



Intent to Retire Summary

Congratulations! The Orange County Employees Retirement System (OCERS) has notified us of your intent to retire. Read on for information about enrolling in the County of Orange Retiree Medical Plan and your Retiree Medical Grant, if eligible, as well as important points you'll want to consider.

Important Things to Consider

- You will need to enroll in Medicare if you or your spouse/domestic partner is approaching or is already age 65.
- You can enroll in one of a number of Retiree Health Plan options in the County of Orange Retiree Medical Plan.
- Learn more about the Retiree Temporary Opt Out option, see page 4.
- You may be eligible for a Retiree Medical Grant to offset the cost of your health plan and even Medicare premium costs.
- If you had dental coverage before you retired, you may be able to continue your dental coverage through the Consolidated Omnibus Budget Reconciliation Act (COBRA).
- If you had a Health Care Reimbursement Account (HCRA) before you retired, you can continue it through COBRA.
- If you had life insurance coverage, you can port (continue your coverage at group premiums) or convert your coverage into an individual policy.

After You Activate Medicare Part B

Watch for your Medicare card in the mail. It will show your Part B effective date. You should receive it about three months before you 1) reach age 65, or 2) reach the date you specified for Medicare to begin, if you're working past age 65. You'll need your card with your Medicare ID Number to see County Medicare plans and costs on **My OC Benefits™**. The same is true for your spouse or domestic partner.

If you change your mind about retirement, please contact OCERS as soon as possible to request to rescind your retirement.

Who's Eligible for Retiree Medical Plan Coverage?

Retired individuals or their eligible survivors who receive a monthly OCERS pension are eligible for the County of Orange Retiree Medical Plan, as are any of the following as dependents:

- A legal spouse or registered domestic partner
- Children under age 26, including stepchildren, foster children (added to coverage before age 18), legal wards under age 18, children placed for adoption, legally adopted children and children of domestic partners
- Incapacitated children age 26 or older who are dependent on you for support and were incapacitated before their 26th birthday

What Do I Need to Do?

First, make sure you've carefully reviewed all the information in this package. What you'll need to do — and the order in which you'll do it — will depend on your Medicare eligibility.

	If You or Your Spouse Is Age 65 or Older and Eligible for Medicare	If You Are Not Yet Eligible for Medicare
90 Days Before Your Retirement Date	<ul style="list-style-type: none"> Contact the County Employee Benefits Office at 1-714-834-6282 to have your Verification of Employment form completed. Apply for and activate your Medicare Part B (as well as Part A if available at no cost to you) as soon as possible to avoid any delay in approval. 	N/A
	<ul style="list-style-type: none"> View a pre-recorded New Retiree Benefits Orientation at least three months before your intended retirement date on the Employee Benefits website: hrs.ocgov.com/benefits-retirees. 	
60 Days Before Your Retirement Date	<ul style="list-style-type: none"> Locate your 11-character Medicare ID Number on your Medicare card. You'll need to provide your Medicare information to enroll in a Retiree Health Plan Medicare option. 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. 	N/A
30 Days Before Your Retirement Date	<ul style="list-style-type: none"> 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. View the How to Enroll in Your Retiree Health Plan section for detailed instructions about enrolling online. <ul style="list-style-type: none"> If you wish to permanently disenroll from the Retiree Medical, please call the Benefits Service Center to disenroll and discuss your Medicare premium reimbursement options. If you wish to temporarily opt out of the Retiree Medical Plan, you must call the Benefits Service Center at 1-833-476-2347. If you add a newly eligible dependent, be ready to submit any supporting documentation by the deadline on your Dependent Verification solicitation. HMOs are only available in California. If you are moving out of state, you'll need to elect a PPO option. You can try out different options on the My OC Benefits™ website; if they're not right for you, you can select "Quit," and your changes won't be saved. If you do not elect a Retiree Health Plan during your enrollment period, you will be enrolled in default retiree medical coverage. You will receive a Confirmation of Benefits showing your enrollment, and you will be able to switch to another health plan at the next Open Enrollment or if you have a Qualified Life Event (QLE). 	
After You Retire	<ul style="list-style-type: none"> Your Retiree Medical Plan coverage will be effective once you separate from County employment. 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, you will be enrolled in the Sharewell Retiree PPO plan. Be sure to submit a copy of your Medicare card, and any required documentation and forms for each added dependent, within 60 days of your election. If you don't, your coverage and costs may be affected, and coverage for you or your dependent under the County of Orange Retiree Medical Plan could be delayed or end. For the first 60 to 90 days of coverage, you will receive a direct bill to pay for your health plan premiums. Pension premium deductions will begin within this 60- to 90-day period. If your pension can't support this amount, you will continue to receive monthly invoices to pay for your coverage. Continue to pay any invoices for your Retiree Health Plan coverage (if applicable) through the month in which your premiums are deducted from your pension. 	

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

Retiree Medical Grant

When you retire, you may be eligible to receive a County of Orange Retiree Medical Grant to offset the cost of your County Retiree Health Plan and/or your Medicare Part B premiums (if applicable). Note that the Grant is not a vested or guaranteed benefit.

To be eligible for a Retiree Medical Grant you must:

- Separate from an eligible bargaining unit;
- Meet the minimum requirement for years of continuous service; and
- Receive a monthly retirement pension from OCERS

The Retiree Medical Grant is based on:

- Your age at separation;
- Your years of eligible County service hours (up to 25 years);
- Medicare status; and
- Base dollar amount (adjusted up or down annually, capped at 3 percent).

Eligible for the County Couple Program?

If you are a retiree married to a County employee or a County retiree, you should consider enrolling in the Retiree Married to Employee (RME) or Retiree Married to Retiree (RMR) program. The RME program allows the retiree to enroll as a dependent under the employee's health coverage. In the RME program, the retiree's Grant is suspended but can be activated later. The RMR program allows the retirees to combine their Grants and enroll in the same Retiree Health Plan, with one of you listed as a subscriber and the other as a dependent.

Tip!

Both you and your spouse must verify and establish the RME/RMR relationship.

If the system recognizes you as a married couple, you will see a message on the home page of **My OC Benefits™**. If you don't see the message and believe you qualify, please contact the **Benefits Service Center**. If you are in an AOCDS health plan and want to enroll as the subscriber, you need to call AOCDS at **1-714-285-2800** to establish your relationship.

Retirees Married to Employees (RME)

You will be eligible for the RME program if:

- The County/AOCDS employee:
 - Is a regular or limited-term employee (not an Extra Help employee)
 - Has active health plan coverage
- Both of you attest to your RME relationship during the enrollment period.

The employee is always the subscriber and may not be covered as a dependent under the Retiree Medical coverage. The non-subscriber (the retiree) is always the dependent.

The employee will pay the normal biweekly premiums for dependent coverage.

If You Divorce

Divorce or separation is considered a QLE, and you both can change your coverage within 30 days of the divorce. Your new coverage will go into effect on the first of the month following the QLE, and the RME/RMR relationship will be dissolved.

Retirees Married to Retirees (RMR)

You will be eligible for the RMR program if:

- Both you and your spouse/domestic partner are eligible for coverage under the County Retiree Medical Plan, including those covered under the AOCDS Retiree Health Plan.
- Both of you attest to your RMR relationship during the enrollment period.

One of you will be the subscriber and enroll in the plan with the other as a dependent.

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**.

If you and/or your spouse/domestic partner are age 65 or over, 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. If you are an early Medicare subscriber, you will need to call the **Benefits Service Center** to provide your Medicare information. Be sure to complete this step before you enroll.

2. Look for “Making Retiree Health Choices” on the home page and follow the link. You can also select the “Enroll in Your Retiree Benefits” link in the Message Center:

- a. Add any new dependents you wish to cover on the “Your Dependent Information” page.
- b. On the “Enroll in Your Benefits” page, select “View/Change” to see your options. Choose your health plan and choose the dependents, if any, that you want to be covered.
- c. Once you make your selection, press “Continue,” and you’ll return to the “Enroll In Your Benefits” screen.
- d. 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.”
- e. 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 that your elections will not be saved unless you select “OK.”

3. If you need to provide any documentation, make sure you do it before the deadline noted.

4. If you have a net cost for the health plan you elected, you will receive monthly invoices for the first 60 to 90 days after retirement before your net cost is deducted from your monthly pension. Continue to pay any invoices for your Retiree Health Plan coverage (if applicable) through the month in which your premiums are deducted from your pension. Your pension deductions for your health premiums will be automatic unless your pension is not sufficient.

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 be mailed a Confirmation of Benefits. Your new health plan will send you a new ID card.

The elections you make remain in effect for the rest of the year until the next Open Enrollment; however, you may be allowed to make changes during the year if you have certain QLEs.

Permanent Disenrollment

Once permanently disenrolled you will be unable to enroll in a Retiree Health Plan at any time in the future. 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 Medicare eligible, you can also discuss your Medicare premium reimbursement options.

Temporary Opt Out

For anyone retiring on or after Jan. 1, 2022, you will have the option to temporarily opt out of County retiree health plan coverage if you maintain continuous coverage in another qualified plan. If you successfully complete the Temporary Opt Out election, you will have a one-time opportunity to opt into retiree coverage in the future. In order to temporarily opt out of your retiree health plan coverage, contact the Benefits Service Center at 1-833-476-2347. You must provide a signed Attestation of Temporary Opt Out from Retiree Health Insurance Plan and Medical Grant form (attestation form). The attestation form will be sent to you once your agency separates you in the

First-Time User on My OC Benefits™?

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

County system. Go to your **mybenefits.ocgov.com** message center and you can download the attestation form. The signed attestation form must be returned within 30 calendar days from the date of your attestation notice. If you do not provide the signed attestation form within 30 days, you will be enrolled into a default Retiree Health Insurance Plan. You will not be provided another opportunity to exercise the temporary opt out. Once enrolled in default health coverage, you will be direct billed for the first 60-90 days and if payment is not received, you will be permanently disenrolled from the Retiree Medical Plan.

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**.

- **About OCERS**

For information about your pension call OCERS at **1-714-558-6200**, between

8 a.m. and 5 p.m. Pacific time, Monday through Thursday (Fridays until 4:30 p.m. Pacific time; closed weekends and holidays), or visit **ocers.org**.