My OC Benefits™

Personal.
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Accessible.

New Retiree Orientation 2022

Today's Agenda

My OC Benefits™

01 Benefits Overview

02 County of Orange Retiree Medical Plan

03 Who is Eligible

04 Grant Guidelines

05 Retirees and Medicare

06 Health Plan Options

07 Enrollment Process

08 Things to Consider

09 Resources, Help and More Information

10 Questions and Answers

About This Presentation

My OC Benefits™

- This is an overview of benefits available to you
- Plan documents and insurance policies for each plan provide detailed, legal information about your coverage
- If there is any difference between this presentation and the plan documents or insurance policies, plan documents and insurance policies will govern

The County of Orange Retiree Medical Plan

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- Retiree medical benefits for County of Orange retirees are subject to the conditions set forth in the formal plan document adopted by the Board of Supervisors.

- The Plan Document is entitled the Fourth Amended and Restated County of Orange Retiree Medical Plan. A copy is available on the Employee Benefits website. **https://hrs.ocgov.com/employee-benefits/benefits-retirees**

- The plan confirms that the benefits are not vested and are subject to change.

Who is Eligible for Retiree Medical?

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- Current County of Orange employees who:
  - Are at least age 50 on your date of separation of service
  - Will receive a monthly retirement check from OCERS during retirement

Grant Guidelines:
Who is Eligible for a Grant?

My OC Benefits™

- Current County of Orange employees who:
  - Meet the Retiree Medical Plan requirements
    - Are at least age 50 on your date of separation of service
    - Will receive a monthly retirement check from OCERS during retirement, and
    - Have a minimum of 10 years of continuous eligible County service, if you have a normal retirement

*Eligibility Workers and County Attorneys are not eligible for the medical Grant

The Grant and Peace Officers

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- Peace Officers hired before October 12, 2007 who meet the minimum Grant eligibility requirements may be eligible to receive the Grant

- Peace Officers hired prior to October 12, 2007 with a retirement date of October 12, 2007 or later may be eligible for both the Grant and the Health Reimbursement Arrangement (HRA) Program

- Eligible Peace Officers hired on or after October 12, 2007 will participate in the County's Health Reimbursement Arrangement (HRA) Program

  - For more information contact AOCDS at 714-285-9900.
  - To confirm your Grant eligibility contact Employee Benefits at 714-834-6282

Grant Buyback Provisions

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- Differs from OCERS.
  - Maximum one-year buyback of extra help time to qualify for the 10-year minimum service requirement; Grant based on 9 years
  - Grant based on actual eligible service hours
  - Buyback for service after August 1, 1993 is not applied to eligibility for Grant

2022 Retiree Medical Grant

My OC Benefits™

- For 2022, the monthly Grant is calculated at $24.63 for each year of County service to a maximum of 25 years. The amount of your monthly Grant will depend upon a variety of factors

- Grant may be used:
  - First, for payment of County health plan premiums
  - Second, for reimbursement of retiree and spouse Medicare Part B premiums (if not reimbursed elsewhere)

- Tax-free benefit, therefore, the amount of the Grant received cannot exceed health plan and Medicare Part B premiums combined

- Maximum annual Grant adjustment: capped at 3%

Grant Adjustments

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Age Adjustments

01 Employees retiring before age 60 will have a 7.5% reduction in the monthly Grant for each year retiring before age 60.

02 Employees retiring at age 60, no Grant adjustment.

03 Employees retiring at age 61 or later will have a 7.5% increase in the monthly Grant for each year retiring at age 61 through age 70.

04 Age adjustment is fixed based on your age on the date of separation.

*Age adjustment does not apply to Peace Officers

Monthly Grant Amount

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Medicare Eligibility

01 50% reduction in monthly Grant when you become eligible for Medicare Parts A & B.

02 Health plan rates will be reduced (if documentation has been provided) when you become Medicare eligible.

- If you pay for Part A and provide proof, exempt from Medicare adjustment

Net Health Plan Rate

My OC Benefits™

- Full health plan rate less Grant amount determines your monthly net cost
- Rates and Grants may change (annually and upon reaching age 65 or becoming Medicare eligible)
- The County maintains the discretion to set the rates and make changes to the plans in the future

Grant and Survivors

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- Benefits for survivors of covered retirees.
  - Must contact OCERS to activate survivor benefits
  - Continued coverage for dependents covered by retiree's health plan at the time of death
  - Survivor's Grant equal to 50% of retiree's Grant
  - Survivor must receive a monthly OCERS pension check

Permanent Disenrollment

My OC Benefits™

- Can permanently disenroll from County retiree medical coverage at any time
  - Permanent decision, must agree to the permanent disenrollment disclosure
- If under 65 when you disenroll, lose Grant permanently
- If Medicare Part B eligible when you disenroll, might be eligible for Medicare Part B Reimbursement
  - Must provide all required Medicare verifications prior to the disenrollment effective date
    - Copy of Medicare card and proof of current Medicare Part B premium

Medicare Part B Reimbursement

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- Must be Grant eligible and
  - Have excess Grant funds after applied to premium or,
  - Permanently disenrolled of County medical coverage while already Medicare eligible
- Amount is capped at:
  - Maximum Grant monthly allocation
  - Verified Medicare Part B premium
    - Must provide a copy of recent Medicare premium statement to the Benefits Service Center
    - Required to provide premium verification on an annual basis
- Reimbursement issued on OCERS monthly pension payment

Temporary Opt Out of Retiree Medical Coverage

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You can temporarily opt out of the County Retiree Medical Plan during your Initial Retirement enrollment event, if your retirement date is after January 1, 2022:

- Elect to temporarily suspend enrollment in the County of Orange Retiree Health Insurance Plan, Retiree Medical Grant and all benefits of the program including but not limited to Medicare Reimbursement
  - **You will be required to complete a form to make this election**
- Maintain minimum essential coverage under California state law, Federal law and Medicare (if applicable) while your enrollment in the Retiree Health Insurance Plan and Retiree Medical Grant is suspended
  - During this time, you can enroll in spouse's health plan, enroll in COBRA, or enroll in a health plan through the Health Care Marketplace

For more information you can go to mybenefits.ocgov.com, click on Plan Documents on the home page, look for Thinking About Retiring?:

- Retiree Temporary Opt Out Notice
- What to Know Guide for Retirees

One-Time Opting into Retiree Medical Coverage

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When can you Opt Back In?

In the future, on a one-time basis, opt back into a County Retiree Health Insurance Plan and the Retiree Medical Grant, if eligible:

- At any annual Open Enrollment; or
- Within 30 days of a Qualifying Life Event (e.g., divorce, loss of coverage under spouse's plan, etc.) or
- Upon attaining Medicare eligibility

For more information you can go to mybenefits.ocgov.com under Plan Information Page, look for General Retiree Benefits Information:

- Retiree Temporary Opt Out Notice
- What to Know Guide for Retirees

Retiree Married to Retiree or Retiree Married to Employee

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01

County Retiree Married to County Retiree (RMR)

- Same health plan — combined Grant; one retiree is the subscriber and the other is the dependent

02

County Retiree married to County Employee (RME)

- Retiree is covered as employed spouse's dependent.
- Employee pays bi-weekly health plan premiums & Grant is suspended until your coverage as a dependent ends (e.g., the employed spouse retires), and you elect retiree coverage.

03

Must elect to enroll as RMR/RME through Benefits Service Center website or over the phone with a representative. Forms will not be used for enrollment.

Retirees and Medicare

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- Medicare enrollment ***required*** for retiree and covered spouse age 65 and older.
  - Medicare Part A: Required if you are eligible at no cost
  - Medicare Part B: Required; everyone is eligible for Part B

- Medicare enrollment is required even if you are employed and covered by your employer's health plan.

- Must self-identify to Benefits Service Center if not eligible to receive Part A at no cost
  - Exempt from Medicare adjustment
  - Must provide proof

Retirees and Medicare

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- Enroll in Medicare timely
  - 90 days prior to retirement (if already age 65), or
  - 90 days prior to 65th birthday
- You will need the Medicare Identifier Number(s) (MBI#) and Effective date(s) to make your and/or your spouse's enrollment
- Provide copy of Medicare Card for you and/or your eligible covered dependent showing an effective date of Medicare Part B enrollment, to the Benefits Service Center by the provided deadline (60 days from the date you provide your Medicare data)

Retirees and Medicare

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- It is your responsibility to enroll, maintain and continue payment for your Medicare Part B and Part A (if at no cost). Otherwise, this will negatively impact your enrollment in the Retiree Medical Program
  - Grant will be suspended
  - Higher Non-Medicare rates will apply
  - You may be responsible for repayment for services rendered
  - Could result in you no longer being eligible for your elected health plan (if Medicare Advantage)

Retirees and Medicare

My OC Benefits™

- If you do not submit a copy of your Medicare card by your deadline, and your Grant is suspended, once you do provide the documentation to the Benefits Service Center, your Grant will not be restored retroactively
- Your Grant will be reinstated the first of the month following receipt of the documentation
- You may not be allowed to re-enroll in your selected health plan until experience a Qualified Life Event, (QLE) that will allow such a change or during Open Enrollment
- You may be responsible for any adjustments related to health plan rates and Grant if you lose Medicare Part B eligibility or if you do not self-identify as Part B only

Retiree Health Plan Options

My OC Benefits™

- Your 2022 Health Plan options depend on you and your dependent's Medicare status and/or your address
- Coverage — how much you pay for services
- Premiums — how much you pay each month
- Choice of providers
  - HMO vs PPO
  - Access to HMO or PPO providers while traveling
  - Routine vs Emergency

Retiree Health Plan Options

My OC Benefits™

- Types of coverage:

  - The County offers several different Retiree Health Plans

  - Service area/residence limitations
    - HMO: Defined by zip code **within the state of California**

  - No Service area/residence limitations
    - PPO

Retiree Health Plan Options

My OC Benefits™

- **2022 Health Plan options for <u>Non-Medicare Eligible</u> (Subscriber and dependents):**
  - Wellwise Retiree PPO
  - Sharewell Retiree PPO
  - Kaiser HMO
  - Anthem Blue Cross Traditional HMO
  - Anthem Blue Cross Select HMO

Retiree Health Plan Options

My OC Benefits™

- **2022 Health Plan options for <u>Medicare Part B only</u> (Subscriber and/or dependents):**
  - Wellwise Retiree PPO
  - Sharewell Retiree PPO
  - Kaiser Senior Advantage HMO
  - Anthem Blue Cross Traditional HMO
  - Anthem Blue Cross Select HMO

Retiree Health Plan Options

My OC Benefits™

- **2022 Health Plan options if all are <u>Medicare Parts A & B Eligible</u> (subscriber and dependents):**
  - Wellwise Retiree PPO
  - Sharewell Retiree PPO
  - SCAN HMO
  - Kaiser Permanente Senior Advantage HMO
  - Anthem Blue Cross Senior Secure HMO
  - Anthem Blue Cross Custom PPO
  - Anthem Blue Cross Standard PPO

2022 Mixed Medicare Health Plan Options

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Mixed Medicare Eligible

Participant with Medicare B Only	Participant without Medicare
Kaiser Senior Advantage HMO	Kaiser Traditional HMO
Anthem Blue Cross Traditional HMO	Anthem Blue Cross Traditional HMO
Anthem Blue Cross Select HMO	Anthem Blue Cross Select HMO
Wellwise Retiree PPO	Wellwise Retiree PPO
Sharewell Retiree PPO	Sharewell Retiree PPO

2022 Mixed Medicare Health Plan Options

My OC Benefits™

Mixed Medicare Eligible

Participant with Medicare A&B	Participant without Medicare
Kaiser Senior Advantage HMO	Kaiser Traditional HMO
Anthem Blue Cross Senior Secure HMO	Anthem Blue Cross Traditional HMO
Anthem Blue Cross Custom PPO	Anthem Blue Cross Traditional PPO
Wellwise Retiree PPO	Wellwise Retiree PPO
Sharewell Retiree PPO	Sharewell Retiree PPO

Retiree Health Plan Options

My OC Benefits™

- **Cigna HMO not offered to retirees**
  - Active employees who are currently enrolled in one of the Cigna HMO health plans cannot continue their Cigna HMO health plan as a retiree

Retiree Health Plan Options

My OC Benefits™

- If you are currently enrolled in one of the Cigna HMO plans you will need to make an election; if you do not make an election –
  - **Non-Medicare** eligible retirees will be automatically enrolled into the Anthem Blue Traditional HMO plan. Anthem Blue Cross will also designate a Primary Care Physician for you. If you live outside the service area, you will be placed in the Wellwise Retiree PPO health plan.
  - **Medicare** eligible retirees will be automatically enrolled into the Wellwise Retiree PPO health plan

Overview of Plans

Health Plan Options

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Wellwise Retiree - PPO

My OC Benefits™

- Freedom of Choice
- Network Providers can be verified by calling Blue Shield at 1-888-235-1767 or logging on their website at **www.blueshieldca.com/oc**, Find a Doctor
- May be required to submit claim forms for payment or reimbursement of medical expenses from non-network providers
- Prescription Drug Program administered by **OptumRx**

Wellwise Retiree - PPO

My OC Benefits™

	Network Providers	Non-Network Providers[1]
Annual deductible (*medical expenses only*)	$500 per member/ $1,000 per family	$750 per member/ $1,500 per family
Annual out of pocket maximum (*accumulation of deductible and coinsurance for medical expenses only*)	$2,500 per member/ $5,000 per family	$5,000 per member/ $10,000 per family
Coinsurance Phase	**Member Share / Plan Share**	**Member Share / Plan[1]**
Office visit	10% / 90%	30% / 70%
Preventive care	No charge: Plan pays 100% for services listed in Health Plan Document	Plan pays 100% of usual, reasonable, and customary amount for services listed in Health Plan Document
Inpatient hospital	10% / 90%	30% / 70%
Ambulatory Surgery Center	10% / 90%	30% / 70% (plan pays max of $1,500/day)
Diagnostic lab & radiology	10% / 90%	30% / 70%
Emergency room	10% / 90%	10% / 90%
Chiropractic/ acupuncture services	10% / 90%	30% / 70%

This chart is intended to provide a high-level summary of plan benefits. The 2022 Wellwise Retiree Health Plan Document should be consulted for a complete description of plan benefits and coverage

*25 visits for Chiropractic and 25 visits for Acupuncture services per calendar year

**Members are responsible for charges above the allowed amount for any out of network services, including but not limited to out of network physician at in-network facility and emergency room physicians

Wellwise Retiree Prescription Benefit

My OC Benefits™

- The prescription drug benefit is administered by OptumRx
- Members will have a separate pharmacy-only annual Maximum-Out-of-Pocket (MOOP) limit
  - **Individual level: $4,100**
  - **Family Coverage: $8,200**

Members will pay their coinsurance, up until their annual maximum out of pocket limit. Then, once the annual out of pocket maximum is met, the plan will pay 100% of the covered costs of your medications for the remainder of the year

Sharewell Retiree - PPO

My OC Benefits™

- Freedom of Choice.
- Annual $5,000 Deductible per family
- Network Providers -verify by calling Blue Shield 1-888-235-1767 or at website at **www.blueshieldca.com/oc**, Find a Doctor.
- HSA Compliant (for Non-Medicare eligible)
- The $6,000/$12,000 out-of-pocket maximum is based on the amount paid out-of-pocket, including deductibles and coinsurances

Sharewell Retiree - PPO

My OC Benefits™

	Network Providers	Non-Network Providers[1]
Annual deductible (*medical expenses only*)	$5,000 per family	$5,000 per family
Annual out of pocket maximum (*combined medical and pharmacy*)	$6,000 per family	$12,000 per family
Coinsurance Phase	**Member Share / Plan Share**	**Member Share / Plan[1]**
Office visit	10% / 90%	30% / 70%
Preventive care	No charge: Plan pays 100% for services listed in Health Plan Document	Plan pays 100% of usual, reasonable, and customary charge for services listed in Health Plan Document
Inpatient hospital	10% / 90%	30% / 70%
Ambulatory Surgery Center	10% / 90%	30% / 90% (plan pays max of $1,500/day)
Diagnostic lab & radiology	10% / 90%	30% / 70%
Emergency room	10% / 90%	10% / 90%
Chiropractic/acupuncture Services*	10% / 90%	30% / 70%

This chart is intended to provide a high-level summary of plan benefits. The 2022 Sharewell Retiree Health Plan Document should be consulted for a complete description of plan benefits and coverage
*25 visits for Chiropractic and 25 visits for Acupuncture services per calendar year
**Members are responsible for charges above the allowed amount for any out of network services, including but not limited to out of network physician at in-network facility and emergency room physicians
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Sharewell Retiree - PPO

My OC Benefits™

- Prescription Drug - OptumRx
- Deductible - $5,000
  - Combined medical & pharmacy
  - Members will pay 100% coinsurance until the annual deductible is met
- Coinsurance once deductible is met
  - 20% Tier 1 – mostly Generic Medications
  - 20% Tier 2 – Preferred Brand-Name Drugs
  - 20% Tier 3 – Non-Preferred Brand-Name Drugs
  - Specialty Medications – 20% coinsurance. Restricted to a 30-day supply

Sharewell Retiree - PPO

My OC Benefits™

- Prescription Drug – OptumRx
- A formulary is a preferred medication list which includes coinsurance levels and utilization management
  - A formulary plan is designed to garner cost savings to members by encouraging use of clinically appropriate, less expensive products
- Members have a **combined** medical & pharmacy annual out-of-pocket maximum (OOPM) limit
  - Network: $6,000 Family
  - Non-Network: $12,000 Family

Non-Network Benefit – Additional Information

My OC Benefits™

- When a provider is not contracted the allowed amount is the usual, reasonable, customary (URC) amount – the Plan pays the coinsurance based on URC
- **Balance Billing** – Out of network providers are legally able to bill members for amounts above the URC amount (members are responsible for these charges)
- Outpatient Ambulatory Surgery Centers – limited to $1,500 per day
- Outpatient Dialysis – limited to $600 per day
- Bariatric surgery – must use Blue Shield network facilities
- Knee & Hip Replacements & Transplants –encouraged to use Blue Shield network facilities
- May be required to submit claim forms for medical expenses

Wellwise and Sharewell Retiree PPO Plans Coordination of Benefits

My OC Benefits™

Both Wellwise and Sharewell Retiree plans coordinate with Medicare

- Medicare will pay as the primary plan, and the County of Orange PPO plan will pay secondary to Medicare for retiree participants
- This type of plan is known as a Coordination of Benefits (COB) plan
- The amount that Medicare allows will go toward meeting your deductible and out of pocket maximum
- You can visit the Medicare website for more information about allowable amounts

Digital and Mobile Care Connections

My OC Benefits™

- Blueshieldca.com
  - digital/mobile source for plan/benefit information, health and wellness resources and decision-support tools
- NurseHelp 24/7
  - Confidential, secure phone access to an RN, day or night
- Teledoc
  - 24/7/365 on-demand (phone or video) access to a board-certified, state-licensed, physician—with low coinsurance after deductible is met.
- Heal on Demand
  - 24/7/365 on-demand 8 am-8 pm at home or location of choice. access to a board-certified, state-licensed, BSC PPO physician—a network provider. Currently available in LA and Orange Counties
- wellvolution℠
  - Digital/mobile wellness tools that you can use on the go—an online health risk assessment, smoking cessation program, walking program, and more

Wellwise and Sharewell PPO Plan Wellness Discounts

My OC Benefits™

01 Alternative Care

Save on alternative healthcare services from participating practitioners.

25% or more off usual and customary fees for:

- Acupuncture
- Massage therapy
- Chiropractic services

Discounts also available for health and wellness products like vitamins and supplements.

02 Weight Management Programs

Lose those extra pounds and keep them off with nationally recognized lifestyle change programs

- Enroll in weight management programs at no additional charge through our Wellvolution® Diabetes Prevention Program
- Save on Weight Watchers with special rates on three- and 12-month subscriptions. Monthly pass is also available for unlimited local meetings each month, plus free eTools

03 Fitness and Exercise

Enroll in one of the most flexible gym membership programs to stay committed to your health goals.

- Work out at any facility within our wide network of more than 10,000 national fitness locations
- Work out as often as you need while tracking progress to your goals online

04 Vision Discounts

Save on eye services at participating providers whether or not you have vision care benefits.

Discount Provider Network | Save 20% on eye exams, frames and lenses, contacts, and more.
MESVision Optics | Competitive prices on contacts, glasses and eye care accessories.
QualSight LASIK – Save on LASIK surgery at more than 45 surgery centers in California.
NVISION Laser Eye Centers – Get a 15% discount for laser services

Wellwise and Sharewell Pharmacy Benefits

My OC Benefits™

- Wellwise
  - Deductible: None
  - 20% Tier 1: Generic drugs *(mostly)*
  - 25% Tier 2: Preferred Brand drugs
  - 30% Tier 3: Non-Preferred Brand drugs
  - Specialty: $150 maximum coinsurance
    - Restricted to a 30 days supply

- Sharewell
  - Deductible: $5,000
    - Combined medical & pharmacy
    - Members pay 100% coinsurance until the annual deductible amount is satisfied
  - 20% Tier 1: Generic drugs *(mostly)*
  - 20% Tier 2: Preferred Brand drugs
  - 20% Tier 3: Non-Preferred Brand drugs
  - Specialty: 20% coinsurance
    - All specialty drugs must be fulfilled by Optum Specialty Pharmacy
    - Restricted to a 30 days supply

Wellwise and Sharewell Pharmacy Benefits

My OC Benefits™

- Wellwise

Members have a separate pharmacy only annual out-of-pocket maximum (OOPM) limit.

  - Individual Amount: $4,100
  - Family Amount: $8,200

- Sharewell

Members have a combined medical and pharmacy annual out-of-pocket maximum (OOPM) limit.

  - Network Amount: $6,000 / Family
  - Non-Network Amount: $12,000 / Family

Wellwise and Sharewell Pharmacy Benefits

My OC Benefits™

County of Orange participants will continue to have a broad pharmacy network of options

OptumRx Home Delivery
Home delivery drug provider for maintenance medications and diabetic testing supplies. You may use this option for maintenance medications with a day supply in excess of 30 days

Retail-90 Program
Provides the option for you to obtain a 90 days supply of maintenance medications at select retail locations

- *Diabetic testing supplies are considered to be maintenance*

Specialty medication Optum Specialty Pharmacy provides the resources and personalized support to help you with your condition. Visit specialty.optumrx.com or call 1-855-427-4682

Wellwise & Sharewell Prescription Benefits

My OC Benefits™

OptumRx will process all prescription reimbursement requests for both the Wellwise and Sharewell Retiree PPO Plans

Types of manual claims reimbursement requests available:

- Direct member claims
- Manual coordination of benefits (COB) claims
- Out-of-Network claims
- Foreign claims

Important Note: Manual claims are subject to formulary and utilization management rules and guidelines located within your benefit plan documents

Claim forms are located on the OptumRx Consumer Portal: www.optumrx.com

Medicare and Retiree Health Plans

My OC Benefits™

If you select Wellwise Retiree PPO or Sharewell Retiree PPO and are Medicare eligible:

- Enrollment does not require approval by the Centers for Medicare and Medicaid Services (CMS)
- Medicare Assignment is not required

Health Maintenance Organizations – HMO's

My OC Benefits™

Managed Care Programs

- Preventative, diagnostic & comprehensive major medical coverage included
- Co-pays for health services & prescriptions
- No claim form
- No annual deductible to satisfy
- You must receive all health care services from HMO provider
- When obtaining urgent or emergency care outside of Service Area: You are asked to contact HMO as soon as you can

Kaiser HMO

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- Health facilities are Kaiser-owned and physicians and specialist are Kaiser employees.
  - In most cases you can receive all of your care at one facility.
- Prescription co-payments:
  - Tier 1 Level: Co-pay $10 for generic drugs
  - Tier 2 Level: Co-pay $30 (non-Medicare)/$35 (KPSA) for brand name drugs
- If currently enrolled in Kaiser, wish to stay with Kaiser and are Medicare Eligible, you must elect Kaiser Senior Advantage during the election period.

Kaiser –Choose Healthy Programs

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- ClassPass reduced rates on fitness classes
- Self-care apps Calm and myStrength
- Wellness Coaching by Phone
- Online healthy lifestyle programs, videos, podcasts, recipes, and mo re
- Reduced rates on specialty care services like acupuncture, chiropractic care, and massage therapy
- On-site and virtual health education classes and support groups[2]

Kaiser Permanente – Target Clinics

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Target Clinics – SCAL

- Staffed with Kaiser Permanente nurse practitioners and licensed vocational nurses
- More than 85 different services available
- Integrated with members' electronic health record
- 35 Target Clinics by 2020

Current Locations			
• Chula Vista	• Hemet	• Pico Rivera	• West Fullerton
• Compton	• Irvine	• Riverside Arlington	• Apple Valley
• Eagle Rock	• Mission Valley	• Rosemead	• Burbank
• Encinitas	• Montclair	• Santee	• Palm Desert
• Hawthorne	• Northridge	• Vista	• Westlake

Kaiser Permanente Senior Advantage (KPSA)

My OC Benefits™

Silver & Fit Exercise and Healthy Aging Program

Now available for Kaiser Permanente Senior Advantage (HMO) plan members

The Siver&Fit Exercise and Healthy Aging Program* can help you stay active and thrive, at no additional cost. Choose the exercise plan that best matches your lifestyle:

FITNESS FACILITY MEMBERSHIP

Select a fitness facility from Silver&Fit's broad network of participating fitness facilities. Where available, you can:

- Work out with cardiovascular and strength-training equipment
- Access features such as saunas, pools, and whirlpools†
- Attend Silver&Fit classes, including yoga, swimming, strength and cardio training, and more
- Get Healthy Aging materials to help you find the right exercise program

HOME FITNESS PROGRAM

We make it easy to fit fitness into your day–right where you're most comfortable. With the home fitness program, you'll get:

- Up to 2 home fitness kits each benefit year
- A choice of fitness styles, such as Pilates, stress management, and Chair Dancing
- Healthy Aging materials to help you find the right exercise program

Kaiser Permanente Senior Advantage (KPSA)

My OC Benefits™

Transportation – Need a ride to the doctor?

You can now get a ride to and from your doctor visits at no charge. As a Kaiser Permanente Medicare health plan member, you can get a ride to and from your appointments at no cost. Your plan covers up to 24 one-way trips (50 miles per trip) per calendar year

To use this service, you must:
Be a County of Orange KPSA member and be going to a medical service covered by the plan.

- You can get a ride to and from your medical related appointments at no cost
- Your plan covers up to 24 one-way trips (50 miles per trip) per calendar year
- You can get rides for: doctor appointments, medical services such as lab or X-ray and picking up medications or medical equipment

To schedule a ride:

- For rideshare, taxi, or private transportation service call: 1-877-930-1477 (TTY 711)
- Wheelchair van or gurney van service, request the service through your KP doctor
- Request your ride at least 3 business days (Monday through Friday) before your appointment

Kaiser Permanente Senior Advantage (KPSA) Enrollment

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- You make elections through the County and we send your request for enrollment to Kaiser.
- Kaiser and Centers for Medicare and Medicaid Services (CMS) will process your request to be enrolled in this plan.
- Your election into KPSA is pending CMS review and not final until we receive approval.
- If you are not approved to be enrolled in KPSA, you will be automatically enrolled into the designated health plan effective the first of the month when your retiree coverage starts or you turn 65.
  - You will be notified through a Confirmation of Benefits sent by the Benefits Service Center.

SCAN HMO

My OC Benefits™

SCAN Health Plan is an HMO

- Contract with private doctors, medical groups and hospitals:
- Examples of the providers we contract with:

  - Greater Newport Physicians
  - Memorial Care Medical Groups
  - Monarch Health Care
  - St. Joseph Medical Group
  - Saddleback Medical group
  - Hoag Hospital
  - Hoag Memorial
  - Fountain Valley Regional

SCAN HMO

My OC Benefits™

• Primary Care Physician/Specialist	$15 copay
• Hospital Admission	$100 copay per admin
• Urgent Care	$15 copay
• Generous Prescription Drug Plan	
– Generic	$10 copay
– Brand	$20 copay
(50% discount on many generics when using preferred pharmacies)	
• Vision Services	$15 copay; $0 copay for lenses; $100 frame allowance or $130 contact allowance
• Hearing Aid Allowance	$15 copay exam; $600 allowance
• Routine Chiropractic Care	$15 copay; 20 self-referred visits
• Transportation	$0 copay
(unlimited rides; 75 miles maximum per ride)	
• Silver Sneakers - Fitness Program	$0 copay
• Telehealth	$0 copay
• Independent Living Power® (ILP)	$0 copay

SCAN HMO

My OC Benefits™

- **Telehealth MDLive –**
  $0 per visit/call to speak to a board-certified doctor. Members will be able to access this service either through a computer/tablet, mobile app, or through the telephone

- **Pharmacy:**
  3-Month Supply extended to 100 days at retail and mail order.
  SCAN Healthtech Technology Support Assistance

- **Express Scripts Home Delivery**: Getting Started *Members can simply contact doctor's office and request 3-month scripts are sent to Express Script, order filled and mailed to your home*

Chiropractic Benefit

- American Health Specialty provided chiropractic services Access to 20 **self-referred** routine chiropractic services

- **SilverSneakers:** A fitness membership with access to locations nationwide where participants can use equipment and take group exercise classes. Members also have access to SilverSneakers FLEX for options outside the traditional fitness location and SilverSneakers Steps for use at home!!

Anthem Blue Cross Traditional & Select HMO Plans

My OC Benefits™

- **Anthem Blue Cross Traditional and Select HMO plans include:**
  - Access to one of the nation's largest networks of doctors and hospitals
  - Coverage for preventive care, like regular checkups, screenings and shots
  - A prescription drug plan with a convenient home delivery
  - Benefits for urgent and emergency care wherever you are
  - Health and wellness tools that help you stay healthy and reach your health goals

Anthem Blue Cross Traditional & Select HMO Plans

My OC Benefits™

Primary Care Physician- PCP

Select from Anthem HMO Providers

- Family Practice/Internal Medicine/General Practice
- Provides and coordinates routine checkups, treatment of medical problems, and other health care services

Predictable Health Care Costs

- No Deductibles
- Set Co-Pay amounts
- Preventive Care covered at 100%
- Flu Shots – Medical Office and In Network Pharmacy covered at 100%
- 24/7 NurseLine
- Live Health Online

Anthem Blue Cross Traditional HMO

My OC Benefits™

- You have the full Blue Cross HMO Network to choose your Primary Care Physician from

Covered Medical Benefits	You Pay
Yearly Deductible	None
Max Yearly Out of Pocket	None
Preventive Care	No Charge
Primary Care Visit	$20 copay per visit
Specialist Care Visit	$20 copay per visit
LiveHealth Online Visit	$20 copay per visit
Emergency Room Visit *(copay waived if admitted)*	$50 copay per visit
Outpatient Surgery	No Copay
Hospitalization	$100 copay per admission
Covered Pharmacy Benefits	**You Pay**
RX Deductible	None
Generic	Level 1: $5 copay per prescription Level 2: $10 copay per prescription
Brand	Level 1: $25 copay per prescription Level 2: $30 copay per prescription
Non-Formulary	Level 1: $45 copay per prescription Level 2: $50 copay per prescription

Anthem Blue Cross Select HMO

My OC Benefits™

- Blue Cross HMO Network-offers a more select network to choose your Primary Care Physician from

Covered Medical Benefits	You Pay
Yearly Deductible	None
Max Yearly Out of Pocket	None
Preventive Care	No Charge
Primary Care Visit	$20 copay per visit
Specialist Care Visit	$40 copay per visit
LiveHealth Online Visit	$20 copay per visit
Emergency Room Visit *(copay waived if admitted)*	$100 copay per visit
Outpatient Surgery	No Copay
Hospitalization	No Copay
Covered Pharmacy Benefits	**You Pay**
RX Deductible	$100/ individual Maximum of three separate deductibles per family (Brand Name & Self- Administered Injectable Drugs Only)
Generic	Level 1: $5 copay per prescription Level 2: $10 copay per prescription *(deductible wavied)*
Non-Formulary	Level 1: $45 copay per prescription Level 2: $50 copay per prescription

Anthem Blue Cross Traditional & Select HMO

My OC Benefits™

How do you use the Rx Choice Tiered Network?

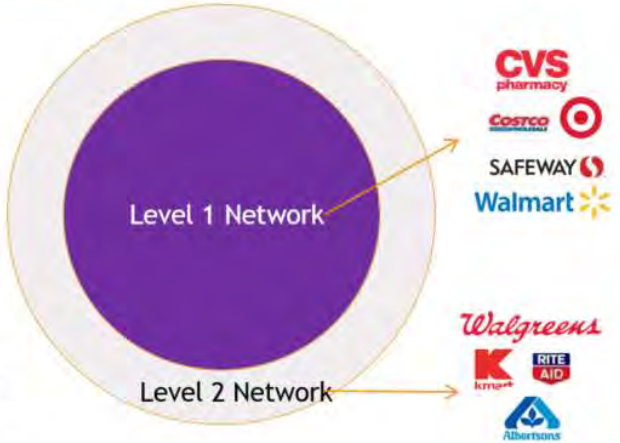
Anthem BlueCross

Level 1:
Nearly 25,000 pharmacies in the Rx Choice Tiered Network

Employee pays only their standard cost share.

Level 2:
Visit one of the remaining 50,000 National Plus network pharmacies.

Employee pays cost share *plus* $10 or 10% of drug cost, depending on benefit design.



Anthem Blue Cross Traditional & Select HMO

My OC Benefits™

LiveHealth ONLINE

- Have a private video appointment with a doctor on your mobile phone, tablet or computer with a webcam
- Doctors are available 24/7 for advice, treatment and prescriptions, if needed
- See a licensed therapist or psychiatrist. Appointments are available 7 days a week and usually cost the same as an in-person visit

Sign up at livehealthonline.com today or download the free app

Anthem Blue Cross Custom PPO

My OC Benefits™

- Offers you more flexibility to see any provider
- Same Benefits In or Out of Network
- Office Visit Copay- $20 Per Visit
- Hospitalization Copay- $100 Per Visit
- Offers Select Generics at no cost

Prescription Drug Coverage	30 Days	90 Days
Generic Drug	$10	$20
Brand-Name Drug	$30	$60
Non-Preferred Brand	$50	$100

Anthem Blue Cross Standard PPO

My OC Benefits™

- Different benefits In and Out of network
- In Network Office Visit Copay- $25 Per Visit
- In Network Office Visit Copay Specialist- $40 Per Visit
- In Network Inpatient Hospitalization Copay - $200, days 1 - 5
- In Network Outpatient Hospitalization Copay - $100
- Offers Select Generics at no cost
- Deductible- $200 Applicable to Brand Name Drug

Prescription Drug Coverage	30 Days	90 Days
Generic Drug	$15	$30
Brand-Name Drug	$45	$90
Non-Preferred Brand	$45	$90

Anthem Blue Cross Senior Secure HMO

My OC Benefits™

- Out of the three Anthem Medicare Advantage plans this plan provides the richest benefits and includes:
  - Eyeglasses/Contacts
  - Extra Chiropractic
- Office Visit Copay Specialist- $20 Per Visit
- Medicare Covered Hospital Stays - $100 Per Admission
- Offers Select Generics at no cost

Prescription Drug Coverage	30 Days	90 Days
Generic Drug	$10	$20
Brand-Name Drug	$30	$60
Non-Preferred Brand	$50	$100

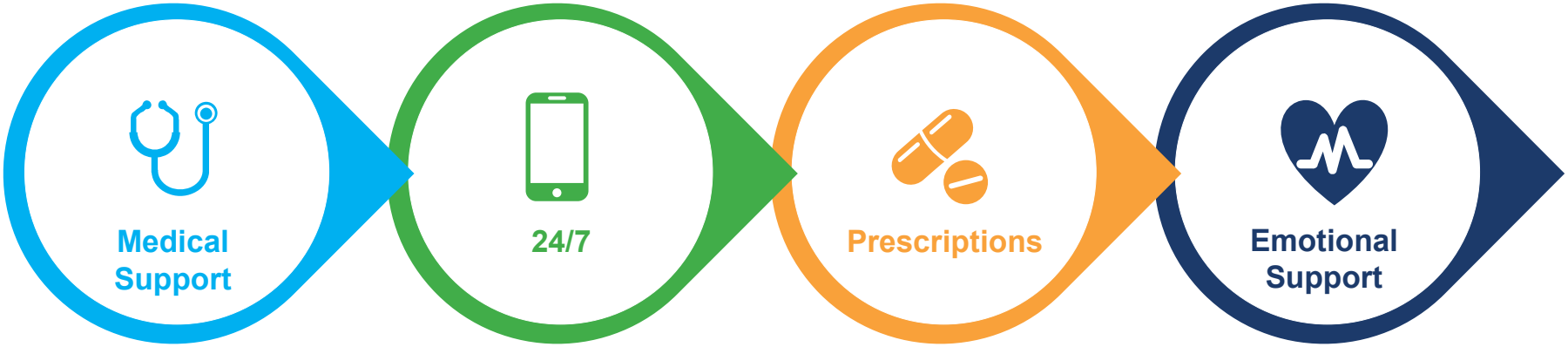
Anthem Blue Cross Medicare Advantage Plans

My OC Benefits™

- **24/7 Nurse help line and audio library**
  - Talk in private with a registered nurse about your health any time day or night
  - Listen to health topics by calling the 24/7 nurse help line audio library
- **SilverSneakers® Fitness Program**
  - A no cost health, exercise and wellness program to help you live healthier and active lifestyles, while having fun and meeting new friends
  - Access to 14,000+ fitness locations nationwide. Many sites offer:
    - Exercise equipment (treadmills and free weights), pool and sauna
    - Signature SilverSneakers classes designed for all fitness levels
    - Health education seminars and other events that promote the benefits of a healthy lifestyle
    - Member-only access to online support that can help you lose weight, quit smoking or reduce your stress

Anthem Blue Cross – LiveHealth Online

My OC Benefits™



- Easy and convenient care for conditions such as cold, flu and infections
- $0 copay for online video visits

- Visit with an in-network board certified doctor 24 hours a day, 7 days a week, 365 a year

- Doctors can send prescriptions to the pharmacy you select if medically necessarily

- Talk to an in-network licensed therapist or board-certified doctor to discuss feelings of depression, stress or anxiety

Anthem Blue Cross Medicare Advantage Plans

My OC Benefits™

► Healthy Meals (Healthy Food Delivery)

Our Healthy Meals program delivers nutritionally balance meals to the homes of eligible retirees at no cost

This benefit is available to a retiree if they have been discharged from the hospital or if they meet one or more of the following conditions:

- A1C > 9 (diabetic)
- BMI > 25 (overweight) or BMI < 18.5 (underweight)

Core benefit (56 meals a year, provided across 4 distinct "events")

- Each event qualifies retiree for 14 meals
- Each inpatient stay = 1 event
- Chronic meal events can be recertified after an event (14 meals) is used

* Prior approval based on the conditions is required

Medicare and Retiree Health Plans

My OC Benefits™

The following plans are Medicare Advantage Plans and Medicare must be assigned them:

- Kaiser Senior Advantage HMO
- SCAN HMO
- Anthem Blue Cross Senior Secure HMO
- Anthem Blue Cross Custom PPO
- Anthem Blue Cross Standard PPO

Medicare Advantage Plan Process

My OC Benefits™

- The Centers for Medicare and Medicaid Services (CMS) must approve enrollment in a Medicare Advantage plan.
- Enrollment requires the health plan to verify your coverage under Medicare Parts A, B and D, and your Medicare is assigned to the plan you select.
- It is important for you respond to any calls, questions or inquiries by the Medicare Advantage health plan and provide any requested documentation as soon as possible.
  - Providing this information as soon as possible will help to eliminate delays in processing your enrollment.

Medicare Advantage Plan Process - Medicare Assignment

My OC Benefits™

- Medicare Advantage plans require that you “assign” your benefits to that health plan
- The health plan receives reimbursement from CMS to provide benefits
- You pay any deductibles or co-payments

Medicare Assignment

My OC Benefits™

- Failure to enroll in or maintain your Medicare coverage will impact your enrollment in a Medicare Advantage plan and will result in an increase in your monthly health plan rates and suspension of your Retiree Medical Grant (if applicable)

- Assigning your Medicare Parts A, B and D, to another plan (including an individual prescription drug plan) can result in enrollment into another County health plan at significantly higher rates

Medicare Advantage Plan Process – Default Coverage

My OC Benefits™

- If your enrollment into a Medicare Advantage Plan is not approved, you will be automatically enrolled into the default plan and receive an updated Confirmation of Benefits.
  - Previously enrolled in Sharewell Retiree PPO
    - Sharewell Retiree PPO is the default plan
  - Previously enrolled in any other retiree plan
    - Wellwise Retiree PPO is the default plan
- You may also be responsible for payment of services accessed.

Medicare Part D Prescription Drug Coverage

My OC Benefits™

- Creditable Coverage letter - mailed to eligible participants including eligible covered dependents by the Benefits Service Center to home addresses
  - Anthem Blue Cross Traditional, Select HMO, and Wellwise Retiree plan members should not enroll in a Medicare prescription drug plan because their County prescription drug coverage is equal to or better than Medicare
  - Kaiser Senior Advantage, SCAN, and Anthem Blue Cross Medicare Advantage plan members do not have to enroll in a Medicare prescription drug plan because the health plan will automatically enroll you in these benefits

Medicare Part D Prescription Drug Coverage

My OC Benefits™

- Non-Creditable Coverage letter - mailed to eligible participants and eligible covered dependents by the Benefits Service Center to home addresses
  - Medicare-eligible Sharewell Retiree, we strongly recommend you enroll in a Medicare prescription drug plan because Medicare Part D provides additional prescription drug benefits and to avoid possible late enrollment penalty should you decide to enroll in Medicare Part D later
    - Applies to retirees, employees, and dependents enrolled in Sharewell that are age 64 or older
- **Important:** Do not sign up for Medicare Part D plan outside of your County health plan, except if you are enrolled in Sharewell Retiree PPO Plan

Health Plan Effective Dates

My OC Benefits™

- Active employee coverage ends on the last day of the month in which you remain an active employee
- Retiree coverage starts on the first day of the month following your separation date
- Example:
  - Last day of work: June 15
  - Active coverage ends June 30
  - Retiree coverage starts July 1

Enrollment Process

My OC Benefits™

Step 1: Notify OCERS online of your retirement date 60 days before your last day at work.

- **Step 1: Notify OCERS** online of your retirement date 60 days before your last day at work

Benefits Service Center

- Calculates the amount of your Grant (if applicable)
- Sends you an Intent to Retire Summary and Enrollment Solicitation
- If Medicare eligible, will also receive an Attaining Medicare Summary

Your packet will be sent 1 – 2 weeks after the Benefits Service Center receives your "intent to retire" information from OCERS

Enrollment Process

My OC Benefits™

Step 1 (continued):

- If you are currently employed and over 65, you should go to Social Security 60-90 days prior to your retirement date to ensure your Medicare is in place
- You may be given a Verification of Employment form. This form can be completed by Employee Benefits, call 714-834-6282 for assistance
- You need to have your Medicare Identifier Number (MBI #) to make your elections, if you and/or a dependent are of Medicare age
  - By starting this process early, you will avoid delays and/or being denied enrollment into a Medicare Advantage health plan

Enrollment Process

My OC Benefits™

Step 2: Review and enroll in retiree health plan coverage within 30 days from the date on your Benefits Enrollment Solicitation

- If you and/or your covered dependent is Medicare eligible, you **must** have you're and your dependent's Medicare Beneficiary Identification (MBI) number and Medicare effective date(s) in hand at the time of enrollment
  - This is required to complete the Medicare Data Self Service(MDSS) portion of your enrollment required for those that are Medicare eligible
- If you do not have the applicable Medicare information at the time of enrollment, you will not be able to see any Medicare plan options and rates
  - Your Grant (if applicable) will not be shown as well

Enrollment Process

My OC Benefits™

Step 2 (continued): **Review and enroll** in retiree health plan coverage

- Complete your enrollment using one of the following methods:
  - Website: mybenefits.ocgov.com
  - Benefits Service Center representative: 1-833-476-2347
- If you make no new elections, or if you elect a Medicare Advantage plan and your enrollment is not approved you will be enrolled in a default plan
- If enrolling in any Kaiser plan, you must agree to Kaiser's attestation found on the website or read by a representative

Enrollment Process

My OC Benefits™

Step 3: Review your Confirmation of Benefits to report any errors to elections you've made within 14 calendar days from date on the notification.

- Notification follows health plan selection
  - If you make your election online, you print out your Confirmation right away
  - If a representative makes your election, based on your communication preference it will either be emailed or mailed to your home address
- Coverage changes are pending until you retire

Enrollment Process

My OC Benefits™

Confirmation of Benefits

- Review carefully for any additional instructions or requirements, such as documentation of Medicare enrollment
- Failure to follow the instructions could result in placement into a non-Medicare Advantage plan (if applicable) and/or termination of your Retiree Medical Grant, per plan rules

Enrollment Process – Medicare Verification

My OC Benefits™

Medicare Documentation Requirements:

- If you and/or your dependent spouse are Medicare eligible, you are required to provide the MBI number and effective date(s) on your Medicare card at the time of making your election
  - You must submit a copy of your and/or your dependent's Medicare card(s) that match the data provided at enrollment
  - You have 60 days from the date you made your election to submit Medicare documentation

Enrollment Process – Medicare Verification

My OC Benefits™

- If you fail to provide the Required Medicare Documentation by the deadline, starting the first of the following month:
  - Your Grant will be suspended, and
  - You will be enrolled in the default plan and pay the higher non-Medicare rates
- Your Grant and Medicare rate will be reinstated the 1st of the month following the receipt of the required documentation: however, you will not be allowed to re-enroll in your previously selected plan
- You will remain in the default plan until the next Annual Open Enrollment, unless you experience a Qualified Life Event (QLE) that allows you to change health plans

Enrollment Process – Dependent Eligibility

My OC Benefits™

Dependent Eligibility

- You are required to provide documentation of eligibility for any newly added dependents:
  - Marriage certificates; and
  - Tax documents/Proof of Joint Debt (if applicable)
- If you do not submit documentation for a newly added dependent within 30 calendar days from the date on your Dependent Verification Notice that will be sent to you, your dependent will be removed from your coverage
- It is your responsibility to notify the Benefits Service Center within 30 calendar days when a dependent becomes eligible or ineligible for coverage

Enrollment Process

My OC Benefits™

Step 4: Pay your share of the health plan rates

- Initially you are billed directly for your retiree health plan premiums (if applicable)
  - If Grant eligible, Grant is applied to offset the premium
- Benefits Service Center will send you an invoice that will advise you of the amount due on or before the stated due date
- Between 60 – 90 days after you retire automatic pension deductions will occur on your monthly OCERS pension
  - If your pension can't support this monthly amount, you will remain on monthly direct billing payments

Enrollment Process

My OC Benefits™

Immediate Retirement: Benefit Service Center may not recognize you as an "Intent to Retire"; will only see termination notification input by Human Resources Services

Inform Benefits Service Center of late notification to OCERS

May have appearance of lapse in coverage

If you need immediate services or a prescription drug filled, work with Employee Benefits

Note: If you switch to an HMO plan upon retirement, you may be required to select Primary Care Physician

Summary – Enrollment Process

My OC Benefits™

- **Step 1:** Notify OCERS *60 days* before your last day at work
  - If you and/or your spouse are Medicare eligible, make sure your Medicare is in place
- **Step 2:** Elect your retiree health plan coverage within *30 days* from the date on your Benefits Enrollment Solicitation
- **Step 3:** Review your Confirmation of Benefits and Dependent Verification Notice
  - Submit required documentation to verify dependent eligibility and/or Medicare enrollment
- **Step 4:** Pay your share of the health plan rates (if applicable)

Default Examples – Medicare Verification

My OC Benefits™

- Mary Smith retired at age 66. She receives her Intent to Retire Enrollment notification on 4/1 with an enrollment deadline of 4/30. Mary completes her Medicare Data Self Service and health plan election on 4/15. She elected to be enrolled in SCAN HMO and CMS approved the enrollment with an effective date of 6/1
  - uploads a copy of her Medicare card within 60 days from her enrollment date of 4/15
  - received CMS approval for her enrollment into SCAN
  - Since she met her enrollment deadline of 4/30, received CMS approval, and met her Medicare document submission deadline of 6/15, she is successfully enrolled in SCAN
- Mary Smith completed the steps mentioned above **except for submitting a copy of her Medicare card by the deadline**
  - Even though CMS approved Mary's enrollment into SCAN and her election was made within 30 days of receiving her enrollment notification, the documents were not uploaded within 60 days of the election. Mary will remain in SCAN for June and July and will be defaulted to Wellwise PPO effective 8/1/21. She will pay the non-Medicare rate and Grant will be suspended, if applicable

Default Examples – CMS Denial

My OC Benefits™

- Hilda Smith retired at age 65 and received her Intent to Retire enrollment notification dated 4/1 with an enrollment deadline of 4/30
  - completes her Medicare Data Self Service and retiree health plan election on 4/15 (elects Anthem Senior Secure HMO)
  - uploads her Medicare card on 5/30 (within 60 days from when she completed her elections)
  - CMS does not approve her Medicare eligibility
  - Even though Hilda made her election within her enrollment window, **CMS did not approve her enrollment.** Hilda will be defaulted to Wellwise at the Non-Medicare rate with no grant, effective 5/1. Once CMS approves Hilda's eligibility for Medicare, she will be eligible for the Medicare rate and the adjusted grant. She will remain in Wellwise until she has a QLE or until Open Enrollment, whichever comes first.

Health Plan ID Cards

My OC Benefits™

- If you switch to a different health plan:
  - New health plan ID cards are mailed within 30 days of Confirmation of Benefits, issued after you actually retire
  - If you do not receive your ID cards, contact the health plan directly
  - If you need to use your medical or prescription drug benefits before your ID card arrives, call Benefits Service Center to have your coverage verified with your provider or pharmacy

Things to Consider

My OC Benefits™

- Life Insurance – portability of insurance; contact the plan administrator for more information
- Reimbursement Accounts – you may only file claims for expenses incurred through your last date of employment
- If you Take the Temporary Opt Out, you must maintain continuous coverage and will have a one-time opportunity to Opt Back In
- Deferred retirement — Must enroll in Retiree Medical Program within 30 days of activating OCERS Pension
- Keep your communication preference email and/or mailing address current with the Benefits Service Center as well as OCERS
- Annual Open Enrollment is held during the Fall each year

Benefits Service Center

My OC Benefits™

- www.mybenefits.ocgov.com
- Phone: 1-833-476-2347
  - Hours 8 a.m. – 6 p.m. M-F, except holidays
- **Direct Bill Payment Mailing Address**:
  - County of Orange Benefits Service Center
  - P.O. Box 1541
  - Carol Stream, IL 60132-1541

Wellwise Retiree & Sharewell Retiree PPO Plans

My OC Benefits™

- Blue Shield of California Plan Administrators
  - Benefits, preferred providers, hospital information
  - **www.blueshieldca.com/oc**
  - Phone: 1-888-235-1767
- OptumRx-Wellwise & Sharewell Retiree Plan Participants
  - Prescription drug information
  - **Optumrx.com**
    - Wellwise: 1-800-573-3583
    - Sharewell: 1-844-880-0759

Anthem Blue Cross Medicare Advantage Plans

My OC Benefits™

- Anthem Blue Cross Custom PPO Plan & Standard PPO Plan
  - **www.anthem.com/ca/countyoforange**
  - First Impressions Phone: 1-833-848-8729
- Anthem Blue Cross Senior Secure HMO
  - **www.anthem.com/ca/countyoforange**
  - First Impressions Phone: 1-833-848-8729

SCAN Health Plan

My OC Benefits™

- SCAN HMO Plan
  - www.scanhealthplan.com/CountyofOrange
  - First Touch Phone:1-877-212-7654

Additional HMO Plans

My OC Benefits™

- Kaiser: **www.kp.org**
  Phone: 1-800-464-4000
  - ASHP (Chiropractic): **www.ashcompanies.com**
  - Phone: 1-800-678-9133

- Anthem Blue Cross HMO Health Plans
  (Traditional & Select)
  - **www.anthem.com/ca/countyoforange**
    First Impressions Phone: 1-888-831-2238

Employee Benefits Website

My OC Benefits™

https://hrs.ocgov.com/employee-benefits/benefits-retirees

For general information about your County of Orange retiree benefits:

- Retiree Medical Health Plan One Page Summaries
- 2022 Retiree Health Plan Monthly Rates
- Intent to Retiree Summary
- Health Plan Contact Information
- Retiree Medical Plan Document

Employee Benefits

My OC Benefits™

- **Employee Benefits Office**

  333 W. Santa Ana Blvd, Room 137
  Santa Ana, 92701

  Employee Benefits Contact Line: 714-834-6282
  Fax: 714-834-7088
  Email: HR_EmployeeBenefits@ocgov.com

Thank you for attending today!

My OC Benefits™