ENROLLING IN COUNTY RETIREE HEALTH



STEP BY STEP GUIDE

STEP 1: OBTAIN MEDICARE**

If you or your covered dependent are Medicare eligible, you will need to apply for Medicare through the Social Security Administration, 90 days prior to your retirement date. You must be enrolled in Medicare Part A (if eligible at no cost) and Part B to be eligible to receive the Retiree Medical Grant. It is important to complete this step early. First, contact the Employee Benefits office to obtain the form you will need to apply for Medicare.

STEP 2: NOTIFY OCERS

60 Days before retiring, you can report your Intent to Retire through OCERS, The Orange County Employee Retirement System. OCERS will communicate your intent to retire to the Benefits Service Center. The Benefits Service Center will solicit you to make an election for your retiree health care coverage

STEP 3: MAKE YOUR RETIREMENT ELECTION

You have 30 calendar days from the date on your Intent to Retire solicitation to select an enrollment option. Otherwise, you will receive the Automatic Benefits Coverage.

During your 30-day enrollment period you can:

- Enroll into a County retiree health plan
- Temporary Opt Out of Coverage
- Permanently Disenroll

Things to keep in mind:

- If you do not provide your Medicare information and Medicare ID Number when you enroll, you will not see Medicare plans or premiums or, if eligible, your Retiree Medical Grant amount.**
- If you do not elect an option during your enrollment period, you will be enrolled in default retiree medical coverage and be invoiced for payment.
- HMO plan eligibility depends on your home address. PO Boxes cannot be used.

For more detailed instructions, please refer to your Intent To Retire or Age Attainment summaries

STEP 4: SUBMIT MEDICARE DOCS**

Submit documentation of Medicare enrollment to the Benefits Service Center within 60 days of making your election. Based on your elections, make sure you complete any action steps that you are required to do. Such as newly added dependent, documentation will be required.

STEP 5: REVIEW CONFIRMATION OF BENEFITS FOR ACCURACY

STEP 6: MEDICARE DELAY?**

If you elect a Medicare Advantage plan, the Centers for Medicare and Medicaid Services (CMS) will determine your benefit start date. If this date is later than the effective date of your retiree medical coverage, you will be temporarily enrolled in the Sharewell Retiree PPO plan to bridge the gap and ensure you have continuous coverage. Please note that in this temporary plan, you will pay the Non-Medicare Rates and your Grant will not be applied.

STEP 7: MAKE YOUR PAYMENT

Until your pension gets set up, which usually takes between 60-90 days after retirement, you will receive a direct bill invoice to pay for your health plan premiums. Once your pension is set up, automatic deductions for health plan premiums will reflect on your pension. Continue to pay for all invoices for your retiree health plan (if applicable) until then.

VIEW THE NEW RETIREE ORIENTATION BY VISITING:

HRS.OCGOV.COM/RETIREE. BENEFITS

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IMPORTANT REMINDERS

WHAT YOU NEED TO KNOW

CONTACT EMPLOYEE BENEFITS

The Employee Benefits team can complete the Social Security Verification of Employment form, CMS-L564E, if you will need to activate your Medicare. The Employee Benefits team can be reached at:

- AskEmployeeBenefits@ocgov.com
- 714-834-6282

KEEP ADDRESS CURRENT

Keep your home address current by notifying your Agency HRS representative of address changes until you retire. Once you retire, confirm your communication preferences are also updated and if you move you will need to notify the Benefits Service Center of your new address. Keep in mind, eligibility for some of our health plans are zip code based so it is important to keep your address current. You will also want to notify OCERS and any other organization you may be affiliated with.

TEMPORARILY OPTING OUT

If you would like to elect the retiree temporary opt out, contact the Benefits Service Center and speak to a representative to complete this process. You will be required to return a signed attestation form by a given deadline. If you do not, you will be placed into a default Retiree Health Insurance Plan.

PERMANENTLY DISENROLLING

If you are not interested in the County Retiree Medical Plan and wish to permanently disenroll, you must call the Benefits Service Center. If you are Medicare and Grant eligible, you can also discuss your Medicare premium reimbursement options.

CHANGE IN RETIREMENT DATE

If your retirement date changes, you will need to notify OCERS and the Benefits Service Center immediately.

TURNING 65

90 days prior to you or your covered dependents 65th birthday, you will receive an Attaining Medicare solicitation. This event will allow you the opportunity to select a different health plan based on you and/or your dependents Medicare status. Review detailed instructions included in your Attaining Medicare Solicitation.

DEFERRED RETIREES

If you are a deferred retiree, once you notify OCERS to activate your pension, you will receive an enrollment solicitation and you will have 30 days from that solicitation to make your elections or be defaulted into Sharewell Retiree PPO if no action is taken.

SURVIVING SPOUSES

If you are a surviving spouse, you will receive a Confirmation of Benefits with your current coverage details. You will have 30 days to make a health plan change if you wish.

HEALTH REIMBURSEMENT ACCOUNT

If you have a Health Reimbursement Account, (HRA), you can access your funds once you have separated from County service by reaching out to MissionSquare at:

- www.missionsq.org/orangecounty
- 1-866-620-6065

Make your benefit elections on the My OC Benefits™ website at mybenefits.ocgov.com, or speak to a Benefits Service Center representative at 1-833-476-2347, between 8 a.m. and 6 p.m. Pacific time, Monday through Friday, except holidays

You must actually separate from County employment and activate your retirement benefits with OCERS for your County Retiree Health Plan coverage to be effective.