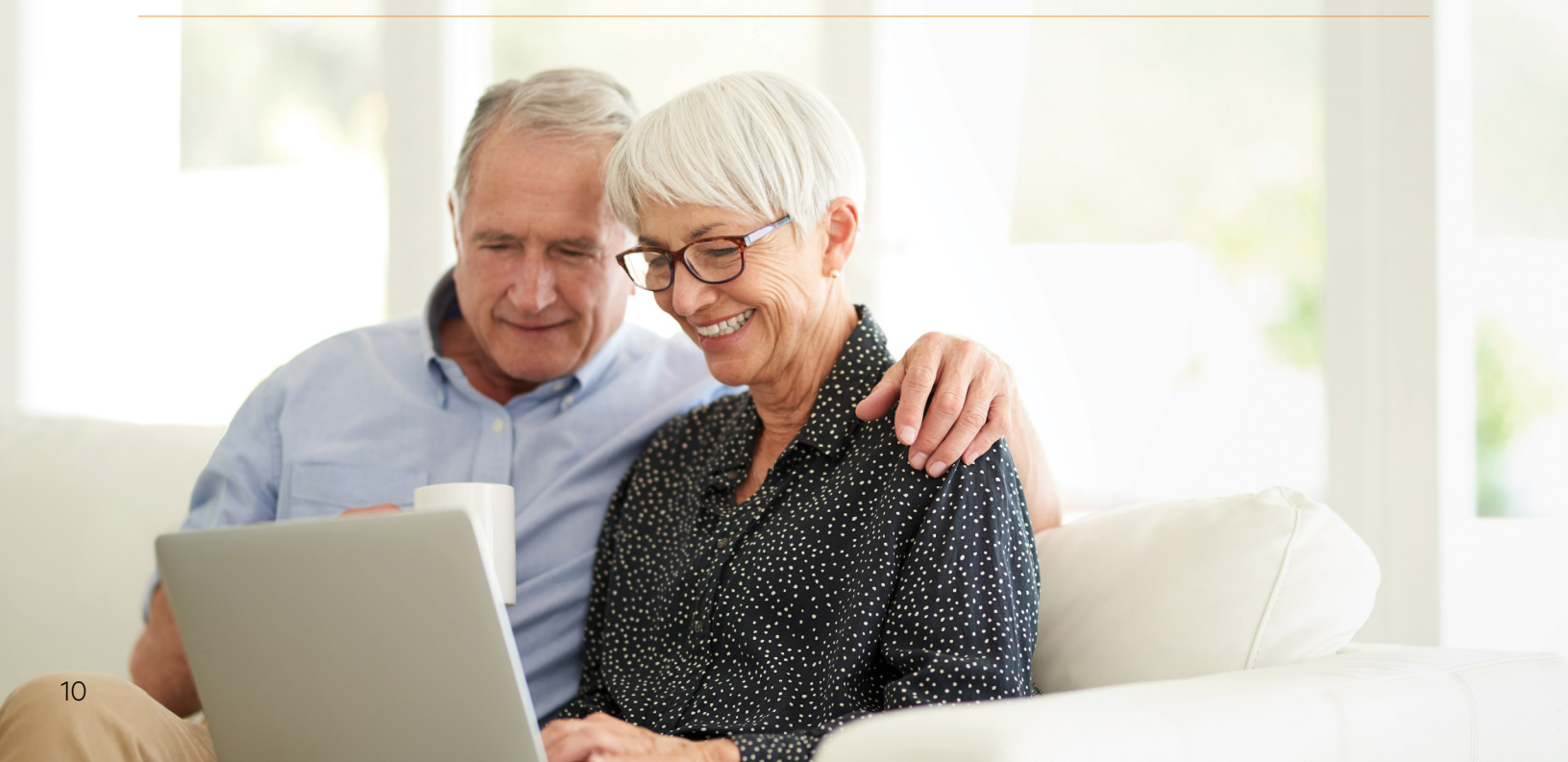
For more information, go to countyoforange.healthinvesthra.com.



What to Do After You Enroll

After you enroll, take these steps for your 2027 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 sent to your secure mailbox at <http://mybenefits.ocgov.com>. The location depends on your designated communication preference.
- 2 Don't miss the Open Enrollment correction period November 4 – 10.** 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 2027, 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 2027, 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 <http://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 2027, a notice will be emailed to your secure mailbox at <http://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, 2027.
- 5 Submit documentation.** Certain scenarios require you to submit proof of your Medicare enrollment and related premiums or other documentation. 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 DOCUMENTATION

Scenario	What You Need to Do	Deadline
You're currently receiving a monthly Medicare Part B reimbursement of \$104.90 or higher and your 2027 Medicare premium is more than \$104.90 for you or \$209.80 for you and your spouse.	For 2027, 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 default reimbursement (if eligible) 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 Medicare Part B reimbursement amount. 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 not currently receiving monthly Medicare Part B reimbursement.	Look for a Medicare Part B premium statement from the Social Security Administration in mid-to-late November. Submit a copy to the Benefits Service Center in order to receive a Medicare Part B reimbursement.	January 15
You opt into retiree health coverage, and you and/or your dependent is eligible for Medicare.	You must provide a signed attestation and proof of continuous health coverage.	60 days from the date you provide your Medicare information
You opt into retiree health coverage, and you and/or your dependent is NOT eligible for Medicare.	You must provide a signed attestation and proof of continuous health coverage.	30 days from the date of your election
You're disenrolling from County retiree health plan coverage, but want your eligible Retiree Medical Grant applied toward 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. Additionally, include a copy of your Medicare card.	January 15

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

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

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



Reminder for Split Families

A split family is one where at least one family member is eligible for Medicare, and another is not. 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/2027OERetirees.

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, you're missing out on cost savings, and your Retiree Medical Grant (if eligible) may be suspended. To verify your election and grant status, call the Benefits Service Center at 1-833-476-2347 or go to **My OC Benefits** at <http://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 2027, 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 act, you'll remain enrolled in the non-Medicare Sharewell Retiree PPO again for 2027, at the higher non-Medicare rate.

If You Have Medicare Part B Only (No Part A)

This section applies to you if you're enrolled in Humana Retiree Medicare PPO, Kaiser Senior Advantage, or Wellwise Retiree Medicare PPO. Because Medicare Part B doesn't cover hospital stays, 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.

CHOOSING WELLWISE RETIREE MEDICARE PPO OR A NEW MEDICARE ADVANTAGE PLAN FOR 2027?

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, you'll be moved to Wellwise Retiree Medicare PPO at 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 Medicare Beneficiary Identifier (MBI) on hand.

Temporary Opt-Out Considerations

If you elected to temporarily opt out of retiree 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.

No longer interested in a County retiree health plan? 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).

2027 Retiree Health Plan Highlights (Non-Medicare)

Below is a high-level comparison of the 2027 plan options. For more details, go to **My OC Benefits** at <http://mybenefits.ocgov.com> or call the health plans directly.

Retirees/Dependents Without Medicare — HMO Plans

	Cigna Choice Retiree HMO	Cigna Select Retiree HMO	Kaiser Retiree HMO
Annual Deductible (the amount you pay before the plan pays benefits)	None	None	None
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
Office Visits	\$20 per visit	Primary care: \$5 per visit Specialist: \$10 per visit	\$20 per visit
Labs and X-Rays	No charge	No charge	No charge
Chiropractic Care	\$15 per visit (up to 30 visits/year)	\$10 per visit (unlimited visits)	\$15 per visit (up to 30 visits/year; combined limit with acupuncture)
Acupuncture	\$15 per visit (up to 30 visits/year)	\$10 per visit (up to 30 visits/year)	\$15 per visit (up to 30 visits/year; combined limit with chiropractic care)
Inpatient Hospital	\$100 per admission	\$100 per admission	\$100 per admission
Emergency Room (as defined by the plan)	\$50 per visit	\$50 per visit	\$50 per visit
Urgent Care	\$25 per visit	\$25 per visit	\$20 per visit
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
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
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

Retirees/Dependents Without Medicare — PPO Plans

	Sharewell Retiree PPO	Wellwise Retiree PPO
Annual Deductible (the amount you pay before the plan pays benefits)	Network/non-network combined: \$5,000 individual and family 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)	Network: \$6,000 individual and family Non-network: \$12,000 individual and 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	Network: 10% coinsurance after deductible Non-network: 30% coinsurance after deductible	
Labs and X-Rays	Network: 10% coinsurance after deductible Non-network: 30% coinsurance after deductible (complex imaging requires prior authorization, except in an emergency)	
Chiropractic Care	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)	
Acupuncture	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	Network: 10% coinsurance after deductible Non-network: 30% coinsurance after deductible (50% if no pre-admission review)	
Emergency Room (as defined by the plan)	Network: 10% coinsurance after deductible Non-network: 10% coinsurance after deductible; member also pays for charges above usual, reasonable, and customary amounts	
Urgent Care	Network: 10% coinsurance after deductible Non-network: 30% coinsurance after deductible	
Mental Health	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)	Network only: Through Optum Rx 20% coinsurance after deductible	Network only: Through Optum Rx Deductible does not apply Tier 1: 20% coinsurance Tier 2: 25% coinsurance Tier 3: 30% coinsurance
Plan Contact Information	Medical: Blue Shield 1-888-235-1767 blueshieldca.com/oc Pharmacy: Optum Rx 1-800-573-3583 welcome.optumrx.com/countyoforange	Medical: Blue Shield 1-888-235-1767 blueshieldca.com/oc Pharmacy: Optum Rx 1-800-573-3583 welcome.optumrx.com/countyoforange

2027 Retiree Health Plan Highlights (Medicare Eligible)

Below is a high-level comparison of the 2027 plan options. For more details, go to **My OC Benefits** at <http://mybenefits.ocgov.com> or call the health plans directly.

Retirees/Dependents With Medicare — Medicare Advantage Plans

	Humana Retiree Medicare PPO	Kaiser Senior Advantage HMO	SCAN Retiree Medicare HMO
Annual Deductible (the amount you pay before the plan pays benefits)	None	None	None
Annual Out-of-Pocket Maximum (the most you pay in a year)	Medical: \$3,400 Prescription drugs: \$2,400	Medical: \$1,000 individual Prescription drugs: \$2,400	Medical: \$3,000 Prescription drugs: \$2,400
Office Visits	Primary care: \$25 per visit Specialist: \$40 per visit	\$20 per visit	\$15 per visit
Inpatient Hospital	\$100 copay per day for days 1 – 5, then covered at 100%	\$100 per admission	\$100 per admission
Emergency Room (as defined by the plan)	\$65 per visit	\$50 per visit	\$50 per visit, waived if admitted
Prescription Drugs (other exclusions, limits, and requirements set by the plan)	Tier 1: \$0 Tier 2: \$40 Tier 3: \$45 Tier 4: \$45	Up to 100-day supply: Generic: \$10 Brand: \$35	Generic: \$5 preferred pharmacy/\$10 non-preferred pharmacy Brand: \$20 Specialty: 25% coinsurance
Plan Contact Information	Medical: Humana 1-866-771-1615 your.humana.com/countyoforange Pharmacy: Centerwell (mail delivery) 1-800-379-0092 your.humana.com/countyoforange	1-800-443-0815 7 days/week, 8 a.m. – 8 p.m. (closed holidays) my.kp.org/oc (from top navigation, choose “Plans and services,” then “Early Retirees” or “Retirees”)	Current members: 1-800-559-3500 Prospective members: 1-877-212-7654 scanhealthplan.com/countyoforange

Retirees/Dependents With Medicare — PPO Plan

	Wellwise Retiree Medicare PPO
Annual Deductible (the amount you pay before the plan pays benefits)	Network: \$500 individual Non-network: \$750 individual Applies to: Medical claims (not prescription drugs)
Annual Out-of-Pocket Maximum (the most you pay in a year)	Network (medical): \$2,500 individual/\$5,000 family Network (prescription drugs): \$2,400 individual Non-network (medical): \$5,000 individual/\$10,000 family Non-network (prescription drugs): \$2,400 individual
Office Visits	Network: 10% coinsurance after deductible Non-network: 30% coinsurance after deductible
Inpatient Hospital	Network: 10% coinsurance after deductible Non-network: 30% coinsurance after deductible (50% if no pre-admission review)
Emergency Room (as defined by the plan)	Network: 10% coinsurance after deductible Non-network: 10% coinsurance after deductible; member also pays for charges above usual, reasonable, and customary amounts
Prescription Drugs (other exclusions, limits, and requirements set by the plan)	Network only: Through Optum Rx Deductible does not apply Tier 1: 20% coinsurance Tier 2: 25% coinsurance Tier 3: 30% coinsurance
Plan Contact Information	Medical: Blue Shield 1-888-235-1767 blueshieldca.com/oc Pharmacy: Optum Rx 1-800-908-9097 welcome.optumrx.com/countyoforange



County of Orange
Human Resource Services/Employee Benefits
400 W. Civic Center Drive, #111
Santa Ana, CA 92701

Now's the time to review your health care coverage and make any changes for 2027.

[Name]
[Address1]
[Address2]

Important Note for Sharewell Retirees With Medicare!

Sharewell Retiree Medicare PPO will not be available in 2027. You **MUST** choose a new plan during Open Enrollment (October 14 – November 3, 2026). If you don't, you'll be automatically enrolled in Wellwise Retiree Medicare PPO on January 1, 2027. (Non-Medicare retirees: Sharewell PPO will still be offered in 2027.)

OPEN ENROLLMENT: IMPORTANT DATES

October 7	Open Enrollment information page is live
Week of October 7	Open Enrollment materials arrive in your home mail
October 14	First day of Open Enrollment
October 22	Retiree Open Enrollment Fair at the County Conference Center (9 a.m. to 4 p.m.)
November 3	Last day of Open Enrollment
November 10	Last day to make corrections
Mid-to-late November	Medicare Part B premium statement arrives in the mail (see page 11)
December	Submit requested documentation (for new dependents or if you opt into coverage)
January 15	Deadline to submit Medicare reimbursement documentation

