



Waiving Health Coverage

What you need to know

Each year, the County reviews its benefit options in response to a changing market as well as employee needs. As you make your benefit decisions — whether you're a new employee, enrolling during Open Enrollment or making changes in response to a Qualified Life Event (QLE) — it's important to understand how the waived coverage option works.

You'll find information on the other County Health Plan options in the [What to Know](#) guide on **My OC Benefits™**.



Is Waiving Coverage Right for You?

There are many things to know and consider before making a decision to waive coverage.

Waiving coverage may be right for you if you can access coverage through another entity at a lower cost, or if it includes a different network or provides a benefit that meets a specific need. These plans may include your spouse's/ domestic partner's employer plan or a plan available due to your previous military service.

Waiving Coverage vs. the Sharewell Choice PPO

With Sharewell Choice, the County gives you a payroll credit to be enrolled in this plan, but it's important you understand how coordinating your benefits with other coverage will work.

- If you choose the Sharewell Choice PPO, it would be your primary provider. You would still need to meet the annual deductible before the Plan will begin reimbursing for eligible expenses, and you would need to coordinate benefits with your other health plan.
- If you choose to waive County health coverage, your other plan will be your primary provider. That means no need to coordinate benefits, and you will only have to meet that plan's deductible, if applicable. Of course, you would miss out on the Sharewell payroll credit, but that might be worth it to you.

Things to Think About

If you choose to waive coverage, you will elect "No Coverage" when you enroll.

- You and any currently covered dependents will not have County medical coverage during the plan year. You cannot cover dependents without covering yourself.
- You must attest that you will have other qualifying health coverage as required by the Affordable Care Act (ACA).
- If you experience a QLE, you may be eligible to re-enroll in health coverage, although not every QLE allows you to change coverage. To learn more, model common events in the "[Life Changes](#)" section of **My OC Benefits™**.

Thinking About Retiring?

If you elect “No Coverage” and then retire during the year, you are still eligible to enroll in a Retiree Medical Plan and will be provided an opportunity to enroll once you initiate your retirement with the Orange County Employees Retirement System.

For more information on initiating your retirement, you’ll want to review the [Intent to Retire](#) as well as the [Attaining Medicare](#) summaries.

When Things Change

Typically, you can only make or change benefit elections when you first become eligible for coverage and during Open Enrollment. However, you can make changes during the plan year if you:

- Experience a Qualified Life Event (QLE).
- Experience an eligible change in employment status (e.g., full-time to part-time).
- Begin or end a leave of absence.

Some QLEs do not permit you to change health plans; however, you may be eligible to change your Reimbursement Account elections and other benefits (if applicable). See the “[Life Changes](#)” section of **My OC Benefits™** for details and deadlines.

And if You’re on Leave...

The rules for waiving coverage depend on the type of leave you take:

- If you start an unpaid leave, including an unpaid medical leave, you may remain in your current plan, select another plan or choose the “No Coverage” option. You are not required to have other coverage elsewhere.
- If you start a paid leave, you cannot make any changes to your coverage unless you experience a QLE while on leave.
- When you return to work, you may choose a different plan or remain in your current plan, no matter which plan you were in while on your leave. You can also choose to waive coverage, as long as you have coverage elsewhere. If you choose to waive or continue to waive coverage, you will need to attest that you will have other qualifying health coverage as required by the Affordable Care Act (ACA).



Ready to Enroll?

Go to **My OC Benefits™** directly from **IntraOC** or at mybenefits.ocgov.com. If it's your first time on the site:

- Select “New User?” on the login page.
- Enter the last four digits of your Social Security Number and your date of birth.
- Follow the prompts to create your user ID and password.

You will see a notification directing you to enroll in your benefits. To enroll, select “View/Change” to see your options.

Are You Waiving Coverage?

If you've decided to waive coverage, select the “No Coverage” option. If you are not on a leave, you'll be prompted to attest that you have coverage elsewhere and agree to submit proof of other coverage when requested. Confirm your understanding, and then you can continue to review your other benefit options. If you do not provide the requested proof you will be enrolled in a County health plan.

Open Enrollment - Enrolling or Remaining in Waived Coverage

If you are electing “No Coverage” option for the first time during Open Enrollment you will need to attest you have coverage elsewhere and you must provide that proof by the deadline noted on the solicitation sent you after the close of Open Enrollment. If you are currently in “No Coverage” and wish to remain in this option, you will only be required to submit proof of coverage elsewhere as stated above.

If proof is not provided by the deadline, Full time employees will be enrolled in Wellwise employee only coverage, Part time will be enrolled in Sharewell employee only coverage.

Questions or Help Enrolling?

Call the **Benefits Service Center** at **1-833-476-2347** between 8 a.m. and 6 p.m. Pacific Time, Monday through Friday. Hours are extended during Open Enrollment to 8 p.m. Pacific Time, Monday through Friday.

