



Attaining Medicare Eligibility Summary

Reaching That Milestone Birthday Soon?

Becoming eligible for Medicare is one of the most significant events affecting your County of Orange retiree health benefits. As you and/or your spouse/domestic partner become eligible for Medicare, there are several key actions you need to take. In particular, **you and your spouse/domestic partner must apply for Medicare three months before reaching age 65.**

The County of Orange is providing this guide to help you every step of the way:

Enrolling in Medicare

For details about or to enroll in Medicare, call the Social Security Administration at **1-800-772-1213**, or visit **ssa.gov**.

- 1** After you have enrolled in Medicare Part A (if it's at no cost to you) and Part B, you will receive your Medicare card and Medicare ID Number. You should receive it before your 65th birthday. The same is true for your spouse or domestic partner.
- 2** When you become eligible for Medicare Part A (if it's at no cost to you) and Part B, your Retiree Medical Grant will be reduced by 50 percent. This reduction does not apply if you must pay for Medicare Part A. You will need to provide proof to the **Benefits Service Center**. If you do not enroll in Medicare Part B or provide proof of your enrollment, your Retiree Medical Grant will be suspended.
- 3** Look for "Medicare Checklist" on your home page and follow the link. Look for "Provide your Medicare Data" in the checklist. Select it and you will be taken to the screen where you can enter Medicare data for you and/or your spouse/domestic partner. If you or your dependents have enrolled in Medicare early (before age 65), call the **Benefits Service Center** to update your Medicare information. Be sure to complete this step before you enroll.
- 4** Once you have provided your Medicare data on **My OC Benefits™**, you will see the appropriate Medicare options and premiums, and Grant, if eligible, when you are reviewing health plan options. You'll then be able to:
 - Compare your Medicare or Mixed Medicare plan options and premiums.
 - Factor in your Retiree Medical Grant amount, if eligible.
 - Review the benefits summary for each plan.
 - Contact the health plan providers directly to learn more about the plans, including participating doctors and hospitals as well as coverage areas.
 You can also call the **Benefits Service Center** at **1-833-476-2347** and speak to a representative for assistance.
- 5** When enrolling in a Retiree Health Plan option, note that:
 - If you are electing coverage for yourself only and choose not to cover any dependents, you can enroll in the individual option that matches your Medicare eligibility status.
 - If you wish to cover both Medicare- and non-Medicare-eligible parties, you can review your options under Retiree Medical Mixed Medicare by selecting "View/Change."
 - If both you and your spouse/domestic partner are Medicare-eligible, you can review your options under Retiree Medical Medicare by selecting "View/Change."
- 6** Once you confirm your elections, submit any required documentation and forms to complete the enrollment process.

If you are unable to enroll before the deadline, you will receive default medical coverage and your Retiree Medical Grant will be suspended. You can switch to another health plan at the next Open Enrollment or if you have a Qualified Life Event (QLE), such as marriage or divorce, or adoption of a child.

Medicare Comes in Three Parts

Generally, you are eligible to enroll in Medicare when you reach age 65. Medicare has three parts:

- **Part A** covers major medical expenses and hospitalization. You must enroll in Part A as long as there is no cost to you.
- **Part B** covers routine physician's office visits and most outpatient services. You typically pay a monthly premium for Part B. **You must enroll in Part B.**
- **Part D** covers prescription drugs. If you are enrolling in a County-sponsored Medicare plan, **you should not enroll in a separate Part D plan**, as it may affect your eligibility for these plans. This is because the County of Orange Retiree Health Plan options (except the Sharewell Retiree PPO) provide prescription drug coverage equal to or better than Medicare Part D.

Medicare Advantage Plan

If you choose to enroll in a Medicare Advantage plan, you will need to be approved by the Centers for Medicare and Medicaid Services (CMS). If you are not approved by CMS, you will be enrolled in the Sharewell Retiree PPO plan.

Retiree Medical Grant

When you reach age 65, if you're eligible for a Retiree Medical Grant, there will be changes to your Grant. Note that the Grant is not a vested or guaranteed benefit.

- The amount of your Grant will be reduced by 50 percent when you become eligible for Medicare Parts A and B. If you pay for Part A, call the **Benefits Service Center**. When you show proof that you must pay, your Grant will not be reduced.
- If any Grant remains after it is applied to cover your Retiree Health Plan premiums, you can request to be reimbursed for your Medicare Part B premium costs. You will need to provide proof of your premium amount to begin receiving Medicare Part B reimbursements. If you are eligible to continue to receive Medicare Part B reimbursements, you will be asked to provide proof of your premium amount on an annual basis.
- You will also need to provide Medicare enrollment verification for any added dependents with Medicare.
- If you do not enroll in Medicare or do not submit the required Medicare documentation/verification, your Grant will be suspended, and you will be defaulted to the non-Medicare premiums.

Submit any required documentation on **My OC Benefits™** by the deadline so that your Grant isn't suspended.

Mixed Family Enrollees

A mixed family is when you are eligible for Medicare but your dependent is not, or vice versa. If you're in a mixed family, you'll need to enroll in the Mixed Medicare plan that best fits the needs of your family:

- Medicare-eligible family members can enroll in a Medicare Advantage plan, and non-Medicare-eligible family members will be enrolled in a corresponding non-Medicare plan.
- If you, as a Medicare-eligible individual, enroll in either the Sharewell or Wellwise Retiree PPO plan, all family members will be enrolled in the same plan.

How to Enroll in Your Retiree Health Plan

Ready to enroll? Just follow the steps below. If you start to choose your benefits but need to cancel or interrupt, your elections will not be saved.

1. Go to **mybenefits.ocgov.com**.
 - a. Look for “Update Your Medicare Information” on your home page. Select the link, and enter Medicare details for you and/or your spouse/domestic partner. Be sure to complete this step before you enroll.
 - b. To make health plan elections, select “Enroll Now” in the Required Follow-Ups box that displays immediately after entering Medicare data. You can also go to the Message Center and click on “Change Your Benefits.”
 - c. Add any new dependent you wish to cover on the “Your Dependent Information” page. If you are adding your spouse/domestic partner for the first time who is over age 65, you will need to provide his or her Medicare details as outlined above.
 - d. On the “Enroll in Your Benefits” page, select “View/Change” to see your options. Choose your health plan and choose the dependents, if any, you want to be covered.
 - e. Once you make your selection, press “Continue,” and you’ll return to the “Enroll In Your Benefits” screen.
 - f. You can only enroll in one plan. If you see multiple plan groupings, you need to select one plan, and for the other grouping select “No Coverage.”
 - g. If you’re okay with your choice, select “Complete Enrollment.” Then you’ll be asked to confirm your enrollment. If you’re sure, select “OK.” If not, select “Cancel,” and you can start again. Remember, your elections will not be saved unless you select “OK.”
2. If you need to provide any documentation, make sure you do it before the deadline noted.

First-Time User on My OC Benefits™?

At the login page, select “New User?” Enter the last four digits of your Social Security Number (SSN) and your date of birth. Then follow the prompts to create your user ID, password and Benefits Service Center PIN.

If you prefer to have someone help you enroll over the phone, you can. Just call the **Benefits Service Center** at **1-833-476-2347** between 8 a.m. and 6 p.m. Pacific time, Monday through Friday.

You’ll receive a Confirmation of Benefits by email if your email address is on file. If not, you can print the “Completed Successfully!” page if you would like to have a record of your enrollment. If you enroll through the **Benefits Service Center**, you will receive a Confirmation of Benefits in the mail.

Your new health plan will send you a new ID card.

You can Permanently Disenroll from Coverage,

If you are not interested in County Retiree Medical Plan and wish to permanently disenroll, you must call the Benefits Service Center at 1-833-476-2347. If you are Grant eligible, you can also discuss your Medicare premium reimbursement options.

Temporary One-Time Opt In, What You Need to Know

As of January 1, 2022, if you at the time of your initial retirement event elected the Temporary Opt Out, you can use your one time Opt In to enroll in a County retiree health plan. You can do so when you and/or your spouse becomes eligible for Medicare, during Open Enrollment or with a Qualified Life Event that permits this change. To opt back into coverage, call the Benefits Service Center at 1-833-476-2347. If electing upon you and/or your spouse attaining Medicare eligibility, coverage will be effective the first of the month in which your Medicare eligibility becomes effective. In order to successfully opt in, you will be required to provide a signed attestation form and provide documentation showing coverage for the entire temporary opt out period, or the current plan/calendar year, whichever is shorter. If you do not submit the signed attestation form and proof of continuous coverage by the given deadline date, you will remain in "No Coverage".

After you have successfully enrolled into a County of Orange Retiree Health Insurance Plan following the temporary opt out period, you must maintain continuous coverage in a County of Orange Retiree Health Insurance Plan and comply with Medicare enrollment requirements (if applicable) to continue to receive the Retiree Medical Grant (if eligible). No future temporary opt outs will be permitted unless otherwise allowed under the Retiree Medical Plan Document.

If you falsely attest to continuous coverage or fail to provide proof of continuous coverage, as requested, you will be removed from coverage under the County of Orange Retiree Health Insurance Plan and your Retiree Medical Grant (if eligible) will be suspended.

Things to Remember

- If you take no action by the deadline indicated on this package, you will be enrolled in default retiree medical coverage, and your Grant will be suspended.
- The elections you make remain in effect for the rest of the year; however, you may be allowed to make changes during the year if you have certain QLEs.
- You can switch to another health plan during the next Open Enrollment period.

Questions?

About the Retiree Medical Program	Call the Benefits Service Center at 1-833-476-2347 , between 8 a.m. and 6 p.m. Pacific time, Monday through Friday.
About Medicare	Call the Social Security Administration at 1-800-772-1213 , or visit ssa.gov .