



My OC Benefits™

NEW RETIREE ORIENTATION

HRS | EMPLOYEE BENEFITS



Here to guide you along the way

AGENDA

○○○
1. Benefits Overview
2. Retiree Medical Plan
3. Eligibility Requirements
4. Medical Grant & HRA
5. Retirees & Medicare

○○○
6. Health Plan Options
7. Enrollment Process
8. Considerations
9. Additional Resources
10. Q&A Session

Peace Officers

**Hired on/after 10/12/07
participate in County's
HRA program**



+ HRA Info

Contact AOCDS
Benefits

714-285-9900

Grant Eligibility

Contact Employee
Benefits

714-834-6282

County of Orange Retiree Medical Plan

- Benefits are subject to the formal plan document adopted by the Board of Supervisors
- The benefits are not vested and are subject to change

The fifth Amended and Restated County of Orange Retiree Medical Plan document can be viewed at: hrs.oc.gov/retiree.benefits



Retiree Medical Benefits

Eligibility Requirements for County Employees

01

At least Age 50 by
retirement date



&

02

Receive Monthly
Pension from OCERS



Medicare Overview

- Federal health insurance available for most individuals aged 65 and older
- Administered by the Social Security Administration
 - You apply and pay for Medicare directly with Social Security
- Once eligible to Medicare, you **MUST** pay for at least part B to enroll in a County Retiree Health Plan



Medicare Parts

- Part A covers inpatient care like hospital stays, care in a skilled nursing facility, hospice care (Required if free)
- Part B covers certain doctors' services, outpatient care, medical supplies, and preventive services (Required)
- Part C, also known as Medicare Advantage, offers an alternative to Original Medicare by private companies
- Part D is Prescription Drug Coverage



You MUST pay for part B

Retiree Medical Grant



- A monthly benefit that reduces the cost of your County Retiree Health Plan Premium
- And, if eligible, reimburses you for what you pay Social Security for Medicare Part A and B
- Monthly amount is based on how many continuous years you worked for the County within eligible classifications (Until 6/15/23)



Medical Grant Usage

01

County Health Plan Premiums

Applied to premium first

02

Medicare Part B Reimbursement

For Up to What you Pay for Part B

- Need to verify annually or resets to \$104.90



Tax Free Benefit

Grant received cannot exceed your combined County health plan and Pt B Premiums



Medical Grant Eligibility

- **County Employees who froze their grant and retire on/after 6/16/23***

*Eligibility Workers and Court Attorneys are ineligible



Health Reimbursement Arrangement



- Medical expense reimbursement program that helps you pay for future health care costs, after separating from County service
- Balance can be invested and may grow over time
- Not tied to a County health plan

HRA Reimbursable Expenses

01

Post-tax Health Care Premiums

- COBRA Premiums
- County Retiree Health Plan Premiums
- Medicare Premiums

02

Out-of-Pocket Medical Expenses

- Co-pays
- Prescription Medication



Direct Deposit

For quicker access to reimbursements

Auto set-up reimbursement for recurring expenses



HRA Eligibility



All Employees who worked for the County after 6/16/23



County Contributes Bi-weekly

- Since July of 2023



County Contributions increase 2.5% Annually every July



HRA Account Access

Administered by Gallagher HealthInvest HRA



Monday – Friday

5 AM – 7 PM

1(866) 457 – 2254



countyoforange.healthinvesthra.com

RETIREE INITIAL ENROLLMENT

30 Days To Make An Election

A window icon with a yellow header bar and three small square buttons (minimize, maximize, close) in the top right corner. The main content area is white with the text "TEMPORARY OPT OUT" in bold black font.

**TEMPORARY OPT
OUT**

A window icon with a yellow header bar and three small square buttons (minimize, maximize, close) in the top right corner. The main content area is white with the text "PERMANENT DISENROLL" in bold black font.

**PERMANENT
DISENROLL**

A window icon with a yellow header bar and three small square buttons (minimize, maximize, close) in the top right corner. The main content area is white with the text "ENROLL IN COUNTY RETIREE HEALTH PLAN" in bold black font.

**ENROLL IN
COUNTY RETIREE
HEALTH PLAN**

TEMP OPT OUT

Suspend Enrollment

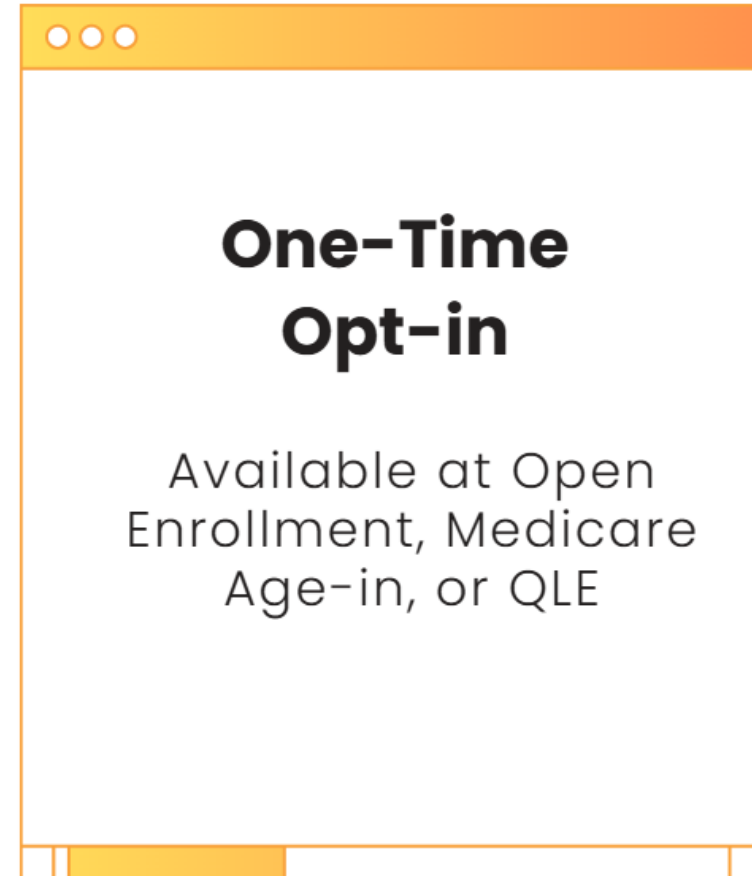
Temporarily Suspend Enrollment in County Retiree Health Plan & Eligible Grant

Submit Attestation

Must complete attestation form for this election - failure to submit will result in default coverage

Continuous Coverage

Maintain minimum essential coverage under California state law, Federal law and Medicare (if applicable)



Must call the Benefits Service Center

COBRA

Up to 18 months

Losing COBRA coverage is considered a qualified life event (for those who opted out)

Cheaper?

Lower rates than Non-Medicare Retiree plans. No grant is applied to COBRA.

Extends continuation of your current employee coverage



Pay through direct billing

PERMANENT DISENROLLMENT

It's Permanent
Must agree to permanent disenrollment disclosure

Medicare Eligible?
Eligible to Part B Reimbursement

Not Medicare Eligible?
Permanently lose any eligible grants

**Must submit copy of
Medicare Card & Part B
Premium Statement
before disenrollment
effective date**

**Reimbursement issued on
OCERS monthly pension**



Must call the Benefits Service Center

Enroll in County Retiree Health



Non-Medicare Plans

Cigna Choice Retiree HMO

Cigna Select Retiree HMO

Kaiser Retiree HMO

Sharewell Retiree PPO

Wellwise Retiree PPO



Medicare Plans

Humana Retiree Medicare PPO

Kaiser Senior Advantage HMO

SCAN Retiree Medicare HMO

*** A & B Only ***

Sharewell Retiree PPO

A & B not required. Must enroll in Part D.

Wellwise Retiree Medicare PPO

COUNTY MEDICARE PLANS

To make enrollment elections, you will need the following for yourself and/or your spouse

MBI #

Medicare Beneficiary Identifier Number(s)

EFFECTIVE DATES

When your Part A and B will start

SHAREWELL ONLY

Copy of Medicare card required within 60 days of enrollment

APPLY TIMELY

MEDICARE

**90
Days**

Prior to retirement if age 65

-----OR-----

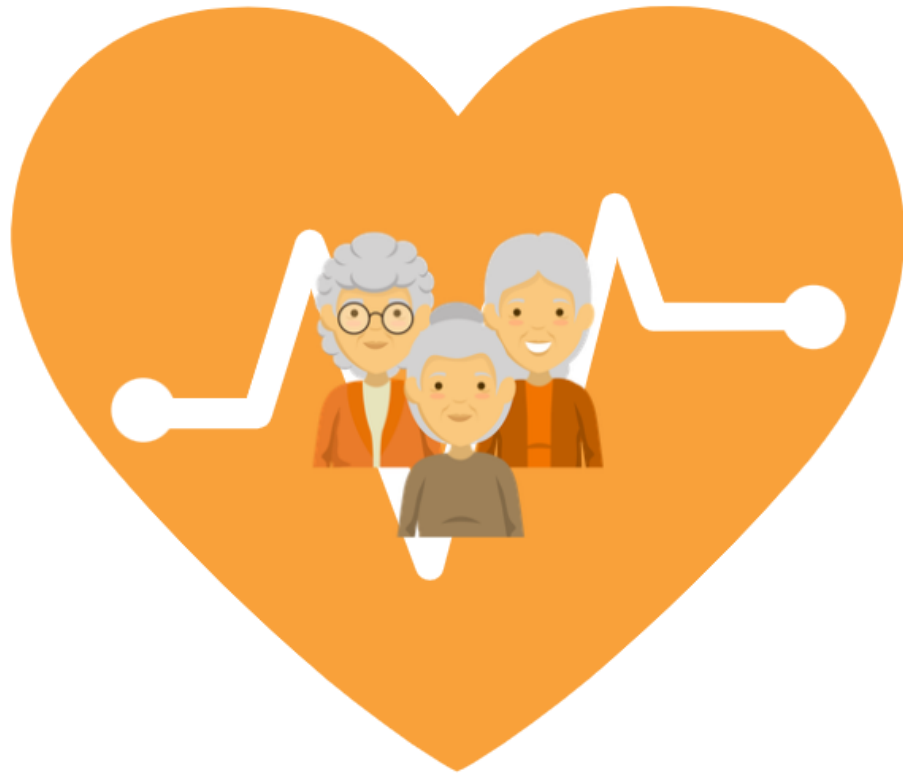
Prior to 65th birthday

**Obtain
Form**

Request your Employment Information Form (CMS-L564) from Employee Benefits if you're retiring over the age of 65



Medicare Advantage Plans



- Has all the benefits of Part A & B
- Offer better coverage with lower premiums and out-of-pocket maximum costs
- Our plans include part D and have no deductibles
- Include extra benefits bundled with the plan

Must pay for at least Part B



CENTERS FOR MEDICARE & MEDICAID SERVICES

CMS Approval

CMS must approve enrollment in a Medicare Advantage Plan

Parts A, B & D

Enrollment requires the health plan to verify your coverage under Medicare Parts A, B, and D



Be Proactive

Respond to inquiries by the Medicare Advantage health plan and provide requested documentation to avoid enrollment delays

CMS DENIAL

What happens if CMS says no??

Sharewell Retiree PPO

If CMS denies you, you will be automatically enrolled into Sharewell

Common Denial Reasons

Delayed Medicare Application, failure to pay Medicare Premiums or Doubly Assigning Coverage



**You will receive an
updated
Confirmation of
Benefits**

Repayment

You may be responsible for payment of services accessed

PART D

Prescription Drug Coverage

Sharewell PPO

Medicare eligible individuals in Sharewell PPO (Active/ Retiree Plans) must enroll in Part D

Creditable and Non-Creditable coverage letters mailed to home address

Subject to Penalty

Medicare eligible employees, retirees and dependents in Sharewell PPO will be subject to late enrollment penalties if not enrolled in Part D

Do **NOT** enroll in Part D plan unless you want Sharewell PPO

IRMAA

Income-Related Monthly Adjustment Amount



Surcharge

Added to Part B & D
Premiums to Medicare
Beneficiaries earning
+\$109K annually

Questions??

Contact Social
Security

1 - 800 - 772 - 1213



YOUR RESPONSIBILITY

Enroll, maintain, continue payment of Part B & Part A (if applicable)

Failure to do so will negatively impact your enrollment in County Retiree Medical



- Applicable Grant suspended
- Higher non-Medicare rates will apply
- May need to repay services rendered
- Loss of Medicare Advantage Health Plan

CONSEQUENCES

Split Family

You and your covered dependents can be enrolled in different health plans based on Medicare eligibility



- Combine the cost of each plan for total monthly cost
- Any applicable medical Grant will be subtracted from monthly total

Humana PPO + Cigna Select - Grant = Monthly Cost

\$244.10 + \$994.92 - \$317.13 = \$921.89



Review & Enroll

**Make your initial retiree
enrollment elections
within 30 days**



**My OC
Benefits™**

mybenefits.ocgov.com

24/7 Website Access



Benefits Service Center

1-833-476-2347

Monday – Friday: 8 AM – 6 PM PST

**If you do not make an
election, you will be
enrolled in a default plan**

Review COB

**14
days**

You will have 14 days to make changes

**Review your elections on your
Confirmation of Benefits Statement**

**Requested
Documents**

Read carefully for additional instructions or requirements



Failure to follow instructions can result in:

- Placement in other health plan
- Suspension of eligible Medical Grant



Dependent Verification

- Provide documentation of eligibility for newly added dependents
- Failure to submit by deadline will result in termination of coverage for dependent
- Notify the Benefits Service Center within 30 calendar days when a dependent becomes eligible or ineligible for coverage



DEFAULTED

Missed your Medicare Documentation Deadline?

Default Plan

First of the month following missed deadline, you will be enrolled into default plan at Non-Medicare Rates with suspended grant (if eligible)

Remain in Defaulted Plan

Until next Open Enrollment or if you experience a qualified life event (QLE)

Reinstatement

Eligible Grant & Medicare Rates

- Once you provide your late documentation to the Benefits Service Center
- The applicable items below will be reinstated to the first of the month following
 - Medicare Rates
 - Medical Grant
- Responsible for any payment adjustments

Health Plan ID Cards

Didn't receive them?

- Contact your health plan directly
- Cigna cards can be viewed on their mobile app or website

Need ID Card Sooner?

Call Benefits Service Center to have your coverage verified with provider or pharmacy

**Mailed within
30 days of
receiving your
Confirmation of
Benefits**

Initial Billing

Your pension takes 2 -3 months to get set up
Until then, you will be directly billed for your health premiums

2-3 MONTHS

The Grant (if eligible) is applied to offset premium
Invoice will advise you on amount due and corresponding due date

Once pension is set up, automatic pension deductions will occur as long as your pension can support the health premium amount



**Otherwise you
will continue on
direct billing**



Calculating Net Cost

Step 1

County Retiree Health Plan
Premium Cost



Step 2

If Medicare eligible, add any
premiums you will owe for Parts
A & B



Step 3

Deduct your eligible Grant

***50% Reduction Applied if Part A is free**



Step 4

Have a remaining monthly net
costs? You can use your HRA to
reimburse yourself!

2026 Retiree Health Plan Rates

NON-MEDICARE RATES (PRE-65)

RETIREEES NOT ENROLLED IN MEDICARE					
RETIREE ENROLLMENT STATUS	HMO Plans			PPO PLANS	
	Cigna Choice Retiree HMO Plan Monthly Rate	Cigna Select Retiree HMO Plan Monthly Rate	Kaiser Retiree HMO Plan Monthly Rate	Sharewell Retiree PPO Plan Monthly Rate	Wellwise Retiree PPO Plan Monthly Rate
RETIREE ONLY					
Retiree Only	\$1,402.33	\$1,126.09	\$994.92	\$966.37	\$1,469.76
Spouse Only	\$1,402.33	\$1,126.09	\$994.92	\$966.37	\$1,469.76
Child(ren) Only*	\$1,402.33	\$1,126.09	\$994.92	\$966.37	\$1,469.76
RETIREE WITH 1 DEPENDENT*					
Retiree + Spouse	\$2,770.74	\$2,225.26	\$1,989.84	\$1,691.08	\$2,719.06
Retiree + Child(ren)*	\$2,770.74	\$2,225.26	\$1,989.84	\$1,691.08	\$2,719.06
Spouse + Child(ren)*	\$2,770.74	\$2,225.26	\$1,989.84	\$1,691.08	\$2,719.06
RETIREE WITH/2+ DEPENDENTS					
Retiree + Spouse+ Child(ren)*	\$3,854.35	\$3,095.88	\$2,815.62	\$2,222.62	\$3,674.40
* Children are considered 1 dependent					

Calculating Net Cost

PRE-65 RETIREES

Health Plan Premium Cost

Kaiser Health Plan
\$994.92

+ Medicare Premium Cost

Not Medicare Eligible = No
Medicare Premiums

Eligible HRA Reimbursement

Monthly Net Cost
\$360.67

- Medical Grant

Medical Grant: \$634.25
 $\$994.92 - \$634.25 = \$320.58$

2026 Retiree Health Plan Rates

MEDICARE RATES (POST-65)

RETIREE ENROLLED IN MEDICARE					
RETIREE ENROLLMENT STATUS	MEDICARE ADVANTAGE PLANS			PPO PLANS	
	PPO Plan	HMO Plans			
	Humana Retiree Medicare PPO Plan Monthly Rate	Kaiser Sr. Advantage HMO Plan Monthly Rate	SCAN Retiree Medicare HMO Plan Monthly Rate	Sharewell Retiree PPO Plan Monthly Rate	Wellwise Retiree Medicare PPO Plan Monthly Rate
RETIREE ONLY					
Retiree Only - Part B Only	\$792.96	\$482.28	NA	\$809.45	\$911.69
Retiree Only - Part A & B	\$244.10	\$221.23	\$275.00	\$551.36	\$653.38
RETIREE W/1 DEPENDENT					
Two W/ Medicare Part B Only	\$1,585.92	\$964.56	NA	\$1,618.89	\$1,823.38
Two W/ Medicare Part A & B	\$488.20	\$442.46	\$550.00	\$1,102.71	\$1,306.75
RETIREE W/2+ DEPENDENT					
Three W/ Medicare Part B Only	\$2,378.88	\$1,446.84	NA	\$2,428.34	\$2,735.07
Three W/ Medicare Part A & B	\$732.30	\$663.69	\$825.00	\$1,654.07	\$1,960.13

Medicare Part A Qualifying Quarters

1

Want it for free? You need 40 qualifying quarters

- 10 years of Medicare contributions

2

Don't have the 40 quarters? You may qualify under your spouse if they paid into Medicare

Still No?

You can still sign up for most of the County retiree plans. You may have higher premiums but your Grant won't be reduced by 50%!

- >30 but <40 Quarters: \$311
- Less than 30 Quarters: \$565



www.ssa.gov

Calculating Net Cost

POST-65 RETIREE – FREE PART A

Health Plan Premium Cost

Kaiser Senior Advantage
Health Plan
\$221.23

+ Medicare Premium Cost

Part A: \$0
Part B: \$202.90

Eligible HRA Reimbursement

Monthly Net Cost
\$107

- Medical Grant

Medical Grant*: \$317.13
 $(\$221.23 + \$202.90) - \$317.13 = \107

*50%
Reduction
applied if
Part A is free

Calculating Net Cost

POST-65 RETIREE – PART A IS NOT FREE BUT UNPAID

Health Plan Premium Cost

Kaiser Senior Advantage
Health Plan
\$482.28

+ Medicare Premium Cost

Part A*: \$311 or \$565
Part B: \$202.90

*Paying for Part A
is optional – this
person chose not
to pay

Eligible HRA Reimbursement

Monthly Net Cost
\$50.93

- Medical Grant

Medical Grant: \$634.25
 $(\$482.28 + \$202.90) - \$634.25 = \50.93

Calculating Net Cost

POST-65 RETIREE – PART A COSTS \$311

Health Plan Premium Cost

Kaiser Senior Advantage
Health Plan
\$221.23

+ Medicare Premium Cost

Part A*: \$311
Part B: \$202.90

*This person
chose to pay for
part A and had
32 quarters

Eligible HRA Reimbursement

Monthly Net Cost
\$100.88

- Medical Grant

Medical Grant: \$634.25
 $(\$221.23 + \$311 + \$202.90) - \634.25
= \$100.88

Calculating Net Cost

POST-65 RETIREE – PART A COSTS \$565

Health Plan Premium Cost

Kaiser Senior Advantage
Health Plan
\$221.23

+ Medicare Premium Cost

Part A*: \$565
Part B: \$202.90

*This person
chose to pay for
part A and had
22 quarters

Eligible HRA Reimbursement

Monthly Net Cost
\$354.88

- Medical Grant

Medical Grant: \$634.25
 $(\$221.23 + \$565 + \$202.90) - \634.25
= \$354.88

Net Health Plan Rates

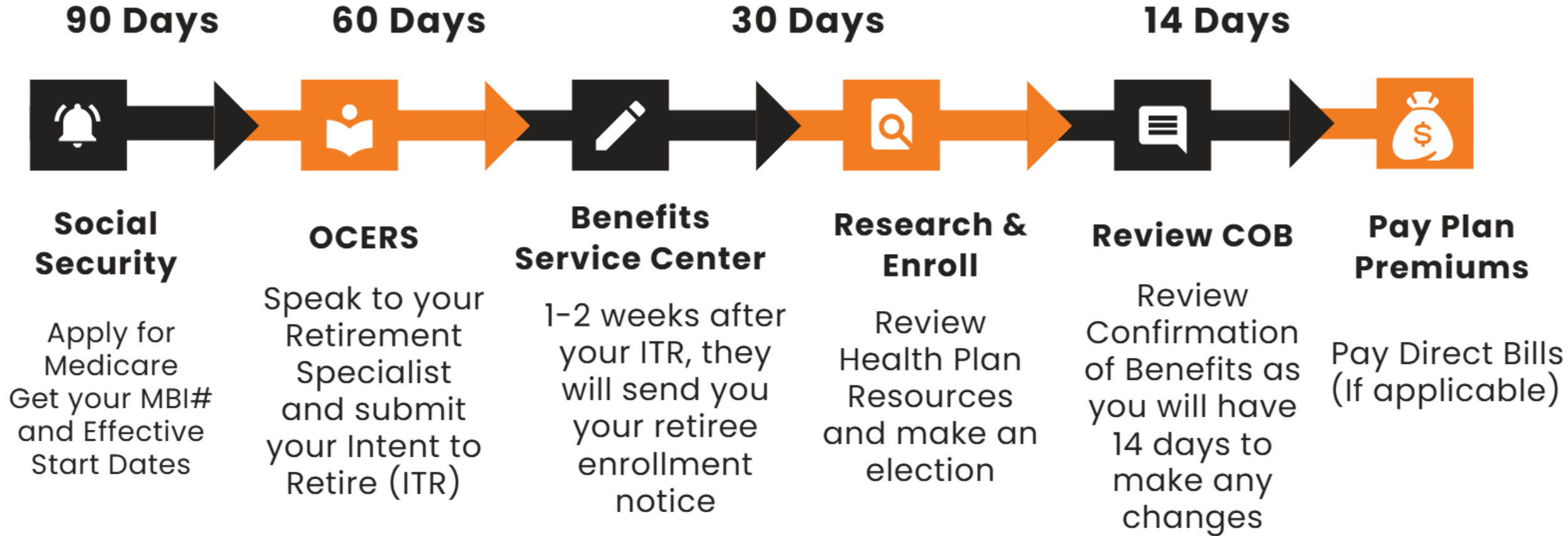
POST-65 RETIREES

	Part A IS FREE (>40 Quarters)	PART A IS NOT FREE (Not Paid)	PART A COSTS \$311 (>30 but <40 Quarters)	PART A COSTS \$518 (<30 Quarters)
Kaiser Senior Advantage Health Plan Premium	\$221.23	\$482.28	\$221.23	\$221.23
Part A	\$0	Chooses not to pay	\$311	\$565
Part B	\$202.90	\$202.90	\$202.90	\$202.90
Medical Grant	- \$317.13*	- \$634.25	- \$634.25	- \$634.25
Monthly Net Cost**	\$107	\$50.93	\$100.88	\$354.88

* 50% Grant Reduction if Free Part A

**Can use HRA to reimburse out of pocket post-tax premiums

ENROLLMENT PROCESS



Immediate Retirement



Contact BSC

Inform them of late
notification to OCERS

The Benefits Service Center may not
recognize you as an “Intent to Retire”
participant

Lapse in Coverage

May happen

The BSC can only see a notification of
termination submitted by your HR

Immediate Need?

If you need services or medication,
contact Employee Benefits



Survivors

Continued coverage for dependents covered by retiree's health plan at time of death

Activate Benefits

Contact OCERS

(714) 558-6200

Must Receive
Pension

Grant / HRA

If applicable, survivors
grant is 50% of retiree
Grant

If applicable, can
continue to utilize HRA



CONSIDERATIONS



FSA

File reimbursement claims for expenses incurred through last day of work



Deferred Retirement

Make retiree medical plan election within 30 days of activating pension



Open Enrollment

Mark your Calendars

(Mid October to Early November)

2026 OE Dates:

October 15 – November 4



Life Insurance

Contact Plan Administrator to ask about portability and conversion options



Temp Opt Out

Must maintain continuous coverage and have a one time opt-in opportunity



Employee Benefits



714-834-6282



askemployeebenefits@ceo.oc.gov



hrs.oc.gov/retiree.benefits



714-834-7088



400 W. Civic Center, Santa Ana, CA 92701



Additional Resources

hrs.oc.gov/retiree.benefits



mybenefits.ocgov.com

Plan Information Summaries

SBCs & One Page Summaries

Plan Contacts

Health Plan & Retiree Vendor Contacts

Plan Rates

Medicare & Non-Medicare Plans

RMP Document

Retiree Medical Plan Document

ITR Summary

Intent to Retire Summary

AND MORE!

Tools to help you prepare for retirement

✕ □ – **Benefits Service Center**



1-833-476-2347

(Monday – Friday: 8 AM – 6 PM PST)



mybenefits.ocgov.com



Direct Billing Payment Address:

County of Orange Benefits Service Center

P.O. Box 1541

Carol Stream, IL 60132-1541





Employee Benefits



714-834-6282



askemployeebenefits@ceo.oc.gov



hrs.oc.gov/retiree.benefits



714-834-7088



400 W. Civic Center, Santa Ana, CA 92701



QUESTIONS??



HRS | Employee Benefits





Retirement Roadmap

90 Days

MEDICARE

Participants aged 65 or older must apply for Medicare 90 calendar days before retirement or during their 65th birthday month. For more details, review the Attaining Medicare Summary.

Social Security will request a CMS L564 form to be completed. Contact 714-834-6282 to have the form completed.

<https://www.ssa.gov>



60 Days

OCERS

Visit the OCERS website and submit an Intent to Retire (ITR) up to 60 days prior to your intended retirement date.

After the OCERS ITR process is complete, the Benefits Service Center will send you an enrollment notice to make your retiree medical elections.

<https://www.ocers.org/>



30 days

ENROLLMENT NOTICE

You will have 30 calendar days to make your retiree medical elections.



You can elect to temporarily opt out of the retiree medical plan during your initial retiree medical enrollment.

mybenefits.ocgov.com

Post Retirement

THINGS TO CONSIDER



Setting up pension deductions for retiree medical takes 2-3 months; watch for Direct Bill invoices.



Complete follow-up items for Temporary Opt Out or Medicare Verification, if applicable.



Missing deadlines leads to automatic enrollment in default retiree medical coverage, with no changes allowed until Open Enrollment.

If you get lost along the way, contact the Benefits Service Center at 1-833-476-2347.



Get to Know Your Retirement Team!

Retirement is an important milestone. Educating yourself now, will help you make informed decisions about your retiree benefits. Representatives from the various retirement benefits are here to educate and guide you in planning for your retirement.

**Register to
Attend a
Retirement
Seminar!**

**REAOC, OCERS,
Empower, and
Employee Benefits
are here to educate
and answer
questions.**



**Create Online Account at
www.ocers.org to access:**

- Employment History and Benefit Plan Formula Information
- Beneficiary Information and Changes
- Personalized Benefit Estimator
- Balance Statements
- Submit Your Intent to Retire Application

Ready to Learn More?

714-558-6200

Monday-Thursday, 8am-5pm;

Friday 8am - 4:30pm

2223 E Wellington Ave #100, Santa Ana, CA 92701



For general information on Retirement Health Plans such as rates, plan options, temporary opt out, and a comparison chart of the plan options visit: hrs.oc.gov/retiree.benefits



All employees are eligible to participate in the County's Defined Contribution Plan, administered by Empower. After retirement (or any separation from service), you may choose to leave your funds in the Plan, roll it over into another qualified plan, or withdraw the funds (subject to taxes).

Log into your account online to:

- Set up/change recurring contributions
- Check your account balance
- Change your investments
- Request a loan, if eligible
- Sign up for educational webinars
- Access financial education resources

Schedule a one-on-one appointment with a local Empower rep if you have any questions:
county-of-orange.empowermytime.com/

DC Plan website: countyoforangedcplan.com



**HealthInvest
HRA**

As a County of Orange employee, a biweekly contribution to a HRA account is made for you by the County. Once you retire or separate from service with the County of Orange, you become eligible to start receiving reimbursement of "Qualified Medical Expenses" from your County of Orange HRA Plan.

Log into your account online to:

- Check your account balance
- Change your investments
- Sign up for educational webinars
- Access financial education resources

Gallagher HealthInvest HRA website:
CountyofOrange.HealthInvestHRA.com

Questions? Contact Us

AskEmployeeBenefits@ceo.oc.gov

714-834-6282

Employees/Retirees Without Medicare

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

Employees/Retirees Without Medicare (continued)

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

Retirees With Medicare

	HUMANA RETIREE MEDICARE PPO	KAISER SENIOR ADVANTAGE HMO	SCAN RETIREE MEDICARE HMO	SHAREWELL RETIREE PPO	WELLWISE RETIREE MEDICARE PPO
Annual Deductible (the amount you pay before the plan pays benefits)	None	None	None	Network/non-network combined: \$5,000 Applies to: Medical and prescription drug claims	Network: \$500 individual Non-network: \$750 individual Applies to: Medical claims (not prescription drugs)
Annual Out-of-Pocket Maximum (the most you pay in a year)	Medical: \$3,400 Prescription drugs: \$2,100	Medical: \$1,000 individual Prescription drugs: \$2,100	Medical: \$3,000 Prescription drugs: \$2,100	Network: \$6,000 family Non-network: \$12,000 family	Network (medical): \$2,500 individual/\$5,000 family Network (prescription drugs): \$2,100 individual Non-network (medical): \$5,000 individual/\$10,000 family Non-network (prescription drugs): \$2,100 individual
Office Visits	Primary care: \$25 per visit Specialist: \$40 per visit	\$20 per visit	\$15 per visit	Network: 10% coinsurance after deductible Non-network: 30% coinsurance after deductible	
Inpatient Hospital	\$100 copay per day for days 1 – 5, then covered at 100%	\$100 per admission	\$100 per admission	Network: 10% coinsurance after deductible Non-network: 30% coinsurance after deductible (50% if no pre-admission review)	
Emergency Room (as defined by the plan)	\$65 per visit	\$50 per visit	\$50 per visit, waived if admitted	Network: 10% coinsurance after deductible Non-network: 10% coinsurance after deductible; member also pays for charges in excess of usual, reasonable, and customary amounts	
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	Network only: Through OptumRx 20% coinsurance after deductible with important requirements and considerations (refer to Plan Document and one-page summaries)	Network only: Through OptumRx Deductible does not apply Tier 1: 20% coinsurance Tier 2: 25% coinsurance Tier 3: 30% 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	1-800-433-0815 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	Medical: Blue Shield 1-888-235-1767 blueshieldca.com/oc Pharmacy: OptumRx 1-800-573-3583 welcome.optumrx.com/countyoforange	Medical: Blue Shield 1-888-235-1767 blueshieldca.com/oc Pharmacy: OptumRx 1-800-908-9097 welcome.optumrx.com/countyoforange

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 or

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

For Questions About...

Click or Call...

Health Plans

OptumRx

(Pharmacy claims administrator and benefits manager for the Wellwise and Sharewell Retiree PPO plans)

optumrx.com

1-800-573-3583

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

Retiree Dental and Vision

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

1-866-457-2254

Defined Contribution Plans

Empower Retirement

countyoforangedcplan.com

1-866-457-2254