

WHAT TO KNOW

About Your County of Orange Retiree Benefits for 2027

LOOK INSIDE

About Your "What to Know Guide" > 2
Thinking About Retiring? > 3
Checklist for Turning 65 > 4
Health Plan Options > 5
Retiree Grants > 11
Changing Elections > 13
How to Enroll > 15
Managing Your Benefits > 17
Contacts > 19
About This Guide > 20

My OC Benefits™

About Your "What to Know Guide"



Use this guide to learn more about your Retiree Health Plan benefits, the enrollment process and other information, including:

- What you need to know when you approach the age when you become Medicare-eligible: Medicare eligibility is not solely age-based. Generally, Medicare is for individuals aged 65 or older. You may be able to get Medicare earlier if you have a disability, end-stage renal disease (permanent kidney failure requiring dialysis or a transplant) or ALS (also called Lou Gehrig's disease).
- Retiree Health Plan options.
- How Medicare affects your plan choices.
- Retiree Grants/HRA, if eligible.
- What happens if some of your family members are Medicare-eligible and others are not ("Split Family").
- Guidance on what to do when you have a Qualified Life Event (QLE). For QLE examples, please see page 13 of the guide.
- Additional resources.

Thank You

If you've retired or are beginning to think about it, we want to thank you for your hard work over the years.

Planning for retirement is an important step, and we encourage you to take full advantage of the benefits and resources available to you.

Once again, thank you for your service to the County of Orange. We wish you all the best as you begin your next adventure.

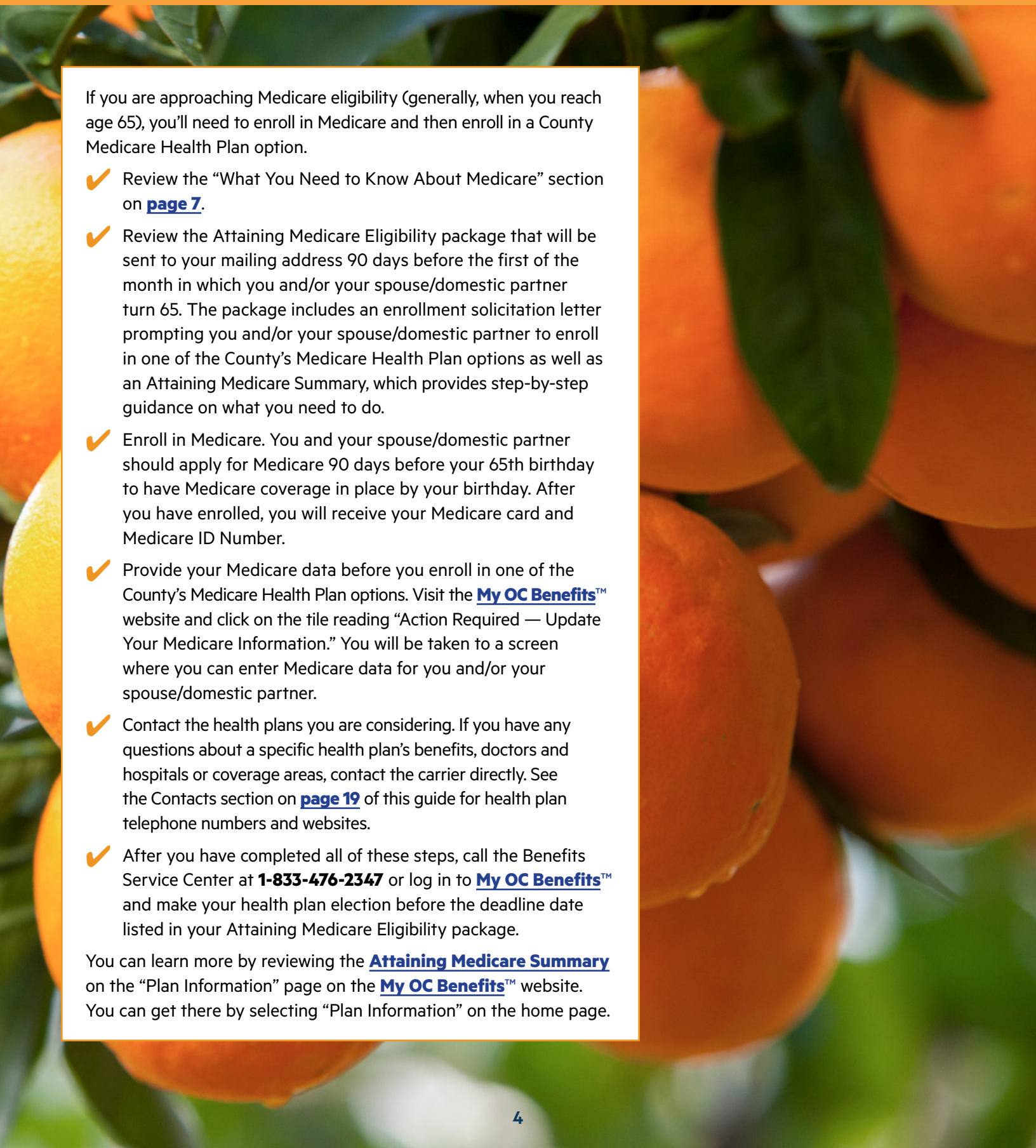
Are You Thinking About Retiring Soon?

Enrolling in a Retiree Health Plan option is just one part of the retirement process. If you are thinking about retiring, you may want to look at the **Intent to Retire Summary** and **Attaining Medicare Summary**.

When you are ready to retire, take the following steps:

- Attend an OCERS Retirement Seminar either in person or online. They are hosted twice a month and include presenters from the Social Security Administration, REAOC, OCERS, Empower and Employee Benefits. You can register at **ocers.org/retirement-seminars**.
- If you have a defined contribution account, schedule a Retirement Readiness Review with a local **Empower advisor** (**countyoforange.empowermytime.com**).
- If you're actively working and Medicare-eligible, complete your Social Security Verification of Employment form #CMS-L564 and contact Employee Benefits to fill out the employer portion of the form.
- Enroll in Medicare if you and/or your covered spouse/domestic partner are age 65 or older. Apply for Medicare 90 days before your intended retirement date to ensure that your Medicare coverage is in place by the time you retire.
- Contact **OCERS** (**ocers.org**) to submit your Intent to Retire application 60 days prior to when you plan to retire.
- Contact the health plans you are considering. If you have any questions about a specific health plan's benefits, doctors and hospitals or coverage areas, contact that plan directly. See the Contacts section on **page 19** of this guide for health plan telephone numbers and websites.
- Enroll in COBRA dental coverage, if you want to continue the dental coverage you currently have. Contact your dental coverage administrator or union to explore your options for COBRA coverage.
- Enroll in COBRA vision coverage, if you want to continue the vision coverage you currently have. Contact your vision coverage administrator or union to explore your options for COBRA coverage.
- Enroll in COBRA to continue your Health Care Flexible Spending Account (HCFSA), formerly known as the Health Care Reimbursement Account (HCRA), if you are currently enrolled in a HCFSA and will have balances in your account when you retire that you will use after you separate.
- Learn about Temp Opt-Out and Permanent Disenrollment on **page 14**.
- Convert or continue your life insurance coverage. You may be eligible to continue to carry certain life insurance benefits with you under an individual policy once your employment ends. Portability of insurance allows eligible insured employees to continue their coverage after leaving the County. If you have life insurance through your labor organization, contact that organization to convert or continue your coverage. If you have life insurance through the County, contact Employee Benefits at **1-714-834-6282** within 31 days after your retirement date.
- If you have a cost for the health plan(s) you chose, you will receive monthly invoices for the first 60 to 90 days after retirement. After that, the cost to you will be 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. If you do not pay your direct billing invoice, you will lose coverage. Your pension deductions for your health premiums will be automatic unless your pension is not sufficient to cover them.
- Ensure your contact information is up to date on the **My OC Benefits**™ website, so you receive all of the communications related to your Intent to Retire event.
  - — You can review and update your contact information by clicking on the profile icon in the top right and selecting "Personal Information" under "My Profile."

Checklist for Turning Age 65



If you are approaching Medicare eligibility (generally, when you reach age 65), you'll need to enroll in Medicare and then enroll in a County Medicare Health Plan option.

- ✔ Review the "What You Need to Know About Medicare" section on **page 7**.
- ✔ Review the Attaining Medicare Eligibility package that will be sent to your mailing address 90 days before the first of the month in which you and/or your spouse/domestic partner turn 65. The package includes an enrollment solicitation letter prompting you and/or your spouse/domestic partner to enroll in one of the County's Medicare Health Plan options as well as an Attaining Medicare Summary, which provides step-by-step guidance on what you need to do.
- ✔ Enroll in Medicare. You and your spouse/domestic partner should apply for Medicare 90 days before your 65th birthday to have Medicare coverage in place by your birthday. After you have enrolled, you will receive your Medicare card and Medicare ID Number.
- ✔ Provide your Medicare data before you enroll in one of the County's Medicare Health Plan options. Visit the **My OC Benefits**™ website and click on the tile reading "Action Required — Update Your Medicare Information." You will be taken to a screen where you can enter Medicare data for you and/or your spouse/domestic partner.
- ✔ Contact the health plans you are considering. If you have any questions about a specific health plan's benefits, doctors and hospitals or coverage areas, contact the carrier directly. See the Contacts section on **page 19** of this guide for health plan telephone numbers and websites.
- ✔ After you have completed all of these steps, call the Benefits Service Center at **1-833-476-2347** or log in to **My OC Benefits**™ and make your health plan election before the deadline date listed in your Attaining Medicare Eligibility package.

You can learn more by reviewing the **Attaining Medicare Summary** on the "Plan Information" page on the **My OC Benefits**™ website. You can get there by selecting "Plan Information" on the home page.

Health Plan Options

Who's Eligible for Retiree Health Plan Coverage?

Retired individuals or their eligible survivors who receive a monthly OCERS pension are eligible for the County of Orange Retiree Health Plan. The following dependents are also eligible:

- 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 aged 26 or older who are dependent on you for support and were incapacitated before their 26th birthday.

Your Retiree Health Plan Options

Your Retiree Health Plan options are briefly detailed below, but you can get more plan details from the Retiree Medicare One Page Benefit Summaries and the Non-Medicare Summaries of Benefits and Coverage (SBCs) located on the "Plan Information" page on the **My OC Benefits**™ website.

Retiree Health Plan options include Health Maintenance Organizations (HMOs) and Preferred Provider Organizations (PPOs). Your options vary depending on your Medicare eligibility and where you live. The County also offers Medicare Advantage plans.

Retiree Health Plan Non-Medicare Options Include

HMO Plans			PPO Plans	
Cigna Choice Retiree HMO Plan	Cigna Select Retiree HMO Plan	Kaiser Retiree HMO Plan	Sharewell Retiree PPO Plan	Wellwise Retiree PPO Plan

Retiree Health Plan Medicare Options Include

PPO Plans	Medicare Advantage Plans		
	HMO		PPO
Wellwise Retiree Medicare PPO Plan	Kaiser Senior Advantage HMO Plan	SCAN Retiree Medicare HMO Plan	Humana Retiree Medicare PPO Plan

The Sharewell Medicare Plan will no longer be available as an option for participants and dependents who are enrolled in Medicare Part B in 2027. Retirees and dependents who are enrolled in Medicare Part B and do not make an active election will default to Wellwise Retiree Medicare PPO Plan in 2027.

Reminder — if enrolled in the Sharewell Retiree PPO Plan, you will also need to enroll in a separate Medicare Part D plan because Sharewell prescription drug is not considered creditable coverage. See **page 8** for more information about Medicare Part D.

HMO vs. PPO: What's the Difference?

Picking a health plan can feel overwhelming, especially if the terms are new. Here's a simple explanation of the two most common types of plans: HMO and PPO.

What's an HMO?

An HMO (Health Maintenance Organization) is the "easy button" of health plans. You choose one main doctor — your primary care doctor — and that doctor becomes your go-to for most health needs.

When you need a specialist (like a dermatologist or cardiologist), your main doctor sends you to one with a referral.

At the time of care, you'll normally pay lower, more predictable costs, because you stay within the HMO's network of doctors and clinics and pay a low copay at the time of your visit.

An HMO is great if you like having one doctor who helps guide your care and you're comfortable staying inside a set group of providers.

What's a PPO?

A PPO (Preferred Provider Organization) is the "freedom and flexibility" plan.

- You can see any specialist directly — no referral needed.
- You can even go outside the plan's network, though it usually costs more.
- You have more control over where you go and who you see.

A PPO is ideal if you want flexibility with more choices, faster access to specialists, and don't mind paying more at the time of service for that flexibility.

Weighing Your Options

It often comes down to how you want your care to be managed and how much flexibility you need. HMO plans typically have predictable costs, but they require you to work through a primary care doctor and stay in-network for non-emergency care. With PPO plans, costs may vary, but they 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.

PLAN TYPE	PROS	CONS
HMO	• Predictable costs • Coordinated care • Simple process	• Need referrals • Limited network
PPO	• Greater flexibility • No referrals needed • Bigger provider network	• Less predictable costs at time of care • More responsibility for managing your care



What You Need to Know About Medicare

The Centers for Medicare & Medicaid Services (CMS) publishes "Medicare & You," a handbook that provides general information about Medicare. You can view or download this publication at **medicare.gov**. For information, contact CMS at **1-800-633-4227**. TTY users can call **1-877-486-2048**.

You're generally eligible to enroll in Medicare at age 65. Medicare coverage has three parts:

- Part A provides hospitalization coverage.
- Part B covers physician's office visits and most outpatient services.
- Part D is a voluntary prescription drug program.

Enrolling in Medicare

Call the Social Security Administration (SSA) at **1-800-772-1213** or visit **ssa.gov** for more details on enrolling in Medicare.

If You Enroll in Medicare Part B Only

Different plan options and premiums may apply if you don't qualify for no-cost Medicare Part A and you or your dependents elect to be covered by Medicare Part B only. Your enrollment options include the Kaiser Senior Advantage HMO, the Wellwise Retiree Medicare PPO and the Humana Retiree Medicare PPO plan.

Important Information About Medicare Part B Premiums

Each fall CMS announces the standard monthly Medicare Part B premium for the following year. The monthly Medicare Part B premium must be paid to the Social Security Administration (SSA) to remain enrolled in Part B. The SSA bases your Part B premium on your modified adjusted gross income.* The Social Security Administration determines a standard Part B premium amount; however, if your income exceeds established thresholds, the SSA adjusts the standard Medicare Part B premium by an income-related monthly adjustment amount (IRMAA). If you receive Social Security benefits, the Part B premium will be deducted from your benefits; otherwise, the SSA will bill you quarterly.

If you are receiving Medicare reimbursement, you may be asked to provide a Medicare premium statement for the new plan year. Make sure you upload a copy of your statement to reflect the 2027 Medicare Part B premium amount to the **My OC Benefits**™ website by January 15 of the new plan year to get reimbursed for your premiums. You can also fax your documentation to **1-224-607-3465** or mail it to County of Orange Service Center, Dept. 16725, PO Box 64116, The Woodlands, TX 77387-4116. For more information on the documentation submissions and reimbursements, contact the Benefits Service Center at **1-833-476-2347**.

*For Social Security purposes, modified adjusted gross income (MAGI) is the sum of the individual's adjusted gross income (AGI) and tax-exempt interest income.

Tip!

If your doctor no longer accepts your health plan, you will not be able to make a change to your medical plan until the next Open Enrollment or you experience a QLE.

IMPORTANT: The County of Orange requires you to enroll in Medicare Part A only if you are eligible for Medicare Part A at no cost. You may qualify for Part A at no cost through your own work history, or through the work history of a spouse who became eligible prior to turning age 65. (Eligibility may be determined through a current, former or deceased spouse.) If you are not eligible for Medicare Part A at no cost, you can decide to enroll in Medicare Part A and pay your applicable cost for both Medicare Parts A and B. To apply for your Medicare benefits, please contact the Social Security Administration.

If Receiving Medicare Reimbursement

If you are asked to provide an updated Medicare premium statement and you upload your statement after January 15 of the new plan year, the effective date of the increased Medicare Part B reimbursement will be the first of the month following the date you upload it.

IMPORTANT: If you're eligible for Medicare and you do not enroll as required and/or maintain your Medicare Part B payments as required, you'll default to the Sharewell Retiree PPO health plan, **you'll be required to pay the non-Medicare health plan premiums, and your Retiree Medical Grant (if eligible) will be suspended**. Once your Medicare is in order, contact the Benefits Service Center to request enrollment into your preferred Medicare Advantage plan. Following review and approval of your request, any changes to your plan, grant, and health plan premium will become effective on the first of the following month.

Important Information About Medicare Part D

Medicare Part D is a voluntary federal outpatient prescription drug benefit available to everyone with Medicare. The Medicare Part D premium is paid to your health carrier as part of the County of Orange health premium. As with Medicare Part B, if your income exceeds established thresholds, the SSA will assess an additional income-related monthly adjustment amount (IRMAA) that must be paid to the SSA. Payment of this amount is mandatory to protect your Medicare enrollment and eligibility to remain enrolled in a County of Orange Medicare health plan. The additional premium will be deducted from your Social Security benefits (if you are receiving them). Otherwise, you will be billed quarterly by the SSA. If you have questions regarding your Medicare premiums, please contact the SSA.

NOTE: If you and/or an eligible covered dependent are enrolling in a County-sponsored Retiree Medicare plan, do not enroll in a separate Part D plan.

About Medicare Advantage Plans

Many health plans offered to Medicare-eligible retirees are Medicare Advantage plans. You must be enrolled in Medicare Parts A and B to be eligible to enroll in most Medicare Advantage Plans. The Kaiser Senior Advantage HMO plan and Humana Retiree Medicare PPO plan also accept those enrolled in Medicare Part B only. Medicare Advantage plans require you to assign your Medicare benefits to that health plan.

When you assign your benefits to a plan, the doctors and other health care providers agree to accept the amount paid by your health plan as payment (you pay the copayment and deductible). Remember, you're required to use the health plan doctors and facilities in the plan's provider network.

If you elect a Medicare Advantage plan, you'll need to be approved by the CMS, which administers the Medicare program. The CMS will also determine your benefits start date. You may be auto-enrolled in the Sharewell Retiree PPO plan if you're denied by the CMS or if the CMS determines an effective date later than your benefits start date.



Note! Split Family — Separating Medicare and Non-Medicare Plans

The County of Orange offers a Split Family plan design. With the Split Family plan design, you or your eligible dependents enrolled in Medicare Part B elect one retiree Medicare health plan, and you elect a different retiree health plan for those who are not yet eligible for Medicare or who are Medicare-eligible but not enrolled in Part B. This will allow you to elect separate options for Medicare versus non-Medicare coverage (for example, selecting Humana for Medicare and Cigna for non-Medicare).

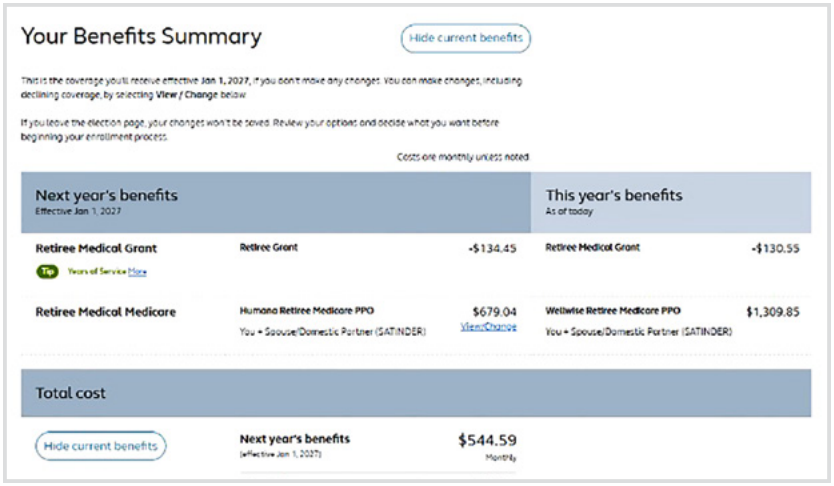
Note: Only one non-Medicare plan and one Medicare plan can be chosen per Split Family.

If the CMS doesn't approve the Medicare-eligible participant's enrollment in a Medicare Advantage plan, your elections won't be valid. You'll receive a Confirmation of Benefits reflecting your new automatic benefits coverage with your new premium and effective date.

In a Split Family arrangement, if there is a CMS denial, all family members will be defaulted to the Sharewell Retiree PPO at the non-Medicare rate, and your Retiree Medical Grant (if eligible) will be suspended.

Keep in Mind

When you enroll in Split Family coverage, the costs for each plan — based on the covered family members — are added together to reflect your total monthly cost of coverage. Note that all family members who are enrolled in Medicare Part B must be enrolled in the same Medicare plan. Similarly, all non-Medicare family members and those family members who are Medicare-eligible but not enrolled in Part B must enroll in the same non-Medicare plan. For example, if you and your spouse have Medicare Part B, you would enroll in the same plan as "You + Spouse." If you have two dependent children, they would be enrolled in the same non-Medicare plan together — they cannot be in different plans.



What Does "Split Family" Mean for Me?

Let's say you're 65 and enrolled in Medicare Part B, but your spouse is 63 and not yet eligible for Medicare. Under Split Family enrollment, you'll enroll yourself in a Retiree Medicare plan, but enroll your spouse in any of the non-Medicare health plans (the same plans that are offered to active employees, including the two Cigna plans) until they become Medicare-eligible. This approach also applies to dependents who are not yet qualified for Medicare.

Or, if your spouse is enrolled in Medicare Part B, but you and your dependents are not, you will enroll yourself and your dependents in the same non-Medicare plan and enroll the spouse who is enrolled in Medicare Part B in a Retiree Medicare health plan.



County Couples Program

Are you married to a County employee or a retiree? Consider enrolling in the County Couples Program.

If your spouse/domestic partner is a County employee, you'll be eligible for the Retiree Married to Employee (RME) Program if your spouse/domestic partner is a County employee, and if:

- Your employee spouse/domestic partner is a regular, full-time or limited-term employee (not an Extra Help employee) and has active County/AOCDS health plan coverage.
- You haven't temporarily or permanently opted-out of County retiree health coverage, and your spouse/domestic partner hasn't waived health coverage.
- Both of you attest to the RME Program requirements during initial enrollment.
- Your spouse/domestic partner, as the employee, is always the subscriber and may not be covered as a dependent under your Retiree Health Plan coverage. The non-subscriber (you as the retiree) is always the dependent. The employee will pay the normal biweekly premiums.

What's a Subscriber?

"Subscriber" refers to the primary insured person in an employee or retiree health plan. All others are enrolled as dependents (non-subscribers). The subscriber enrolls in health coverage for the family.

You'll be eligible for the Retiree Married to Retiree (RMR) Program if your spouse/domestic partner is a County retiree and if:

- Both you and your spouse/domestic partner are eligible for and haven't opted-out of coverage under the County Retiree Health Plan, including coverage under an AOCDS Retiree Health Plan.
- Both of you attest to the RMR Program requirements during the enrollment period.
- If both you and your spouse/domestic partner are eligible for a grant, the two amounts will be combined under the subscriber.

You can learn more about the County Couples Program on the **My OC Benefits**™ website "Plan Information" page.

Provide Documentation for New Dependents

If you add new dependents, upload dependent verification documents, such as a birth or marriage certificate, through the **My OC Benefits**™ website by visiting your message center, clicking on the dependent verification link, and uploading your documents there. Please complete this by the deadline provided on the dependent verification notice that is sent to you. Otherwise, your dependents' coverage won't be active.



Retiree Grants

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

Calculated Grant

Before you reach age 65

If you retired on or before June 15, 2023, including deferred retirees who activated retirement on or before June 15, 2023, and were deemed Grant-eligible, you would continue the Retiree Medical Grant calculation in effect at the time of your retirement.

The Calculated 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 percent).

Frozen Grant

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.

The Frozen Grant is based on:

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

You can confirm if you have elected to retain the Frozen Retiree Medical Grant and find the Grant amount by visiting the **My OC Benefits**™ website.

Age-Related Grant Changes

When you reach age 65, there will be changes to your Retiree Medical Grant, both Calculated and Frozen, if you're eligible. These changes include:

- Your Grant amount will be reduced by 50 percent when you become eligible for Medicare Parts A and B. If you pay for Part A, call the Benefits Service Center. Your Grant won't be reduced if you show proof that you are not able to receive Medicare Part A for free.
- If any funds remain after your Grant is applied to your Retiree Health Plan premiums, it can be applied to reimburse you for your Medicare premiums.
- You'll need to complete Medicare Self-Service online or with the Benefits Service Center by the deadline on your solicitation notice in order to see all of the Medicare-related health plans and your Grant, if eligible.
- For questions about eligibility for the Grant or the HRA, please refer to your Memorandum of Understanding (MOU).

Medicare Reimbursement

- You'll need to provide Medicare Premium Statements for you and/or your spouse if you wish to be reimbursed for your Medicare premiums.
- If you or your spouse/domestic partner becomes ineligible for Medicare Part B reimbursement at the rate provided by the County, notify the Benefits Service Center at **1-833-476-2347** within 30 days from the date of ineligibility.

Retiree Medical Lump Sum

If you were hired before October 12, 2007, and you separated from County service on or before June 15, 2023, depending on your Bargaining Unit, you may have been eligible for the Retiree Medical Lump Sum (RMLS). If you were eligible for the RMLS, upon separation, you would have been mailed a letter explaining how to request the RMLS cash-out. If you received this letter and have not yet followed the instructions to request your RMLS cash-out, you can call the Benefits Service Center at **1-833-476-2347** to do so now. Once the RMLS cash-out is requested, you will receive a confirmation letter.



Health Reimbursement Arrangement (HRA)

Do you have a Health Reimbursement Arrangement (HRA) account? During 2023, you may have chosen to receive the value of your Frozen Retiree Medical Grant as a HRA rollover and/or you have begun receiving biweekly contributions as an active employee. As a reminder, once you have separated from employment, for any reason, you can use the HRA to be reimbursed for things like monthly post-tax health plan premiums, doctor visits, prescriptions, eyeglasses and certain over-the-counter items. For more information about the County's HRA program, including a list of qualified medical expenses, investment options or a plan overview, go to **countyoforange.healthinvesthra.com**. For questions about the HRA, contact the Gallagher HealthInvest HRA's customer care team listed in the "Additional Resources" section of the "Contacts" tab in this guide.

Survivor Benefits

If you're a survivor of a deceased employee or retiree, you may be eligible for coverage under a County Retiree Health Plan option and for a Retiree Medical Plan Survivor Grant. You'll receive 50 percent of the deceased retiree's Grant, if any. If your deceased spouse/domestic partner's Grant wasn't reduced by 50 percent when they turned 65, your Survivor Grant will be reduced by 50 percent when you turn 65. Contact the Benefits Service Center for more information.

When you start the Retiree Health Plan benefits as a survivor, you'll be enrolled in the retiree health coverage you previously had. Call the Benefits Service Center if you want to keep COBRA or change your retiree health plan. You can learn more about County HMO and PPO plans by visiting the **My OC Benefits**™ website, selecting "Plan Information" on the home page, and selecting "Current year's Retiree Health Plan Information."

Note: There may be a delay in notifying survivors of coverage eligibility under a County Retiree Health Plan option and for a Retiree Medical Plan Survivor Grant.

If this happens, you have the option to enroll in COBRA to cover the gap. If the deceased employee or retiree had a HRA account, the surviving spouse/domestic partner and any eligible dependents can continue to use any funds remaining in the HRA account. Please contact Gallagher HealthInvest HRA for more information.

Changing Elections

Retirees are able to remove dependents and permanently disenroll from County coverage at any time during the year by calling the Benefits Service Center.

Additionally, you have **four** opportunities to make or change benefit elections:

1) When you first become eligible upon retirement,
2) When you and/or your dependents become eligible for Medicare,
3) During Open Enrollment, or
4) If you have a Qualified Life Event (QLE).

   A QLE doesn't usually allow you to change health plans, but you may be eligible to add and/or remove dependent coverage. The Internal Revenue Service (IRS) determines QLE rules.

If You Have a QLE

You'll need to report your QLE within 30 calendar days after the event occurs. You can report your QLE by calling the Benefits Service Center at **1-833-476-2347** or using the web chat.

If you don't report your QLE within 30 calendar days, new dependents won't be eligible for coverage until the next Open Enrollment period or until you experience another QLE. Ineligible dependents need to be removed within 30 calendar days or you may be responsible for the cost of their premiums or services. Changes made due to divorce become effective the first of the month following the event. You must report a marriage, adoption or placement for adoption, or death within 60 days of the event or past premiums will not be refunded.

If you took the Temporary Opt-Out after January 1, 2022, or you retired under the County's Voluntary Incentive Program and chose Option 1 or 4a, and, as a result of eligibility for Medicare or a QLE, wish to use your One-time Opt-In, contact the Benefits Service Center within 30 calendar days of the event.

If You Move

Make sure you change your address under "My Profile" on the **My OC Benefits**™ website. Select "Personal Information" to update your address. You can also report your new address by calling the Benefits Service Center.

If you move outside of California, the only health plan options available to you are PPO plans. If you move and you are no longer eligible for your current health plan option, we'll send you a Confirmation of Benefits statement to inform you of the new health plan you will be enrolled in. You can make changes within 30 days of the date listed on the Confirmation of Benefits statement, and the plan will become effective on the first of the month following your address change.



If You Divorce

You and your ex-spouse 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.

If You Plan to Retire and Want to Temporarily Opt-Out of Retiree Health Coverage

If you are in your initial retirement window, call the Benefits Service Center at **1-833-476-2347** to opt-out of coverage. You will need to submit a signed attestation form, which will be sent to you once you complete your election. You can also download the form from your **mybenefits.ocgov.com** Message Center. If you don't return the signed attestation within 30 days, you'll be enrolled into a default Retiree Health Plan. You'll be direct billed for the first 60 to 90 days. If payment isn't received, you'll be permanently disenrolled.

If You Temporarily Opted-Out

If you retired on or after January 1, 2022, and chose to temporarily opt-out of coverage, or you retired under the County's Voluntary Incentive Program and chose Option 1 or 4a, you have a one-time opportunity to opt back in and receive your Retiree Medical Grant (if eligible) during Open Enrollment or if you experience a QLE, including starting Medicare. You'll receive a notification prior to Open Enrollment reminding you of your one-time opportunity to opt back in to coverage. If you experience a QLE or become eligible for Medicare, contact the Benefits Service Center within 30 calendar days to report it if you want to opt back in.



If You Want to Use Your One-time Opt-In

You'll need to attest that you had continuous coverage during the Temporary Opt-Out period from the Retiree Medical Insurance Plan and the Medical Grant. Proof of coverage is required. Documents must be dated within 30 days of the start of Open Enrollment or the effective date of returning to coverage. If you're opting-in and are already Medicare-eligible, make sure your Medicare is in order. You won't be able to make elections without your Medicare data.

If You Permanently Disenroll and Have a Grant

If you're currently enrolled and decide to permanently disenroll, you'll be unable to enroll in a County Retiree Health Plan in the future and will lose the ability to pay for a Retiree Health Plan with your Grant. If you're Medicare-eligible and decide to permanently disenroll, you can use your Retiree Medical Grant (if eligible) to reimburse the Medicare Part B premiums for you and your spouse/domestic partner. Contact the Benefits Service Center if you decide to permanently disenroll. You will have until the end of the month prior to when the disenrollment will be effective to provide your Medicare ID card and a copy of your current Medicare Part B premium statement. If provided, you will still be eligible for only the Retiree Grant for Medicare reimbursement. If you do not provide proof of Medicare Part B premium, you willl no longer be eligible for the Retiree Grant.

When Coverage Ends

If your dependent becomes ineligible for coverage, it will end on the last day of the month in which they lost eligibility. If you are billed for coverage and don't make a payment, it will end retroactive to the date through which your coverage was paid. You'll receive information about converting group health coverage under COBRA or individual policies, unless your coverage ends because you disenrolled or didn't make payments.

Annual Open Enrollment — How to Enroll

Each fall during Open Enrollment you can make changes to your coverage that go into effect the following January 1. You don't have to enroll each year. If your benefits are working for you, you don't need to do anything, unless you receive notification from the County asking otherwise — but you may still want to review your coverage for any cost changes.

- Decide if you want to change your health plan:
  - Put together a list of your doctor visits and prescriptions. You may want to review your drug formularies or call your insurance company to make sure that your prescriptions are covered if you are considering a change to your plan.
  - As you narrow down your choices, you can visit the carrier sites to get a better understanding of their coverage, including in-network doctors and hospitals. On the **My OC Benefits**™ website, select "Plan Information" and select "General Retiree Benefits Information." Look for the 2027 Health Plan Comparison Chart and Summaries of Benefits and Coverage (SBCs) to learn more.
- If you had a QLE but missed the deadline for adding a new dependent, you've got a second chance during Open Enrollment. If you add a new dependent during Open Enrollment, you will receive a notice from the Dependent Verification Services to verify your dependent. Submit all required documentation by the deadline noted to avoid the dependent being removed from your coverage.
- If you are receiving Medicare reimbursement, you may receive a solicitation from the Benefits Service Center to provide a copy of your upcoming plan year Medicare premium statement by January 15, 2027.

If you took the Temporary Opt-Out after January 1, 2022, or retired under VIP Option 1 or 4a, and wish to use your One-time Opt-In during the Open Enrollment window, you can enroll online on the **My OC Benefits**™ website at **mybenefits.ocgov.com** or you can contact the Benefits Service Center and speak to a representative.

Remember, your enrollment choices will be active from January 1 to December 31 of the following year. You can make changes to your selections throughout Open Enrollment, but once they're confirmed and Open Enrollment ends, your decisions will be locked. You can only make changes if you and/or your spouse/domestic partner attain Medicare, experience a QLE, choose to permanently disenroll, or you choose to drop your dependent(s) from the County's Retiree Health Plan.



How to Enroll *(continued)*

Enrolling on the My OC Benefits™ Website

Enrolling on **My OC Benefits**™ is easy. Remember, once you begin to make your selections, you must complete your enrollment and select "Confirm" in order for your choices to be saved. If you start to make selections but don't finish, your selections will not be saved, and you will have to start the process over.

To get started, go to the **My OC Benefits**™ website at **mybenefits.ocgov.com** and log in or create an account.

To start enrollment:

1. Once you're logged in to your account, click "Enroll Now" to begin the enrollment process.
2. On the next page, under "Review your retiree health options and make your choices," click "Research and Enroll."
3. You will then go to a screen called "Your dependent information." Here you will be able to add any new dependents. If you add a Medicare-eligible dependent, you will need to provide their Medicare data before continuing with your enrollment. Click "Continue" to go to the next page.
4. You will be taken to the "Benefits Summary" page. Here you can click "Review/Change" to update your elections.
5. 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.
6. Once you click "Confirm," you will have the option to save your choices by selecting "Continue." Finally, you will be taken to the completed enrollment page. Here you can print your confirmation for your records.
7. Take the time to review your Summary of Benefits for accuracy.

You will have a correction period after Open Enrollment closes to report any errors or make changes to the benefits you selected.

Important! Check the Message Center for information on follow-up items you may need to complete. You may also get this information mailed to you.

Enrolling Through the Benefits Service Center

Need more support for your enrollment? Call the Benefits Service Center at **1-833-476-2347** between 8 a.m. and 8 p.m. Pacific Time, Monday through Friday, during Open Enrollment. If you enroll through the Benefits Service Center, we'll send a Confirmation of Benefits based on your elected preferred communication method. Have your PIN available when you call. Don't have a PIN — please see **page 18** for more information.

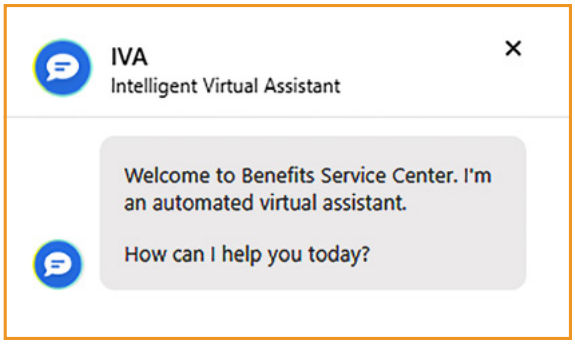


Managing Your Benefits

The **My OC Benefits**™ website and the Benefits Service Center team are here to help you manage your benefits. To access **My OC Benefits**™, you can log in securely at **mybenefits.ocgov.com** from anywhere you have Internet service. You can also use the Alight Mobile 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.

Benefits Service Center

If you have questions about your County benefits, you can reach out to the experts in the Benefits Service Center in one of three ways:



- On the **My OC Benefits**™ website, you can interact with the intelligent virtual assistant (IVA). Look for the blue "Need Help?" button at the lower right of every page. Click the button and the IVA will search a library of frequently asked questions to help you.
- Choose "Contact Us" from the links at the bottom of any page on the **My OC Benefits**™ website, then "General Information" to start a live chat with a Benefits Service Center representative.
- Still need help? Call the Benefits Service Center at **1-833-476-2347** between 8 a.m. and 6 p.m. Pacific Time, Monday through Friday, and you can speak to a representative. Make sure you have the PIN you created when you set up your account. Also, if you have not added a mobile number to your account, please do so in order to help streamline your login if you ever forget your PIN.

To access specific account information, your benefits account must be fully secured with either a PIN or One-time Code when you call the County of Orange Benefits Service Center. If you have a PIN:

- You will be able to enter it via phone and connect with a County of Orange Benefits Service Center representative directly.
- When your account is set up, you'll receive a temporary PIN by mail. Call the automated system and enter your temporary PIN. You'll then be asked to create a permanent PIN. Once your new PIN is created, you'll be connected to the Benefits Service Center.
- You also can select the One-time Code (OTC) option as well, which will send an OTC to your mobile phone if you have one listed with the County of Orange Benefits Service Center. It's important that you provide your mobile phone number to the Benefits Service Center.

If you have a One-time Code or password to access your benefits online at **mybenefits.ocgov.com**:

- If you have a valid password, you will be able to log in to the **mybenefits.ocgov.com** website as usual.
- If you don't have a valid password for the website, you can select "Forgot Password" and follow the steps to reset your password.
- You also can select the OTC option, which will send an OTC to your mobile phone if you have one listed with the County of Orange Benefits Service Center.

Plan Ahead Now

Do not wait until the last minute of your enrollment deadline to access your account. If you cannot get into your account for some reason, PIN/password resets can only be provided to you via postal mail. To reset your PIN/password, see below.

Make sure you know your PIN for the phone system:

Call the Benefits Service Center at 1-833-476-2347:

- **If you have a PIN on hand:** Use it to authenticate through the system.
- **If you need to create a PIN:** When your account is set up, you'll receive a temporary PIN by mail. Call the automated system and enter your temporary PIN. You'll then be asked to create a permanent PIN. Once your new PIN is created, you'll be connected to the Benefits Service Center.

Important note!

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

Make sure you know your password for your online account:

Go to My OC Benefits™ and log in using your user ID and password on the login page:

- **First-time users:** Select the "Don't have User ID" link and follow the prompts to set up your credentials.
- **Current users:** If you do not remember your login credentials, use the "Forgot User ID or Password?" option to reset your information.

While online, review your contact information and communication preference:

- From your home page, go to the upper right corner and click the user profile icon.
- Select "Personal Information." If corrections are needed, please contact your agency's Human Resource Services for assistance.



Benefits on the Go

It's easy to manage your benefits from your mobile device. Just download the Alight Mobile app once you've registered on the My OC Benefits™ website. To download the app, go to your favorite app store, search for "Alight Mobile," and select "download." Once it's downloaded, enter "County of Orange" on the search line. Sign in with your username and password. You'll receive a one-time verification code on your mobile phone. Enter it, and you're ready to go!

Contacts

For Questions About...	Click or Call...
Benefits and Enrolling, COBRA and Direct Billing	
My OC Benefits™	mybenefits.ocgov.com
Benefits Service Center	1-833-476-2347
Medicare Documentation	mybenefits.ocgov.com **Fax:** 1-224-607-3465 **Mail:** County of Orange Service Center, Dept. 16725, PO Box 64116, The Woodlands, TX 77387-4116
Dependent Verification	mybenefits.ocgov.com Select the link in your Message Center **Fax:** 1-877-965-9555 **Mail:** PO Box 7114, Rantoul, IL 61866-7114
COBRA	mybenefits.ocgov.com 1-833-476-2347
Health Plans	
American Specialty Health Plans (Kaiser, Cigna and SCAN chiropractic care)	ashcompanies.com 1-800-678-9133
Cigna Retiree HMO (Select and Choice) (Non-Medicare Only Plan)	cigna.com/countyoforange 1-800-244-6224
Humana Retiree Medicare PPO Health Plan	your.humana.com/countyoforange 1-866-396-8810
Kaiser HMO Health Plans (Medicare and Non-Medicare Plans)	my.kp.org/oc 1-800-464-4000 Kaiser Senior Advantage: 1-800-443-0815
Optum Rx (Pharmacy claims administrator and benefits manager for the Wellwise and Sharewell Retiree PPO plans)	optumrx.com **Wellwise Non-Medicare and Sharewell Non-Medicare:** 1-800-573-3583 **Wellwise with Medicare:** 1-800-908-9097
SCAN Retiree Medicare HMO Health Plan (Medicare-Eligible Only Plan)	scanhealthplan.com/countyoforange 1-800-559-3500
Wellwise Retiree and Sharewell Retiree PPO Health Plans – Blue Shield of California Plan Administrators (Medical claims administrator and provider network)	blueshieldca.com/oc 1-888-235-1767
Additional Resources	
Employee Benefits Website (General information only; visit **My OC Benefits™** for most up-to-date information)	hrs.oc.gov/retiree.benefits
Retirement Pension Orange County Employee Retirement System (OCERS)	ocers.org 1-714-558-6200 1-888-570-6277
Supplemental Retiree Benefits Retired Employees Association of Orange County (REAOC)	reaoc.org 1-714-840-3995
Medicare Coverage Social Security Administration	ssa.gov 1-800-772-1213
Health Reimbursement Arrangement Gallagher HealthInvest HRA	countyoforange.healthinvesthra.com 1-833-382-2617
Defined Contribution Plans Empower Retirement	countyoforangedcplan.com 1-866-457-2254

About This Guide

This Guide is only an overview of the benefit plans available to you. The plan documents and insurance policies for each plan provide the detailed, legal information about your coverage. If there is any difference between this Guide and the plan documents or insurance policies, the plan documents and insurance policies will govern.

Alight's Commitment to Protecting Personal Information

Alight Solutions has implemented various technical, administrative and organizational security measures to protect the confidentiality of the personal information we process. We have policies, procedures and controls to reduce the risk of unauthorized or accidental use, disclosure or destruction of your personal information, and we train our employees on data security.

If you are a California resident, California law provides you with certain rights. If you are a retiree of the County of Orange receiving services from Alight, Alight receives your information solely for the purposes of completing a business purpose of our clients and does not use or disclose your information except as necessary to accomplish the business purpose for which we received your information. Sometimes the County of Orange may possess some of your information and we may redirect a query to the County of Orange to gain this information. The information will only be used for completing our business purposes.

California Civil Code Section 1798.83 permits you to opt-out of the disclosure of your personal information by Alight to third parties for the third parties' direct marketing purposes. We do not disclose your personal information to third parties for the third parties' direct marketing purposes. If this policy were to change, we would inform you in writing, so you can opt-out of such disclosures by sending us an email to **privacy.info@alight.com** or writing us at Alight Solutions, ATTN: Chief Privacy Officer, Legal Department, 320 South Canal Street, 50th Floor, Suite 5000, Chicago, Illinois 60606.

If you have any questions about security on our website, you can contact us at **privacy.info@alight.com**.