



INTENT TO RETIRE SUMMARY

Congratulations!

The Orange County Employees Retirement System (OCERS) has notified us of your intent to retire. Read on for information about enrolling in the County of Orange Retiree Medical Plan and your Retiree Medical Grant, if eligible, as well as important points you'll want to consider.

Important Things to Consider

The Benefits Service Center will give you 30 days to choose one of the following options:

- You will need to enroll in Medicare if you or your spouse/domestic partner is approaching or is already age 65.
- You can enroll in one of several Retiree Health Plan options in the County of Orange Retiree Medical Plan.
- Learn more about the Retiree Temporary Opt-Out option (see page 6).
- You can permanently disenroll from County health coverage.

After You Activate Medicare Part B

Watch for your Medicare card in the mail. It will show your Part B effective date. You should receive it about three months before you (1) reach age 65, or (2) reach the date you specified for Medicare to begin, if you're working past age 65. You'll need your card with your Medicare ID Number to see County Medicare plans and costs on **My OC Benefits™**. The same is true for your spouse or domestic partner.

Other Items to Consider:

- You may be eligible for a Retiree Medical Grant to offset the cost of your health plan and even Medicare premium costs.
- If you have a Health Reimbursement Arrangement (HRA), contact Gallagher HealthInvest HRA, to learn how to access your funds for eligible medical expense reimbursements.
- If you had dental or vision coverage, or a Health Care Flexible Spending Account, before you retired, you may be able to continue your coverage through the Consolidated Omnibus Budget Reconciliation Act (COBRA).
- If you had a Health Care Flexible Spending Account (HCFSA), formerly the Health Care Reimbursement Account (HCRA), before you retired, you can continue it through COBRA.
- If you had life insurance coverage, you can port (continue your coverage at group premiums) or convert your coverage into an individual policy.

If you change your mind about retirement, please contact OCERS as soon as possible to request to change or cancel your retirement.

Who's Eligible for Retiree Medical Plan Coverage?

Retired individuals or their eligible survivors who receive a monthly OCERS pension are eligible for the County of Orange Retiree Medical Plan, as are any of the following as dependents:

- A legal spouse or registered domestic partner.
- Children under age 26, including stepchildren, foster children (added to coverage before age 18), legal wards under age 18, children placed for adoption, legally adopted children and children of domestic partners.
- Incapacitated children age 26 or older who are dependent on you for support and were incapacitated before their 26th birthday.

What Do I Need to Do?

First, make sure you've carefully reviewed all the information in this checklist. What you'll need to do — and the order in which you'll do it — will depend on your Medicare eligibility.

If You or Your Spouse Is Age 65 or Older and Eligible for Medicare

90 Days Before Your Retirement Date

- Contact the County Employee Benefits Office at **1-714-834-6282** to have your and/or your spouse's Verification of Employment form for Social Security completed.
- Apply for and activate your and/or your covered dependent's Medicare Part B (as well as Part A, if available at no cost to you) as soon as possible to avoid any delay in approval.
- Attend a New Retiree Benefits Orientation at least three months before your intended retirement date by registering on the OCERS website: ocers.org/retirement-seminars.

60 Days Before Your Retirement Date

- Locate your 11-character Medicare ID Number on your Medicare card. You'll need to provide your Medicare ID Number and effective dates to enroll in a Retiree Health Plan Medicare option.

If you do not provide your Medicare ID Number and effective dates when you enroll, you will not see Medicare plans or premiums or, if eligible, your Retiree Medical Grant amount.

30 Days Before Your Retirement Date

- Make your benefit elections on the **My OC Benefits™** website at mybenefits.ocgov.com, or speak to a **Benefits Service Center** representative at **1-833-476-2347**, between 8 a.m. and 6 p.m. Pacific Time, Monday through Friday.
- View the "How to Enroll in Your Retiree Health Plan" section for detailed instructions about enrolling online.
 - **If you are a pre-65 retiree, the same health plans available to you** as an active employee will remain available to you as long as you reside in California.
 - HMOs are available only in California. If you are moving out of state, you'll need to elect a PPO option.

If You or Your Spouse Is Age 65 or Older and Eligible for Medicare

30 Days Before Your Retirement Date (continued)

- If you add a newly eligible dependent, be ready to submit any supporting documentation by the deadline on your Dependent Verification solicitation.
- If you wish to permanently disenroll from the Retiree Medical Plan, please call the **Benefits Service Center** at **1-833-476-2347** to disenroll and discuss your Medicare premium reimbursement options.
- If you wish to temporarily opt-out of the Retiree Medical Plan, you must call the **Benefits Service Center** at **1-833-476-2347**.
- If you do not elect a Retiree Health Plan during your enrollment period, you will be enrolled in default retiree medical coverage. You will receive a Confirmation of Benefits (COB) showing your enrollment, and you will only be able to switch to another health plan at the next Open Enrollment or if you have a Qualified Life Event (QLE).

For details about Medicare or how to enroll, call the **Social Security Administration** at **1-800-772-1213**, or visit **ssa.gov**.

Retiree Medical Grant

When you retire, you may be eligible to receive a County of Orange Retiree Medical Grant to offset the cost of your County Retiree Health Plan and/or your Medicare Part B premiums (if applicable). However, the Grant is not a vested benefit and could be modified in the future.

To be eligible for a Retiree Medical Grant, you must:

- Separate from an eligible bargaining unit;
- Meet the minimum requirement for years of continuous service; and
- Receive a monthly retirement pension from OCERS.

Calculated Grant

Grant is based on:

- Your age at separation.
- Your years of eligible County service (up to 25 years).
- Your Medicare status.
- Base dollar amount (adjusted up or down annually, capped at 3%).

Frozen Grant

Grant is based on:

- Your Frozen Retiree Medical Grant amount.
- Your Medicare status.

Eligible for the County Couples Program?

If you are a retiree married to a County employee or a County retiree, you should consider enrolling in the Retiree Married to Employee (RME) or Retiree Married to Retiree (RMR) program. The RME program allows the retiree to enroll as a dependent under the employee's health coverage. In the RME program, the retiree's Grant is suspended but can be activated later. The RMR program allows the retirees to combine their Grants, if eligible, and enroll in a Retiree Health Plan, with one of you listed as a subscriber and the other as a dependent. Combining your Grants will mean less cost to the subscriber and their dependents. **Note:** If you are an RMR with Medicare and one of you is a domestic partner, combining your Grants may result in you being charged imputed income.

Tip!

Both you and your spouse must verify and establish the RME/RMR relationship.

If the system recognizes you as a married couple, you will see a message on the home page of **My OC Benefits™**. If you don't see the message and believe you qualify, please contact the **Benefits Service Center**. If you are in an AOCDS Health Plan and want to enroll as the subscriber, you need to call AOCDS/Benefits at **1-714-285-9900** to establish your relationship.

Retiree Married to Employee (RME)

You will be eligible for the RME program if:

- The County/AOCDS employee:
 - Is a regular or limited-term employee (not an Extra Help employee).
 - Has active health plan coverage.
- Both of you attest to your RME relationship during the enrollment period.

The employee is always the subscriber and may not be covered as a dependent under the Retiree Medical Plan coverage. The non-subscriber (the retiree) is always the dependent.

The employee will pay the normal biweekly premiums for dependent coverage.

If You Divorce

Divorce or legal separation is considered a QLE, and you both can change your coverage within 60 days of the divorce. Your new coverage will go into effect on the first of the month following the QLE, and the RME/RMR relationship will be dissolved.

Retiree Married to Retiree (RMR)*

You will be eligible for the RMR program if:

- Both you and your spouse/domestic partner are eligible for coverage under the County Retiree Medical Plan, including those covered under the AOCDS Retiree Health Plan.
- Both of you attest to your RMR relationship during the enrollment period.

One of you will be the subscriber and enroll in a Retiree Health Plan with the other as a dependent.

*Retirees in the RMR program and of Medicare age with a domestic partner may be subject to imputed income.

How to Enroll in Your Retiree Health Plan

Ready to enroll? Just follow the steps below. If you start to choose your benefits but need to cancel or interrupt, your elections will not be saved.

1. Go to **My OC Benefits™** at mybenefits.ocgov.com and log in.
 - a. If you are Medicare-eligible, first provide your Medicare information by clicking “Action Required – Update Your Medicare Information.”
 - b. Return to the home page and click the “Enroll in your retiree benefits” tile.
 - c. You will be directed to a welcome page — scroll to the bottom and click “Research and Enroll.”
 - d. Review your dependents and add any new ones on the “Your dependent information” page.
 - e. On the “Benefits Summary” page, you can click “View/Change” to update your elections.
 - f. Choose your plan and the dependents you want covered. Then you will be returned to the “Benefits Summary” page, where you can “Confirm” your elections and “Complete Enrollment.”
 - g. Finally, you will be taken to the completed enrollment page. Here you can print your confirmation.
2. If you are required to provide any documentation, make sure you do it before the deadline noted.

First-Time User on My OC Benefits™?

At the login page, select “New User?” Enter the last four digits of your Social Security Number (SSN) and your date of birth. Then follow the prompts to create your user ID, password and **Benefits Service Center PIN**.

If you have a net cost for the health plan(s) you elected after any eligible Grant has been applied, you will receive monthly invoices for the first 60 to 90 days after retirement before your net cost is deducted from your monthly pension. Continue to pay any invoices for your Retiree Health Plan coverage (if applicable) through the month in which your premiums are deducted from your pension. Your pension deductions for your health premiums will be automatic unless your pension is not sufficient. If you do not pay your direct billing invoice, you will lose coverage.

If you prefer to have someone help you enroll over the phone, you can. Just call the **Benefits Service Center** at **1-833-476-2347**, between 8 a.m. and 6 p.m. Pacific Time, Monday through Friday.

You’ll receive a Confirmation of Benefits (COB) by email if your email address is on file. If not, you can print your Confirmation from the completed enrollment page if you would like to have a record of your enrollment. If you enroll through the Benefits Service Center, you will be mailed a Confirmation of Benefits. Your new health plan will send you a new ID card, with the exception of Cigna.

The elections you make remain in effect for the rest of the year until the next Open Enrollment; however, you may be allowed to make changes during the year if you have certain Qualified Life Events.

After You Retire

- Your Retiree Medical Plan coverage will be effective on the first day of the month following your separation from County employment. If you choose to enroll in a Medicare Advantage plan, you will need to be approved by the Centers for Medicare & Medicaid Services (CMS). If you are not approved, you will be enrolled in the Wellwise Retiree PPO plan at a non-Medicare rate.

Permanent Disenrollment

If you are not interested in the County Retiree Medical Plan and wish to permanently disenroll, you must call the **Benefits Service Center** at **1-833-476-2347**. Once permanently disenrolled, you will be unable to enroll in a Retiree Health Plan at any time in the future. If you are Medicare-eligible, you can also discuss your Medicare premium reimbursement options. You must submit your Medicare card and Medicare premium statement prior to when disenrollment is effective or the day you call to disenroll, whichever is later, in order to qualify for Medicare Part B Reimbursement of any amount. If you wish to continue your Grant, remain in your coverage until the documentation is received. Otherwise, your Grant will end when coverage is ending, and you will not be able to get back into the Grant.

Temporary Opt-Out

When you retire, you will have the option to temporarily opt-out of County Retiree Health Plan coverage if you maintain continuous coverage in another qualified plan. If you successfully complete the Temporary Opt-Out election, you will have a one-time opportunity to opt-in to retiree coverage in the future. In order to temporarily opt-out of Retiree Health Plan coverage, contact the **Benefits Service Center** at **1-833-476-2347**. You must provide a signed Attestation of Temporary Opt Out from Retiree Health Insurance Plan and Medical Grant form (attestation form). The attestation form will be sent to you once you make your election. Go to your mybenefits.ocgov.com Message Center and you can download the attestation form. The signed attestation form must be returned within 30 calendar days from the date of your attestation notice. If you do not provide the signed attestation form within 30 days, you will be enrolled into a default Retiree Health Plan. You will not be provided another opportunity to exercise the temporary opt-out. Once enrolled in default health coverage, you will be direct billed for the first 60 to 90 days, and if payment is not received, you will be permanently disenrolled from the Retiree Medical Plan.

Topic	Who to contact	When they're available
Retiree Medical Program	Call the Benefits Service Center at 1-833-476-2347 .	Monday through Friday, 8 a.m. to 6 p.m. Pacific Time
Medicare	Call the Social Security Administration at 1-800-772-1213 , or visit ssa.gov .	Contact Social Security for current service hours.
OCERS	Call OCERS at 1-714-558-6200 , or visit ocers.org .	Monday through Thursday, 8 a.m. to 5 p.m. Pacific Time; Friday until 4:30 p.m. Pacific Time. Closed weekends and holidays.