

**Personal.  
Connected.  
Accessible.**

**Medicare Retiree Open Enrollment 2024**



MyOC Benefits™

# 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.

# Open Enrollment Agenda



My OC Benefits™

- **Open Enrollment 2024**
- **What is New?**
- **2024 Health Plan Rates**
- **2024 Retiree Medical Grant**
- **Steps for Enrollment**
- **Important Information about Medicare**
- **2024 Health Plan Options**
- **What Else You Should Know**



**2024 Open Enrollment**  
**October 18 – November 7**



MyOC Benefits™

# Open Enrollment 2024



My OC Benefits™

- **mybenefits.ocgov.com** – To access resources and/or make your benefits elections.
- **Benefits Service Center** – To call and get answers to your questions or have a representative take your elections.
- **Manage Your Communication Preferences** – By setting your communications preferences, you can be notified by email or have notifications sent to your home address.
- **Open Enrollment solicitation notice** – prior to the start of Open Enrollment, make sure to review home mailings, information posted online and verify your communication preferences.
- **Educating You** – hosting virtual and in-person Presentations.

# Open Enrollment 2024




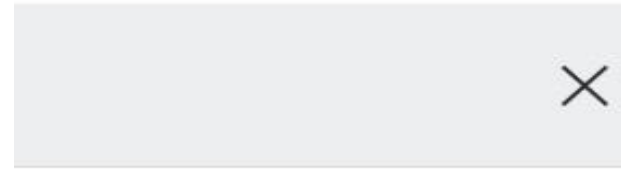
My OC Benefits™



## My OC Benefits™

### Setting Your Communication Preferences

On the home page, click the  icon  
Located top right-hand corner to get started!



#### My Profile

-  Personal Information
-  Manage Communications
-  Beneficiaries
-  Log On Information
-  Dependent Summary



# Open Enrollment 2024



My OC Benefits™

- **During Open Enrollment you can:**
  - Change your health plan coverage
  - Add and/or remove dependents
- **You should have received your Open Enrollment solicitation sent to your home address.**
  - Review the Confirmation of Benefits to ensure the plan and cost is what you want for 2024.
  - If you make no election, the benefits listed on your COB will begin on January 1, 2024.

# Open Enrollment 2024



My OC Benefits™

If you newly add a dependent to coverage, you must complete dependent verification. If you do not complete by the deadline outlined by Dependent Verification Services (DVS):

- Dependents will be dropped from your coverage as of **January 1, 2024**, even if you have received a health plan ID card.
- Dependents **cannot** be enrolled until next Open Enrollment except for a Qualified Life Event.
- There will be no refund of the dependent premiums you pay during the period of ineligibility.
- You must pay for any medical expenses for dependents not covered as of January 1, 2024.

If your newly added dependent is 65 or older, you will also be required to submit a copy of their Medicare card and proof of Part B premium, if needed.





## County Couples - How to process elections:

To enroll for the <u>first time</u> as a County Couple.	Subscriber and non-subscriber will need to call and speak with a representative.
To change health plans.	The subscriber can make changes online or by calling and speaking with a representative.
To dissolve the RME/RMR or change between subscriber and non-subscriber status.	The Subscriber and non-subscriber will need to call and speak with a representative.

If you would like more information, look for the County Couples flyer located online on the “Plan Information” page.

# What is New for 2024?



My OC Benefits™

## **Connecting with the Benefits Service Center. If you do not have a PIN:**

- You can be connected to the Center of Excellence (COE) for assistance with securing a valid Personal Identification Number (PIN) for future use. Once you have your PIN set up, you will be asked to hang up and call back into the Benefits Service Center, enter your PIN (to verify it is working) and then route directly to the Benefits Service Center.
- You can select the One-Time Code (OTC) option as well which will send an OTC to your cell phone if you have one listed with the Benefits Service Center.
- Only County of Orange retiree/survivor can call using a PIN.
- A family member is no longer allowed to use your PIN.

# What is New for 2024?



My OC Benefits™

## Change in health plan offerings

- Anthem Blue Cross plans are no longer available as of January 1, 2024.
  - If currently enrolled in an Anthem plan and you do not select a new health plan you will be automatically enrolled in the Humana Medicare PPO plan.
- Humana Medicare PPO plan effective January 1, 2024.
  - All the benefits of Original Medicare, plus extra benefits.
  - Maximum out-of-pocket protections.
  - Easy to find a provider with their nationwide network.
  - Worldwide emergency coverage.
- Medical ID Cards – if you are enrolled in the Sharewell Medicare Retiree PPO plan and SCAN HMO, you will be receiving a new ID card for 2024.

# What is New for 2024?



My OC Benefits™

## Split Family Rates

- Beginning January 1, 2024, you and your covered dependent(s) can be enrolled in different health plans.
- There will no longer be Mixed Medicare plan offerings:
  - Split family enrollment means a retiree can enroll all of the Medicare eligible members of the family in one health plan and all of the non-Medicare eligible members of the family in another plan.
    - Example - You are Medicare eligible, and your covered spouse is non-Medicare eligible – you both can be in different plans. The cost of each plan is combined for a total monthly amount due, if applicable.

# What is New for 2024?



My OC Benefits™

## Calculated Grant vs. Frozen Grant

- Calculated grants will continue to receive, if available, the grant COLA that will be effective January 1 of each new year. This applies only to retirements that occurred on or before June 15, 2023.
- Retirements that occurred on or after June 16, 2023, will either receive the frozen grant or the amount elected for rollover to their Health Reimbursement Arrangement account.
- Frozen grant amounts will never change unless approaching age 65 and the retiree is Medicare eligible for Part A & Part B; the grant will be reduced by 50 percent.
- If you have the HRA, you can reach out to MissionSquare for assistance on how to access your funds once you have separated from the County.

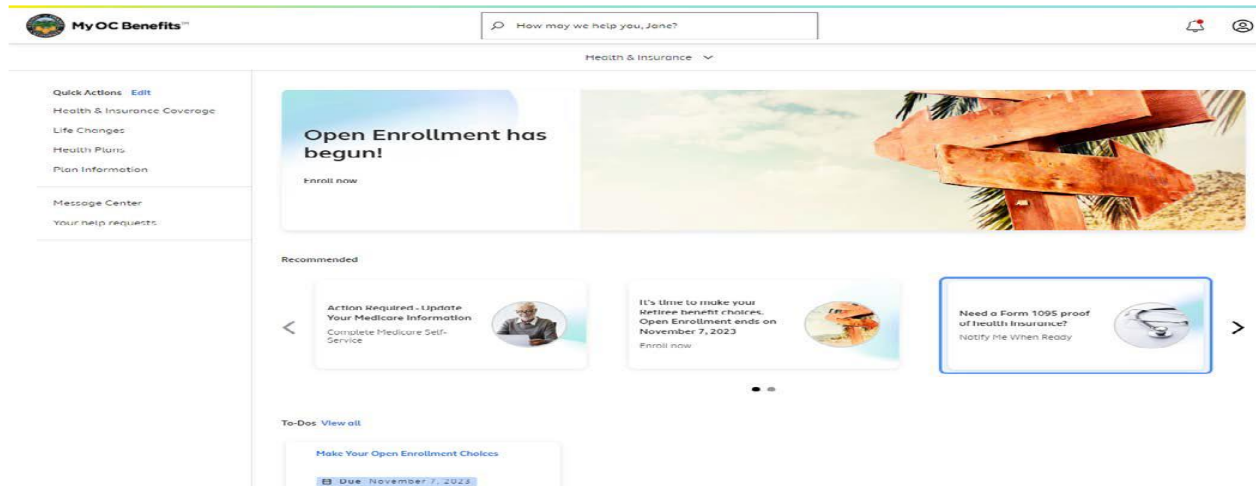
# What is New for 2024?



My OC Benefits™

County retirees will experience a new look and feel to the **mybenefits.ocgov.com** website.

- Your log-in credentials will remain the same, but things have been improved to provide an easier experience.



# 2024 Health Plan Rates



My OC Benefits™

Based on claim history and general rising health care costs, the 2024 rates will be available:

- On [hrs.ocgov.com/2024OERetirees](https://hrs.ocgov.com/2024OERetirees)
- Open Enrollment solicitation, which you should have received in early October:
  - Cover Letter (which includes grant amount, if eligible)
  - Confirmation of Benefits
  - 2024 Rates

# 2024 Health Plan Rates



My OC Benefits™

- **Humana Medicare Advantage PPO** (new plan) 47% – 67% monthly savings (depending on which Anthem plan you currently have)
- **Wellwise Retiree Medicare PPO** increases: 1 - 7%
- **Sharewell Retiree Medicare PPO** decreases: 15%
- **Kaiser Sr. Advantage Plan HMO** increases: 9%
- **SCAN Retiree Medicare HMO**: no rate change



# 2024 Retiree Medical Grant



My OC Benefits™

## Retiree Medical Grant, if eligible:

- **2024 Calculated Grant**
  - Grant amount adjusted annually based on average increase or decrease in retiree health plan premiums.
    - For 2024, the grant is decreasing by 3%
    - 2024 Grant amount is \$24.61
- **2024 Frozen Grant**
  - Your Grant amount will not change.
  - Refer to your final confirmation statement mailed by the County in September 2023, for your frozen grant amount.

# 2024 Retiree Medical Grant



My OC Benefits™

- **Calculated Grant**, if eligible, **will be automatically adjusted** on your January 2024 OCERS pension check.
- If your OCERS pension can't support your monthly health plan rate, you will receive a monthly direct billing invoice.
- Retiree Medical Grant program is not vested benefit and can be modified in the future.
- Copy of Retiree Medical Plan Document is available on **My OC Benefits™** located on the Plan Information page.

# Steps for Enrollment



My OC Benefits™

You can access resources at [hrs.ocgov.com/2024OERetirees](https://hrs.ocgov.com/2024OERetirees):

Check health plan rates and compare health plans,

- Review the Retiree Medicare Plan – One Page Summaries for each plan.
- Review Summary of Benefits and Coverage (SBC's) for each non-Medicare offered plan.
- View short educational videos that make understanding benefits easier.
- Medicare Retiree Open Enrollment 2024 presentation

# Steps for Enrollment



My OC Benefits™

## How to Make your Elections



**Mybenefits.ocgov.com**

October 18 through November 7, 2023

# Steps for Enrollment



My OC Benefits™

## My OC Benefits™

- Go to [mybenefits.ocgov.com](https://mybenefits.ocgov.com) using Chrome, Edge or Firefox from anywhere you have Internet access. Enter your user ID and password, and you're in!

## First Time logging on to 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 (MM-DD-YYYY).
- Next, follow the prompts to create your user ID and password.
- Go paperless: Register your email for your Secure Mailbox and mobile phone for text messaging.

# Steps for Enrollment



My OC Benefits™

## My OC Benefits™

Through My OC Benefits, there are two additional ways to connect with the Benefits Service Center for assistance virtually.

- “Lisa” is your virtual assistant and ready to address most common questions. Click the “Need Help?” button in the lower right corner of your home page to get started.
- You can initiate a live chat with a Benefits Service Center representative by selecting “Contact Us” in the lower section of your screen. Representatives are available between normal business hours 8 a.m. to 6 p.m. and have extended hours during Open Enrollment.

# Steps for Enrollment



My OC Benefits™

## Benefits Service Center

- Call 1-833-476-2347 and be ready with the PIN created when you first logged on to **My OC Benefits™** or when you called the Benefits Service Center the first time.
- Representatives are available from 8 a.m. to 6 p.m. Monday through Friday PT
  - During Open Enrollment, hours are **extended to 8 p.m. for OE inquiries/elections.**
  - If there's a wait, you can schedule a call-back at a time convenient for you

## Alight Mobile App - Accessing your benefits on the go

- To access **My OC Benefits™**, go to your favorite app store, search for “Alight Mobile,” and download the app. For final steps to set up, refer to the Quick Reference Guide found on the home page.

# Important Information about Medicare



My OC Benefits™

**For retirees and/or covered dependents who are not yet Medicare eligible.**

When you and/or a covered dependent approaches age 65:

- You'll have different health plan options when you and/or your spouse become Medicare-eligible.
- Activating your Medicare is key in this process, you will need your Medicare Beneficiary Identifier (MBI) number to make your elections.
- Watch for the Attaining Medicare solicitation that will be sent to you 120 calendar days before your 65th birthday.
- Attaining Medicare Summary is a great resource found on the Plan Information page online (will be included in the solicitation).



# Important Information about Medicare



My OC Benefits™

- **When you turn age 65 or become Medicare eligible, it is your responsibility to enroll, maintain, and continue payments for Medicare Part A (if at no cost) and Medicare Part B.**
- Otherwise:
  - Grant, if eligible, will be suspended.
  - Higher non-Medicare rates may apply.
  - You may be responsible for repayment for medical services received.
  - You may lose eligibility for your elected health plan (if Medicare Advantage).

# Important Information about Medicare



My OC Benefits™

## Medicare Enrollment Documentation Requirements

- County requires documentation of Medicare coverage for you and any eligible dependents once you become Medicare-eligible or age 65.
- **New retirees age 65 or older or retirees turning age 65:**
  - Submit copy of Medicare card(s)
  - Proof of Medicare premium
    - Obtain from [www.socialsecurity.gov](http://www.socialsecurity.gov)
- You have 60 days from the date you made your elections to submit this required documentation to the Benefits Service Center.

# Important Information about Medicare



My OC Benefits™

## Medicare Part D Prescription Drug Coverage

- Creditable and Non-Creditable Coverage letters were mailed by the Benefits Service Center to home addresses of eligible participants around October 7, 2023.
- ***Do NOT enroll in any Medicare Part D plan outside your County health plan, unless you are enrolled in a **Sharewell PPO plan.*****
  - It is strongly recommended that Medicare-eligible **Sharewell PPO** participants enroll in a Medicare Part D plan; otherwise, you may be subject to late enrollment penalties if you enroll in another retiree health plan later.

# 2024 Medicare Advantage Plan Options



My OC Benefits™

The County offers Medicare Advantage plans requiring you to be enrolled in Medicare Part B or Medicare Parts A & B:

<b>Medicare Advantage Health Plans:</b>	<b>You can be:</b>
Humana Retiree Medicare PPO	Medicare Part B Only Medicare Part A & B
Kaiser Senior Advantage HMO	Medicare Part B Only Medicare Part A & B
SCAN Retiree Medicare HMO	Medicare Part A & B

# Medicare Assignment



My OC Benefits™

- When you enroll in a Medicare Advantage plan, you “assign” your benefits to that plan.
- While not a Medicare Advantage plan, Wellwise Retiree PPO also assigns you benefits to the plan.
- Plan receives reimbursement from Centers for Medicare and Medicaid Services (CMS).
- Please refer to the Retiree Medicare plans – one-page benefits summaries for information on the benefits and networks for each of the plans.
- You pay any deductibles or copays, depending on the plan your select.
- If you are not comfortable with assigning your benefits, you can select the Sharewell Retiree PPO plan.

# Medicare Advantage Plan Enrollment



My OC Benefits™

## Changing Health Plans for OE

- You can change Medicare Health Plans through My OC Benefits website or by calling the Benefits Service Center.
- All Medicare plans, except Sharewell Retiree PPO, require approval by Centers for Medicare & Medicaid Services (CMS) before you can be enrolled.

*Tip: Never assign your Medicare benefits to another health plan (including an individual prescription drug plan). This could cause you to be enrolled in the Sharewell Retiree PPO plan with significantly higher premiums.*

# Medicare Part B Reimbursement



My OC Benefits™

- **You may be eligible to use your Grant to pay for Medicare Part B premiums if you:**
  - Have excess Grant after using it to offset your health premiums.
  - Disenrolled from County Retiree Health while being Medicare eligible.
  - The maximum monthly Grant allocation, if eligible, is capped at the lesser of your full Grant and your Medicare Part B monthly cost.
  - If you pay more than \$104.90 for Medicare Part B and have sufficient Grant funds, you can submit a copy of your 2024 premium statement to increase your reimbursement amount.
- Medicare Part B Reimbursements are reset to \$104.90 at the start of each plan year.

# Medicare Part B Reimbursement



My OC Benefits™

- If the documentation you submit to verify the new Medicare Part B premium is received and processed on or before January 15, 2024, your updated Part B Reimbursement is effective January 1, 2024, and should reflect the updated amount by your March pension.
- You will also receive any applicable adjustments for prior months by your April pension. If your documentation is received and processed on or after January 16, 2024, the correct amount will be effective the first of the month following receipt of your valid supporting documentation.
- There will be no retroactive adjustments for documentation received after January 16, 2024.



# Medicare Part B Reimbursement



My OC Benefits™

## Are you receiving reimbursement elsewhere?

- If you are already receiving reimbursement elsewhere for your Medicare premiums, then you are ineligible to receive reimbursement from the County
- Changes in reimbursement eligibility?
  - You are solely responsible for reporting changes to your Medicare Part B Reimbursement eligibility within 30 days of change notification.
  - Failure to report becoming ineligible or net payment decreases shall require repayment to the County of all Medicare Part B reimbursement amounts incorrectly paid to you by the County.

## IRMAA (Income-Related Monthly Adjustment Amount):

- Medicare beneficiaries who earn over \$97,000 a year – and who are enrolled in Medicare Part B and/or Medicare Part D – pay the income-related monthly adjusted amount (IRMAA) – a surcharge added to the Part B and Part D premiums. If you see IRMAA on your premium statements, you can reach out to Social Security if you have questions.

# 2024 Health Plan Options



My OC Benefits™



Open Enrollment 2024

# 2024 Medicare Health Plan Options



My OC Benefits™

## **Medicare Part A & B (Subscriber and/or Dependent(s))**

- Humana Retiree Medicare PPO
- Kaiser Senior Advantage HMO
- SCAN Retiree Medicare HMO
- Sharewell Retiree PPO
- Wellwise Retiree Medicare PPO

# 2024 Medicare Health Plan Options



My OC Benefits™

## **Medicare Part B - Only (Subscriber and/or Dependent(s))**

- Humana Retiree Medicare PPO
- Kaiser Senior Advantage HMO
- Sharewell Retiree PPO
- Wellwise Retiree Medicare PPO

# 2024 Non-Medicare Health Plan Options



My OC Benefits™

## **Retiree Non-Medicare (Subscriber and/or Dependents)**

- Cigna Choice Retiree HMO
- Cigna Select Retiree HMO
- Kaiser Retiree HMO
- Sharewell Retiree PPO
- Wellwise Retiree PPO

# Humana Group Medicare Employer Plan

2024 OPEN ENROLLMENT

Humana.





# Original Medicare vs. Medicare Advantage

A

B

C

D

Original Medicare

Medicare Advantage



### Hospital insurance

- Hospital stays
- Skilled nursing
- Home health



### Medical insurance

- Doctor visits
- Outpatient care
- Screenings and shots



### Medicare Advantage has all the benefits of

- Parts A & B and
- Extra benefits bundled with the plan



### Prescription drug

- Helps pay for the medications your doctor prescribes



## Humana Group Medicare Advantage

At Humana, we are here to help you make the most of your benefits.

### About Humana:

- Dedicated to communities around the country for **more than 30 years**
- **Over 8.7 million Medicare members** just like you, across all **50 states**<sup>1</sup>
- Easily find a provider with our **nationwide network of providers**
- Providing Medicare plans to beneficiaries **since 1987**

<sup>1</sup>Humana Inc. 2022 Annual Report, February 2023



# Medicare Part C

## Medicare Advantage plan types

PPO



### Preferred Provider Organization

- Choose any provider that accepts Medicare and agrees to bill the plan. With your PPO plan, you will pay the same amount for both in-and out-of-network services.
- No copay for certain preventive care
- Out-of-pocket maximum
- Worldwide emergency coverage



# Your PPO benefits for 079/606

With your PPO plan, you will pay the same amount for in- and out-of-network services.



My OC Benefits™

## Your PPO plan

Annual deductible	\$0
Annual maximum out-of-pocket	\$3,400

## Hospital care

Outpatient hospital visits	\$0 to \$40 copay
Inpatient hospital	\$100 copay per day for days 1-5

## Physician and facility services

Primary care provider	\$25 copay
Specialist	\$40 copay
Outpatient ambulatory surgical center	\$25 copay
Durable medical equipment	0% to 10% of the cost

## Emergency services

Emergency room care	\$65 copay
Urgent care	\$25 to \$40 copay

# Your Other Benefits Comparisons for 079/606

With your PPO plan, you will pay the same amount for in- and out-of-network services.



My OC Benefits™

## Other benefits

Hearing Services (Routine)	<ul style="list-style-type: none"><li>• <b>\$0</b> copay for routine hearing exams up to 1 per year. <b>\$0</b> copay for follow-up provider visits up to unlimited per year.</li><li>• <b>\$699</b> copay for each Advanced level hearing aid up to 1 per ear per year.</li><li>• <b>\$999</b> copay for each Premium level hearing aid up to 1 per ear per year.</li></ul> <p>Note: Includes 80 batteries per aid and 3-year warranty. Unlimited follow-up provider visits during first year following TruHearing hearing aid purchase.</p>
Vision Services (Routine)	<ul style="list-style-type: none"><li>• <b>\$0</b> copay for routine exam (includes refraction) up to 1 per year.</li><li>• <b>\$150</b> combined maximum benefit coverage amount per year for contact lenses, eyeglasses (lenses and frames), including lens options such as ultraviolet protection and scratch resistant coating, fitting for eyeglasses (lenses and frames).</li></ul>
Chiropractic Services (Routine)	<ul style="list-style-type: none"><li>• <b>\$20</b> copay for routine chiropractic visits up to unlimited visit(s) per year</li></ul>
Hospice Services (Routine)	<ul style="list-style-type: none"><li>• <b>\$0 copay</b> You must get care from a Medicare-certified hospice. You must consult with your plan before you select hospice. (Part B only)</li></ul>

# Diabetic Testing Supplies are Covered Under Your Medical Benefit



My OC Benefits™

Your Humana Group Medicare Advantage plan covers diabetic testing supplies under your medical benefit, even though you get them from the pharmacy.



## CenterWell TRUE METRIX® AIR by Trividia

- Bluetooth® technology
- No coding
- Tiny, 0.5-microliter sample size
- Results in 4 seconds



## Accu-Chek Guide Me® by Roche

- Large, easy to read display
- Bluetooth® technology
- Small, 0.6-microliter sample size
- Results in 4 seconds
- No coding required
- Automatically log blood glucose test results to your Android or iOS device with the mySugr app



## Accu-Chek Guide® by Roche

- Simple to see, day or night
- Bluetooth® technology
- Small, 0.6-microliter sample size
- Results in 4 seconds
- No coding required
- Automatically log blood glucose test results to your Android or iOS device with the mySugr app

Your doctor can send prescriptions for meters and other testing supplies by fax or e-prescribe. You can request a no-cost meter from the manufacturer by calling Roche at **877-264-7263 (TTY: 711)**, or Trividia Health at **866-788-9618 (TTY: 711)**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

# Medicare Part D

## Prescription drug plan

PDP

### Prescription Drug Plan

- Prescription drug coverage is available as part of your Medicare Advantage plan with prescription drug coverage (MAPD).
- Generic, brand, and specialty drug coverage.
- List of covered drugs may vary by plan.
- Access to mail-order pharmacies.



# Medicare Part D

## Your plan includes prescription drug coverage

- Access to over 66,000 national, regional and independent local pharmacies.
- Generic, brand and specialty drug coverage.
- **Member cost share of all Part D vaccines listed on the Advisory Committee on Immunization Practices (ACIP) list will be \$0<sup>1</sup>.**
- **Member cost share of this plan's covered insulin products covered under Part B and Part D will be no more than \$35 for every one-month (up to a 30-day) supply<sup>2</sup>.**

<sup>1</sup> For more information regarding the Centers for Disease Control and Prevention's ACIP vaccine recommendations, please go to [www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/index.html).

<sup>2</sup> Starting July 1, 2023.



## Your Part D benefits

Humana's Part D coverage is spread among four groupings based on the drug type—also called “tiers”.



My OC Benefits™

Tiers	Standard retail copay/coinsurance cost sharing (30-day supply)	Standard mail order copay/coinsurance cost sharing (90-day supply)	Common medications that fall into each tier
<b>Tier 1</b> Generic/preferred generic	<b>\$0 copay</b>	<b>\$0 copay</b>	Levothyroxine Sodium Simvastatin Omeprazole
<b>Tier 2</b> Preferred brand	<b>\$40 copay</b>	<b>\$80 copay</b>	Synthroid, Eliquis, Xarelto
<b>Tier 3</b> Nonpreferred drug	<b>\$45 copay</b>	<b>\$100 copay</b>	Zocor, Prilosec
<b>Tier 4</b> Specialty	<b>\$45 copay</b>	<b>N/A</b>	Enbrel, Humira



## **Rx mail delivery**

Your plan includes access to a network of pharmacies, including mail order pharmacies. CenterWell Pharmacy™ is one option.

## **Accuracy and safety**

Free standard shipping in discreet, temperature-controlled packaging.

## **Convenience**

No driving to the pharmacy or waiting in line.

## **Reminders**

Refill reminders by email, text or phone—you decide.

## **Learn more**

Learn more by visiting **CenterWellPharmacy.com** or by calling **800-379-0092 (TTY: 711)**, Monday – Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time.



# How to enroll

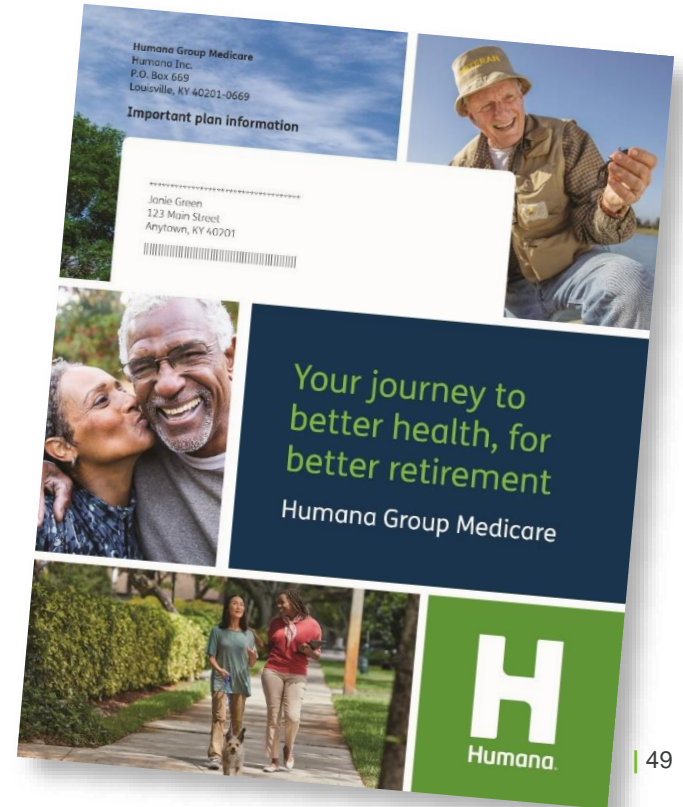


My OC Benefits™

## Please enroll through:

The Orange County Benefits Service Center

- Your enrollment kit is an important tool. The packet includes information on your healthcare coverage along with extra benefits included in your Humana plan.



# What to expect after you enroll



My OC Benefits™



## Enrollment confirmation

You will receive a letter from Humana once the Centers for Medicare & Medicaid Services (CMS) confirms your enrollment.



## Humana member ID card

You will receive your ID card approximately two weeks after you are enrolled.



## Evidence of Coverage (EOC)

You will receive information on how to view or request a copy of an Evidence of Coverage document (also known as a member contract or subscriber agreement). Please read the document to learn about the plan's coverage and services. This will also include your privacy notice.



## Medicare Health Assessment

CMS requires Humana to ask new members to complete a health survey within their first few months of enrollment. Instructions on how to complete the survey are included in the booklet mailed to you.



## In-home Health and Well-being Assessment (IHWA)

This is a yearly detailed health review conducted in the comfort of your home, providing an extra set of eyes and ears for your doctor so you can feel more in control of your health and well-being. You may receive a call from one of our IHWA vendors, Signify Health or Matrix Medical Network, to schedule your assessment.



**Enrollment in the Humana Group Medicare Advantage plan will automatically result in disenrollment from any prior Medicare Advantage plan.**

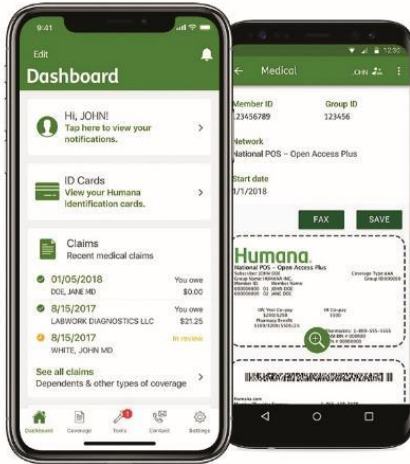
# MyHumana and MyHumana mobile app

Get your personalized health information on MyHumana



My OC Benefits™

## MyHumana.



A valuable part of your Humana plan is a secure online account called MyHumana where you can keep track of your claims and benefits, find providers, view important plan documents and more.

### The MyHumana mobile app

- If you have an iPhone or Android, download the MyHumana Mobile app.
- You'll have your plan details with you at all times.\*
- Visit [Humana.com/mobile-apps](https://www.humana.com/mobile-apps) to learn about our many mobile apps, the app features and how to use them.

### With MyHumana and the MyHumana mobile app, you can:

- Review your plan benefits and claims
- Find pharmacies in your network
- Find providers in your network
- Lookup and compare medication prices
- View or update your medication list
- View or print your Humana member ID card

\*Standard data rates may apply.

## Humana.

# SmartSummary

## Your personalized benefits statement



My OC Benefits™

Humana's SmartSummary provides a comprehensive overview of your health benefits and healthcare spending.

**You'll receive this statement after each month you've had a claim processed.**

You can sign in to your MyHumana account and see your SmartSummary statements anytime.

**Go Green**—update your member preferences to receive your SmartSummary statement electronically.

**SmartSummary**  
Your Pharmacy, Medical, and Hospital claims processed in February 2023

**Humana**

**JOHN DOE**  
Member ID: H12345678  
Plan name: Humana Group Medicare LPPO  
Rx PCN or Rx Group number: 0320000

**THIS IS NOT A BILL**  
This summary is your "Explanation of Benefits" (EOB) and claim payments for your medical, hospital and your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. This is not a bill.

**OVERVIEW OF YOUR FEBRUARY CLAIMS**

Category	Amount
Total billed charges this month	\$90.01
Humana discounts	-\$0.01
Benefit exclusions	-\$0.00
Other insurance	-\$0.00
Amount Humana paid	-\$90.00
Your share	\$0.00

**Part D prescription drug claims** (see page 9)

Total cost this month	\$1,432.09
Other payments	-\$0.00
Amount Humana paid	-\$1,146.09
Your share	\$306.00

You are currently in **Stage Two** of your Part D Drug Payment Plan. (see page 6)

**CONTACT US IF YOU HAVE QUESTIONS OR NEED HELP.**

Questions  
Call 1-800-MyHumana or visit us at [Humana.com](http://Humana.com) to get help.

**SmartSummary**  
Your personal prescription and medical benefits statement

Page 2 of 16  
John Doe

**Medical and hospital deductible and yearly limits**

**Yearly limits - These limits give you financial protection**

These limits tell the most you will have to pay in 2023 in "out-of-pocket" costs (copays, coinsurance, and your deductible) for medical and hospital services covered by the plan. These yearly limits are called your "out-of-pocket maximums." They put a limit on how much you have to pay, but they do not put a limit on how much care you can get. This means:

- Once you have reached a limit in out-of-pocket costs, you stop paying medical claims costs.
- You keep getting your covered services as usual, and the plan will pay the full cost for the rest of the year.

**2023 Combined Annual Plan Out-of-pocket**

This statement contains claims that were processed in a prior plan year. Below is the adjusted limit information. In 2023, \$8,850.00 is the most you will have to pay for covered services from providers.

Your Combined Annual Plan Out-of-pocket is:	\$8,850.00
As of February 28, 2023 you have paid:	\$1,822.90
Your remaining amount is:	\$7,027.10

**2023 Individual In-network Out-of-pocket**

This statement contains claims that were processed in a prior plan year. Below is the adjusted limit information.

21%

**SmartSummary**  
Your personal prescription and medical benefits statement

Page 3 of 16  
John Doe

**Details for medical and hospital claims processed in February 2023**

**What does Your share mean in your SmartSummary?**  
Your share: This is the amount you may owe or may have paid to your providers.

**Medical and hospital claims**

Service Date	Amount the provider billed the plan	Amount the provider billed the plan
06/29/2023	\$0.00	
Claim # 55555555555555		
HEALTH CARE INC	Humana discounts	-\$0.00
Home health prospective payment system (HHG)	Benefit exclusions	-\$0.00
In-network billing code 0731	Other insurance	-\$0.00
	Total cost (amount the plan approved)	\$0.00
	Amount Humana paid	-\$0.00
	Your share	\$0.00
Service Date: 06/29/2023	Amount the provider billed the plan	\$90.00
Claim # 55555555555555		
HEALTH CARE INC	Humana discounts	-\$0.00
Skilled Nursing-Visit Charge	Benefit exclusions	-\$0.00
	Other insurance	-\$0.00

SilverSneakers®



My OC Benefits™

A total health and physical activity program included in your plan at no extra cost.

- SilverSneakers gives you access to exercise equipment, group fitness classes and social events.
- Work towards improving muscle strength, bone density, flexibility and balance.
- Use thousands of fitness locations nationwide, with weights, swimming, classes and cardio equipment (equipment and classes vary by location).
- Enjoy group fitness classes outside of traditional gyms.
- Start workout programs tailored to your level with the SilverSneakers GO™ app.
- Learn more at **SilverSneakers.com**.
- Included in your plan at no extra cost.





Go365 by Humana®



My OC Benefits™

Your wellness program that rewards you for completing eligible activities that help you make healthy choices, at no extra cost to you

### **Your health can be rewarding**

Go365 by Humana makes wellness fun and easy. We can help you reach your physical and emotional health goals. Track your activity and redeem rewards:

online, at **MyHumana.com**

by filling out and mailing in paper forms

### **Earn rewards you can redeem for gift cards**

Complete eligible healthy activities like walking or getting your Annual Wellness Visit. You can earn rewards to redeem for gift cards. Once you've earned at least \$10 in rewards, choose your gift cards in the Go365 Mall.

### **Now it's time to get going with Go365**

If you have a MyHumana account, you can use the same information to log in to **Go365.com**. If not, activate your profile at MyHumana.com.



## Humana's Medicare Clinical Programs



My OC Benefits™

Humana's educational programs and health support services can complement your doctor's care. These programs reinforce how important it is to follow your physician's treatment plan and promote healthy living.

- Humana Care Management
- Medication Therapy Management
- Behavioral healthcare coordination and consultation
- Health Coaching

To find out more about how these services can help you, call 800-558-0187 (TTY: 711).

# Post-discharge Services



My OC Benefits™

## Post-discharge Transportation

- 12 one-way trips by car, van or wheelchair access vehicle, up to 50 miles per trip.
- Transportation services must be utilized within 60 days of discharge event.

## Post-discharge Personal Home Care

- \$0 copayment for a minimum of 4 hours per day, up to a maximum of 8 hours total per discharge, for certain in-home support services following a discharge from a skilled nursing facility or from an inpatient hospitalization.
- Qualified aides can offer assistance performing activities of daily living (ADLs) within the home and instrumental activities of daily living (IADLs) related to personal care.
- ADL activities may include bathing or showering, dressing, getting in and out of bed or a chair, walking, toileting, and eating.
- IADL activities may include preparing meals, shopping on behalf of the member for groceries or personal items, performing light housework, laundry, dishes, and/or using a telephone.
- A member must be receiving assistance with a minimum of one ADL to receive assistance with any IADL.
- Personal home care services must be initiated within 30 days of discharge event and utilized within 60 days of discharge.





After your overnight inpatient stay in a hospital or skilled nursing facility, you're eligible for up to 28 nutritious meals (2 meals per day for 14 days). The meals will be shipped to your door at no additional cost to you.

• **Humana Well Dine meal plans include:**

- General wellness
- Renal friendly
- Heart friendly
- Diabetes friendly
- Cancer support
- Vegetarian
- Gluten-free
- Lower sodium
- Pureed

For more information, please contact the number on the back of your Humana member ID card or visit [Humana.com/home-care/well-dine](https://www.humana.com/home-care/well-dine).



## Thanks for your time and attention, stay connected with Humana



### For more information:

- Refer to your informational kit
- Use MyHumana, a secure online account to access your plan information. Visit **[Humana.com/registration](https://www.humana.com/registration)** to get started.
- Call Humana Group Medicare Customer Care team for anything related to your Humana plan at **866-771-1615 (TTY: 711)**, Monday – Friday, 5 a.m. – 9 p.m., Pacific time



- Humana is a Medicare Advantage HMO, PPO organization and a stand-alone prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. Call **866-771-1615 (TTY: 711)** for more information.
- Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our Customer Care number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.
- Limitations on telehealth services, also referred to as virtual visits or telemedicine, vary by state. These services are not a substitute for emergency care and are not intended to replace your primary care provider or other providers in your network. Any descriptions of when to use telehealth services is for informational purposes only and should not be construed as medical advice. Please refer to your evidence of coverage for additional details on what your plan may cover or other rules that may apply.
- Other providers are available in our network. The provider network may change at any time. You will receive notice when necessary.



## Important

---

### At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, ancestry, ethnicity, sex, sexual orientation, gender, gender identity, disability, age, marital status, religion, or language in their programs and activities, including in admission or access to, or treatment or employment in, their programs and activities.

- The following department has been designated to handle inquiries regarding Humana's non-discrimination policies:  
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**.

### Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

This information is available for free in other languages. Please call our customer service number at **877-320-1235 (TTY: 711)**. Hours of operation: 8 a.m. – 8 p.m. Eastern time.

**Español (Spanish):** Llame al número indicado para recibir servicios gratuitos de asistencia lingüística. **877-320-1235 (TTY: 711)**. Horas de operación: 8 a.m. a 8 p.m. hora del este.

**繁體中文 (Chinese):** 本資訊也有其他語言版本可供免費索取。請致電客戶服務部：**877-320-1235 (聽障專線：711)**。辦公時間：東部時間上午 8 時至晚上 8 時。



My OC Benefits™

# Humana®



My OC Benefits™



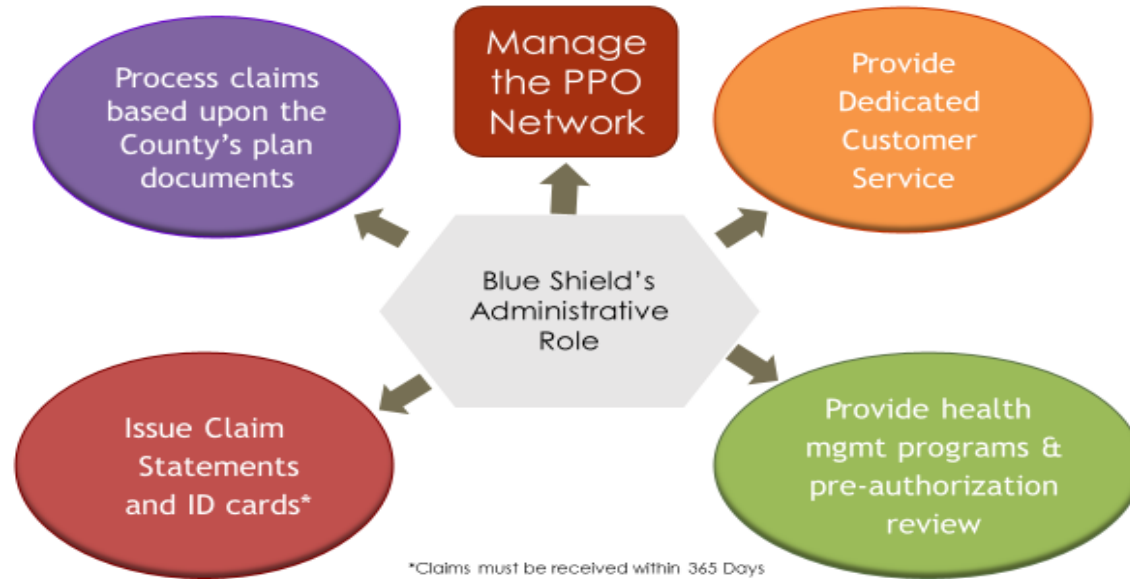
# Open Enrollment 2024 County of Orange Retirees



# Blue Shield - PPO Plan Administrator



My OC Benefits™



# Wellwise Retiree and Sharewell Retiree Plan Options



My OC Benefits™

## Freedom and flexibility

Both plans give you the freedom to choose doctors and hospitals from our broad PPO network and the flexibility to seek care outside the network. You will usually pay less for services from PPO in-network providers.



A good choice if you'd like...

- Freedom to choose any doctor – in or out of our PPO network – for most services.
- Self-referral to specialists – no need to see your primary care physician first.
- Teladoc –Virtual care - Access to doctors and mental health professionals who can treat many medical and behavioral health issues.
- Coverage for medical care across the United States and for urgent and emergency care anywhere in the world.
- Nursehelp 24/7.
- Digitally enabled wellness programs and member support, including treatment cost estimator



# Wellwise Retiree PPO Plan



My OC Benefits™

	Preferred providers	Non-preferred providers**
<b>Annual deductible</b>	\$500 per member/ \$1,000 per family	\$750 per member/ \$1,500 per family
<b>Calendar-year out-of-pocket maximum (separate OOPM for prescription drugs)</b>	\$2,500 per member/ \$5,000 per family	\$5,000 per member/ \$10,000 per family
<b>Office visits</b>	10%	30%
<b>Preventive Care</b>	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
<b>Inpatient Care</b>	10%	30%
<b>Ambulatory Surgery Center</b>	10%	30% (plan max of \$1,500 per day)
<b>Diagnostic lab &amp; Radiology</b>	10%	30%
<b>Emergency room</b>	10%	10%
<b>Prescription Drugs</b>	Covered by OptumRx	
<b>Chiropractic/acupuncture services*</b>	10%	30%

This chart is intended to provide a high-level summary of plan benefits. The 2024 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 non-network physician at network facilities and emergency room physicians

# Sharewell Retiree PPO Plan



My OC Benefits™

	Preferred providers	Non-preferred providers**
<b>Annual deductible</b>	\$5,000 per family	
<b>Calendar-year out-of-pocket maximum</b>	\$6,000 per family	\$12,000 per family
<b>Office visits</b>	10%	30%
<b>Preventive Care</b>	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
<b>Inpatient Care</b>	10%	30%
<b>Ambulatory Surgery Center</b>	10%	30% (plan max of \$1,500 per day)
<b>Diagnostic lab &amp; Radiology</b>	10%	30%
<b>Emergency room</b>	10%	10%
<b>Drug coinsurance</b>	Covered by OptumRx	
<b>Chiropractic/acupuncture services*</b>	10%	30%

This chart is intended to provide a high level summary of plan benefits. The 2024 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 non-network services, including but not limited to non-network physician at network facilities and emergency room physicians

# Wellwise and Sharewell Retiree plans coordinate with Medicare



My OC Benefits™

- Both the Wellwise Retiree PPO plan and the Sharewell Retiree PPO plans will coordinate with Medicare.
- Medicare will pay as the primary plan, 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

Imagine this:

“I feel like I have the flu, but I don’t want to wait in the ER on a Friday night.”



**Step 1**  
**Contact Teladoc**

Log in to your Teladoc account or call Teladoc, 24/7/365, to request a phone or online video consultation for primary care services.



**Step 2**  
**Talk with a doctor**

A board-certified doctor reviews your Electronic Health Record (EHR) and consults with you, just like an in-person visit.



**Step 3**  
**Resolve the issue**

The doctor recommends a treatment for your medical issue. If a prescription is needed, it’s sent electronically to the pharmacy of your choice.



**Step 4**  
**Settle up**

- \$45 consultation fee until deductible is met then \$4.50 copay.



**Step 5**  
**Smile**

Your medical issue gets resolved, and you save time and money!

- ✓ Appointment guaranteed within 1 hour
- ✓ Average wait time 10-15 minutes



“ I've cut my hand, and I might need stitches.”

## Online chat:

- How to take medications safely
- Men's, women's, & children's health general questions
- Topics to discuss with your doctor
- Illness prevention guidance
- Nutrition and fitness tips

## Telephone:

- Minor injuries
- Common illnesses
- Help to understand diagnoses and chronic conditions
- Choosing appropriate medical care (911/ER, physician office visit, urgent care center, home care)
- Self-care tips and treatment options

# Access urgent and emergency services outside California



My OC Benefits™

## Traveling, or reside outside of California?

Find providers within the U.S., Puerto Rico and U.S. Virgin Islands:

- Visit [provider.bcbs.com](https://provider.bcbs.com)
- Enter your location
- Select *Browse a list of plans*
- Select *BlueCard PPO/EPO*
- Or, call (800) 810-BLUE (2583)

Find providers outside the U.S. :

- Visit [bcbsglobalcore.com](https://bcbsglobalcore.com)
- Or, call (804) 673-1177 collect from outside the U.S. Assistance is available 24/7/365

A screenshot of the BlueCross BlueShield website interface. The main heading is "Find your plan by prefix". Below it, there are two columns of information: "Member Name", "Member ID", "Plan No.", "BIN", "Benefit Plan", and "Effective Date" on the left; and "Dependents", "Plan Office Visit", "Specialist Copay", "Emergency Deductible", and "Plan Office Visit" on the right. A "Browse a list of plans" button is highlighted with a red box. To the right, a "Browse all plans" modal is open, showing a search bar for "Plan name" and a list of available plans. The first plan, "BlueCard PPO/EPO", is highlighted with a red box and includes a description: "No gatekeeper or referral needed. You may choose doctors and hospitals that are in or outside of this network. However, there are significant incentives for choosing in-network providers." The second plan, "BlueCard PPO Basic", is also visible with its description: "A network with incentives to receive care from participating PPO providers, with no referral needed. Includes providers required under the Affordable Care Act."

# Ambulatory surgery and urgent care centers save you time and money



My OC Benefits™



Network ambulatory surgery centers (ASCs) may cost you less for outpatient procedures than a network hospital.



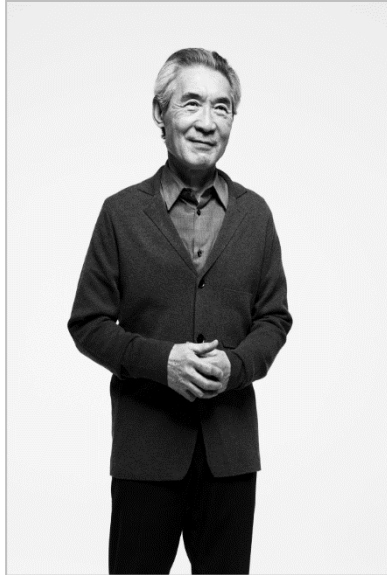
Urgent care centers can be a cost- and time-saving alternative to the ER.

Compare your OOP costs by checking your *Evidence of Coverage* (EOC), *Certificate of Insurance* (COI) or call the customer service number listed on the back of your member ID card.

# Take advantage of covered screenings



My OC Benefits™



Take advantage of covered annual screenings at no charge, including:

- Routine physical exam
- Immunizations/screenings according to age schedule

Covered health screenings can help you:

- Understand what your health risks are
- Develop a plan to maintain and improve your health
- Detect illness early and halt disease progression



# Member Resources & Tools

# Access health plan information 24/7



My OC Benefits™

- Overview of Sharewell & Wellwise plans
- Links to find network doctors
- Plan benefit documents
- Details on programs & services

The screenshot shows the homepage of the My OC Benefits website. At the top, there is a navigation bar with links for Home, Plan information, Find a provider, Programs and services, and Login/Create Account. Below the navigation bar is a large banner image of a family (a man, a woman, and two children) with the text "Welcome County of Orange employees and retirees". Below the banner is a "Contact us" section with the following information: County of Orange Benefits Center, (833) 476-2347, 8:00 a.m. - 6:00 p.m. Pacific Time, Monday through Friday, and a link to the County of Orange Benefits Website.

[www.blueshieldca.com/oc](http://www.blueshieldca.com/oc)

# Finding PPO providers is easy



My OC Benefits™

Visit [www.blueshieldca.com/oc](http://www.blueshieldca.com/oc) to find Blue Shield of California PPO providers

## What are you looking for?

Search Blue Shield of California's extensive provider network.

 DOCTORS & SPECIALISTS		 PRIMARY CARE PHYSICIAN	
 FACILITIES	 DENTISTS	 VISION CARE	 MENTAL HEALTH
 ALTERNATIVE MEDICINE	 PHARMACIES	 EQUIPMENT & SUPPLIES	 URGENT CARE

## Where are you located?

[Use Current Location](#) [Search Outside U.S.](#)

[Continue](#)

### < Search Doctors

Blue Shield of California PPO Network >

Doctor Type  Doctor Name  Medical Group

List of specialties

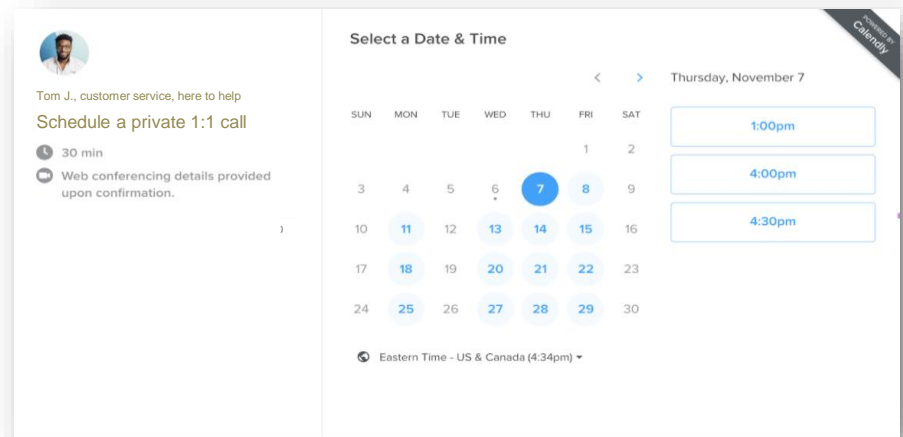
[search](#)

# Get personalized 1:1 support to answer your questions about health plans



My OC Benefits™

- Schedule a private one-on-one meeting with a Blue Shield representative
- Phone or video call available
- Choose a time that works for your personal schedule



[www.blueshieldca.com/oc](http://www.blueshieldca.com/oc)

# blueshieldca.com

A simpler digital experience for you



My OC Benefits™

blueshieldca.com

Welcome, JaneL

Member ID: 10248.000000

3 Unread Messages

MONTHLY PREMIUM CLAIMS DEDUCTIBLE COMMENTS HSA

Claims This Year From Jan 1, 2017

\$2,100	\$1,128	\$900
Blue Shield Paid	Network Savings	You Paid

Popular Tasks

- VIEW ID CARD
- DOWNLOAD FORMS
- TECHNICAL COST ESTIMATOR
- RENEW FAMILY ACCESS
- ADD PEOPLE
- WELLNESS ASSESSMENT

Get Help

Health Condition? Get advice from the experts in our help & support area.

Urgent Care If this is an emergency call 911. Or get help from a doctor in your network.

My Physician Looks like you haven't selected a primary care provider.

Your Recent Medical Claims

Download

FILTER

2017	
May 17	JOHNATHAN Brown, Adam MD Sutter Med Foundat... Pending May 18
May 17	JOHNATHAN Huang, Jillian MD

blueshieldca.com

MEDICAL DENTAL VISION PHARMACY

Your Medical Benefits

Custom Benefits General Exclusions Benefit Maximums

Expand All Benefit Categories

- Access+ Self Referral
- Chiropractic and Acupuncture
- Dental Medical Treatment
- Diabetes Care
- Emergencies & Urgent Care
- Family Planning
- Home Care
- Hospital Care



# Treatment cost estimator (TCE)

Helps members understand what to expect over the course of a treatment in time and dollars.

### Members can:

- Estimate total treatment cost and out-of-pocket expenses for more than 1,600 common medical treatments and services
- Compare treatment options and alternatives with total costs for each phase of care
- Compare detailed out-of-pocket costs for treatments and procedures at different facilities and in different locations
- View the number of Blue Shield members treated
- Identify Blue Distinction Centers
- [blueshieldca.com/tce](https://blueshieldca.com/tce)

Out-of-pocket estimate ×

If  has a/an Vaginal Delivery at Medical Ctr at Ucsf.

Details **More details** Benefits to date

This is an estimate of what you will pay after insurance based on the average price\* charged to our members at this location. Please note some services and procedures such as radiology require prior authorization.

You pay	Insurance Pays
\$4,034	\$19,087
\$23,121 Average Price	

Your copay applied to this service	\$0
Your deductible applied to this service	\$1,034
Your share of the cost (co-insurance)	+ \$3,000
Your estimated out-of-pocket cost	\$4,034

Average Price	\$23,121
Your estimated out-of-pocket cost	- \$4,034



Blue Distinction Centers® are hospitals and providers recognized for their proven expertise in delivering specialty care.

# Wellness discount programs



My OC Benefits™

## 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.

## 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.

## Fitness and exercise

Enroll in *Tivity Fitness Your Way*, one of the most flexible gym membership programs to stay committed to your health goals.

- Three different plan options
- 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.

## Vision discounts

Save on eye services at participating providers

**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.



My OC Benefits™



Blue Shield of California is an independent member of the Blue Shield Association





# County of Orange

Medicare Retiree Presentation

Open Enrollment 2024



# 2024 Drug List (Formulary) – Wellwise Medicare Retiree and Sharewell Retiree PPO Plans



My OC Benefits™

- The plan has a list that shows which prescription drugs are covered by the Wellwise and Sharewell PPO prescription drug plans. This drug list is also referred to as a formulary.
- The drugs on this list are selected with the help of a team of doctors and pharmacists.
- It contains both brand name and generic drugs.
- Generic drugs have the same active ingredient as brand drugs and can help you save money because in many cases, they cost less than brand drugs.

Extra rules and restrictions on coverage for certain drugs may include:

- **Using the generic version** of a drug instead of the brand-name drug
- **Getting plan approval in advance** before we will agree to cover the drug for you (prior authorization<sup>1,2</sup>)
- **Trying a different drug first** before we will agree to cover the drug you are asking for (step therapy)
- **Quantity limits** – For some drugs, there are restrictions on the amount of the drug you can have

Visit the **Optum Rx Member Portal** and/or **Open Enrollment Website** to find out if a specific drug is on the Drug List

**Current Members:** [www.optumrx.com](http://www.optumrx.com)

**Prospective Members:** <https://welcome.optumrx.com/countyoforange/landing>

1. Prior authorizations are valid from the date of approval. Backdating is not allowed.  
2. Sharewell PPO members with Medicare Part D primary, prior authorizations approved under your Medicare Part D plan do not carry over to your Sharewell PPO plan. A separate prior authorization under Sharewell would be required.



© 2023 Optum, Inc. All rights reserved.



# 2024 Pharmacy Network – Wellwise Medicare Retiree and Sharewell Retiree PPO Plans



My OC Benefits™

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

## OptumRxome Delivery

Home delivery drug provider for maintenance medications. You may use this option for maintenance medications with a days supply in excess of 30 days.

## Retail 90 Program

Provides the option for you to obtain a 90-day supply of maintenance medications at select retail locations.



# 2024 Pharmacy Network – Optum Specialty Pharmacy<sup>1</sup>



My OC Benefits™

OptumRx offers specialty medication support through Optum Specialty Pharmacy. Optum Specialty Pharmacy provides the resources and personalized support to help you with your condition. We also offer in-home medication infusion support through Optum Infusion Pharmacy.



## Important Note:

Sharewell PPO members are required to fill specialty medications through Optum Specialty Pharmacy

For more information, visit [specialty.optumrx.com](https://specialty.optumrx.com) or call 1-855-427-4682

1. The Sharewell PPO Plan requires that all specialty medications be filled at Optum Specialty Pharmacy.

# 2024 Benefits – Wellwise Medicare Retiree PPO Plan



My OC Benefits™

Drug Tier	30-Day Supply	90-Day Supply	Plan's Home Delivery Service	Helpful Tips
Cost-Sharing Tier 1	20% coinsurance	20% coinsurance	20% coinsurance	Most generic drugs are listed under Tier 1 and have the lowest copayments.
Cost-Sharing Tier 2	25% coinsurance	25% coinsurance	25% coinsurance	Drugs listed under Tier 2 generally include preferred brand-name drugs that have lower copayments than non-preferred brand-name drugs.
Cost-Sharing Tier 3	30% coinsurance	30% coinsurance	30% coinsurance	Drugs listed under Tier 3 generally have higher copayments than preferred brand-name drugs and may include some specialty or high-cost drugs*
Cost-Sharing Tier 4	30% with \$150 max	30% with \$450 max	30% with \$450 max (up to a 90-day supply)	Specialty or high-cost drugs listed under Tier 4 cost \$950 or more for up to a 30-day maximum supply.

\* High-cost drugs are those that cost \$950 or more for up to a 30-day maximum supply.

Your enhanced benefits include a plan-specific out-of-pocket maximum of \$4,100. Once you reach your enhanced plan out-of-pocket maximum of \$4,100, the plan will pay **all** your drug costs for the remainder of the year.

**Important Note:** Prescriptions must be filled at a network pharmacy. Visit [www.optumrx.com](http://www.optumrx.com) to locate participating pharmacies.



© 2023 Optum Rx. All rights reserved.

Open Enrollment 2024

# 2024 Eligibility & Highlights – Wellwise Medicare Retiree PPO Plan



My OC Benefits™

- This prescription drug plan (PDP) is a **Medicare Part D** plan.
- To be eligible for the plan you must:
  - ✓ Live in the geographic service area.
  - ✓ Be entitled to Medicare Part A **AND** enrolled in Medicare Part B. (County of Orange requires you to have Part B).
    - **Medicare Part A** covers drugs you are given during Medicare-covered stays in the hospital or in a skilled nursing facility.
    - **Medicare Part B** also provides benefits for some drugs. Part B drugs include certain chemotherapy drugs, certain drug injections you are given during an office visit, and drugs you are given at a dialysis facility. Diabetic testing supplies are also covered under Part B.
  - ✓ Continue to pay your Part B premium.
  - ✓ Are a United States citizen or lawfully present in the United States.
  - ✓ Meet your plan's eligibility requirements.
- The Wellwise Medicare PDP utilizes Optum's Medicare Part D Silver Formulary with Enhanced Wrap Benefits.
  - Utilization management (Prior Authorization, Quantity Limits & Step Therapy) may apply.
  - Members impacted by formulary changes will be notified in advance via letter.
  - Optum Rx recommends all members to proactively check drug coverage on the Optum member portal [www.optumrx.com](http://www.optumrx.com) or by calling Customer Service at **1-800-908-9097**.

# 2024 Plan Premium – Wellwise Medicare Retiree PPO Plan



MyOC Benefits™

- As a member of our plan, you may pay a monthly plan premium. You must also continue to pay your Medicare Part B premium to remain a member of the plan (unless your Part B premium is paid for you by Medicaid or another third party).
  - ❖ In some situations, your plan premium could be less.
    - There are programs to help people with limited resources pay for their drugs. If you qualify for one of these programs, enrolling might reduce your monthly plan premium.
  - ❖ In some situations, your plan premium could be more.
    - Some members are required to pay a Late Enrollment Penalty (LEP) because they did not join a Medicare drug plan when they first became eligible or because they had a continuous period of 63 days or more when they did NOT have creditable coverage.
- Many members are required to pay other Medicare premiums.
  - ❖ Some people pay an extra amount for Part D because of their yearly income. If your modified adjusted gross income as reported on your IRS tax return from 2 years ago is above a certain amount, you will pay the standard premium amount and an Income-Related Monthly Adjustment Amount (IRMAA). If your income is greater than \$97,000 for an individual (or married individuals filing separately) or greater than \$194,000 for married couples, **you must pay an extra amount directly to the government (not the Medicare plan)** for your Medicare Part D coverage.
    - If you are required to pay the extra amount but do not, you will be disenrolled from the plan by the Centers for Medicare & Medicaid Services (CMS) and lose your prescription drug coverage.
    - If you have to pay an extra amount, Social Security (not your Medicare plan) will send you a letter telling you what the extra amount will be.
  - ❖ For more information about Part D premiums based on income you can visit **medicare.gov** or call 1-800-MEDICARE (1-800-633-4227), TTY 1-877-486-2048, 24 hours a day, 7 days a week. You may also call Social Security at 1-800-772-1213, TTY 1-800-325-0778.

**Note:** The income amount thresholds listed above may change during the year, or after you've viewed this document. For the most up-to-date information, please visit **medicare.gov** or call 1-800-MEDICARE (1-800-633-4227), TTY 1-877-486-2048, 24 hours a day, 7 days a week.



## Medicare Medication Therapy Management (MTM) Program<sup>1</sup>

Guiding Medicare members to maximize medication therapy

Data, interventions and monitoring come together to **optimize drug therapy, improve adherence,** reduce risk for interactions and close gaps in care

### The program consists of two components

Comprehensive medication review (CMR) **identifies members** to connect with, **evaluates all active medications** in a member's profile, and provides a **personalized medication list and action plan** after each review

Targeted medication review (TMR) – provides **ongoing identification of specific drug therapy issues**, which may include:

- Gaps in care
- High-risk medications
- Medication adherence
- Duplicate therapy
- Drug-to-disease interaction



<sup>1</sup>. This program does NOT apply to the Sharewell PPO Medicare Retiree pharmacy plan



# 2024 Benefits – Sharewell Medicare Retiree PPO Plan



My OC Benefits™

Drug Tier	30-Day Supply	90-Day Supply	Plan's Home Delivery Service	Helpful Tips
Deductible \$5,000	100%	100%	100%	Combined medical + pharmacy. Members pay 100% coinsurance until the annual deductible amount is satisfied.
Cost-Sharing Tier 1	20% coinsurance, after deductible	20% coinsurance, after deductible	20% coinsurance, after deductible	Most generic drugs are listed under Tier 1 and have the lowest copayments.
Cost-Sharing Tier 2	20% coinsurance, after deductible	20% coinsurance, after deductible	20% coinsurance, after deductible	Drugs listed under Tier 2 generally include preferred brand-name drugs that have lower copayments than non-preferred brand-name drugs.
Cost-Sharing Tier 3	20% coinsurance, after deductible	20% coinsurance, after deductible	20% coinsurance, after deductible	Drugs listed under Tier 3 generally have higher copayments than preferred brand-name drugs
Specialty	20% coinsurance, after deductible	N/A	N/A	All specialty medications must be fulfilled by Optum Specialty Pharmacy. Restricted to 30-day supplies.
Out-of-pocket Maximum Network: \$6,000 Non-Network <sup>1</sup> : \$12,000	N/A	N/A	N/A	Members pay the applicable coinsurance until family out-of-pocket maximum limit. Once satisfied, the plan will pay the eligible covered costs of medication for the remainder of the year.

**Important Note:** If you choose a brand drug when a generic drug equivalent is available, then you will pay 20% of the generic drug cost plus the cost differential between the generic drug and brand drug cost (penalty). The cost differential does not accumulate towards the deductible or out-of-pocket maximum amount.

1. Prescriptions must be filled at a network pharmacy. Visit [www.optumrx.com](http://www.optumrx.com) to locate participating pharmacies.



# 2024 Prescription drug billing with Medicare Part D and Sharewell



My OC Benefits™

- Make sure your pharmacy is in your Medicare **AND** Sharewell networks.
- Show your Medicare Part D **AND** Blue Shield cards to the pharmacist.
- Ask if the pharmacy will bill both Medicare Part D **AND** your Sharewell plan.

- ❖ **Yes**, the pharmacy bills both plans

At the pharmacy:

- Tell your pharmacist the Medicare Part D plan is primary.
- Ask your pharmacist to confirm that both plans were billed.
- Review your claims on the Optum Rx Member Portal at **optumrx.com**.

- ❖ **No**, the pharmacy only bills my primary plan

At the pharmacy:

- Tell your pharmacist to bill your Medicare Part D plan.

- There are two ways to get reimbursed by Sharewell: Online and Mail
  - **Online submission:** **optumrx.com** > Information Center > Forms. Select Online Claim Form Commercial, PPO and Union. Complete and submit electronically.
  - **Mail submission:** Download UHG, Medicare, PDP, MAPD, Commercial PPO, Union and Others form on **optumrx.com**. Complete and return to the address on the form. Optum Rx will process the claim and mail the explanation of payment within 10 business days from receipt.





## Enhanced Savings Program<sup>1</sup>

Enhanced Savings Program is a free pharmacy discount service integrated into the existing funded benefit, providing members access to discounts on medications and diabetic supplies not covered by the plan and on over-the-counter (OTC) medications with a valid prescription.



Free Program



Same Card



Plan Integrated

## Medication Synchronization Program<sup>1</sup>

Medication Synchronization aligns prescription refill dates at the retail pharmacy for many common medications used to treat chronic conditions.

Retail pharmacists receive a point of service message for qualifying drugs directing them to:

- Override the early fill
- Prorate the member's cost share accordingly
- Align qualifying medications to the same refill date moving forward, reducing trips to and from the retail pharmacy
- ❖ *Participation in this program is optional*

**Important Note:** Medications filled through the Enhanced Savings Program do not apply towards your annual deductible and/or out-of-pocket maximum.

## Diabetes Management Program<sup>1</sup>

Certified Diabetes Care and Education Specialists drive personalized consultations.



Personalized care and ongoing monitoring are key to improving diabetes health

### Automation drives better health outcomes

- Compares A1C levels with standard medication ranges
- Scans for gaps in care, safety and adherence across all diseases
- Stores profile information for a complete member snapshot
- Engages providers for clinical concerns

1. Program is not available for the Wellwise PPO Medicare Retiree pharmacy plan



## PreCheck MyScript puts real-time information in the hands of the provider



### Member-Specific Coverage

Only Optum Rx can deliver real-time benefit information for 54 million lives



### Drug Alternatives

Displays clinically appropriate, alternative medications based on member plan formulary



### Clinical Alerts

Messaging in alignment with evidence-based medicine



### Pricing

Trial claim returns the price at the selected pharmacy – not a range or estimate



### Prior Authorization

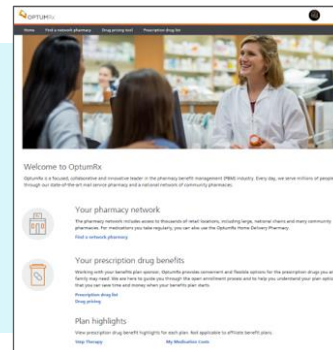
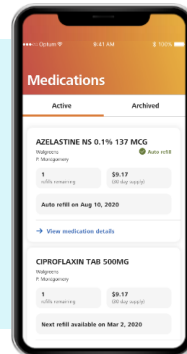
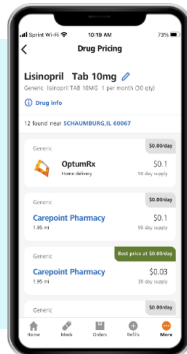
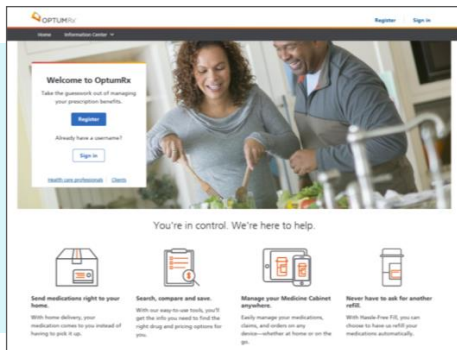
Notification of prior authorization and electronic submission for streamlined administration and speed to treatment

# 2024 Combined Program Offerings – Digital Tools



My OC Benefits™

## Convenient tools to improve member experience



Key Features



Price your medication



Pharmacy locator



Family and caregiver management



Adherence text reminders



Order history and claims detail

# 2024 Combined Program Offerings – Optum Rx Web Access



My OC Benefits™

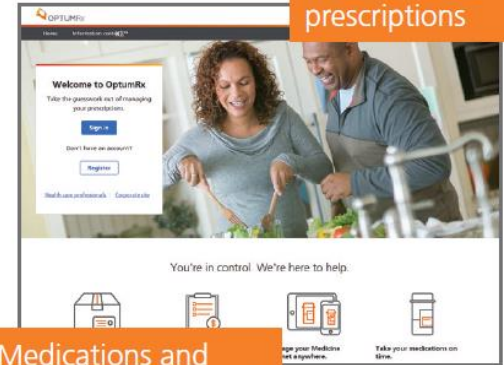
While evaluating your benefit plan options for the coming year, feel free to log into the OptumRx Consumer Portal or Open Enrollment Website to research details on the following:

- Contact Information
- Home Delivery Program details
- Pharmacy Network
- Prescription Drug Coverage and Pricing
- How-to Videos
- Request forms

Current Members: [www.optumrx.com](http://www.optumrx.com)

Prospective Members: <https://welcome.optumrx.com/countyoforange/landing>

Register or sign in to manage prescriptions



Medications and benefits conveniently at your fingertips

# 2024 Program Offerings – Prescription Reimbursement Requests



My OC Benefits™

OptumRx processes all prescription reimbursement requests for County of Orange PPO Plans.

Types of manual claims reimbursement requests available:

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

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

Submit your claim online or download a claim form on the OptumRx Member Portal: [www.optumrx.com](http://www.optumrx.com)

**Online Claim Form: UHG, Medicare, PDP, MAPD, Commercial, PPO, Union and Others**



### Member information

Use this form to request reimbursement for covered medications purchased at retail cost. Complete one form per member. Include the original pharmacy receipt for each medication (not the register receipt). If you do not have pharmacy receipts, ask your pharmacy to provide them to you. On average, this form takes 10-15 minutes to complete.

Fields marked with an asterisk \* are required.

### Requestor Information

Are you filling this form out for yourself or someone else that is not a Medicare member?\*

- Yes
- No, I am the authorized representative for a Medicare member

### Member details

**Optum Rx®**

### Prescription Reimbursement Request Form

Use this form to request reimbursement for covered medications purchased at retail cost. Complete one form per member. **Please print clearly. Additional information and instructions on back, please read carefully.**

#### 1. Member information

RxGroup (see ID card)		Member ID (see ID card)	
Last name		First name	MI
Mailing street address			Apt. #
City		State	ZIP
Prescription is for <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent			Date of Birth (mm/dd/yyyy)

# 2024 Open Enrollment – Optum Rx Customer Service



My OC Benefits™

Our dedicated OptumRx customer service representatives are available to answer your questions 24-hours a day, seven days a week.

## **Prospective Members (Sharewell PPO):**

1-844-880-0759

## **Current Members (Sharewell PPO):**

1-800-573-3583

## **Prospective Members (Wellwise PPO):**

1-866-702-6076

## **Current Members (Wellwise PPO):**

1-800-908-9097





# Optum Rx<sup>®</sup>

Optum Rx is a registered trademark of Optum, Inc. in the U.S. and other jurisdictions. All other brand or product names are the property of their respective owners. Because we are continuously improving our products and services, Optum reserves the right to change specifications without prior notice. Optum is an equal opportunity employer.

© 2023 Optum Rx. All rights reserved.

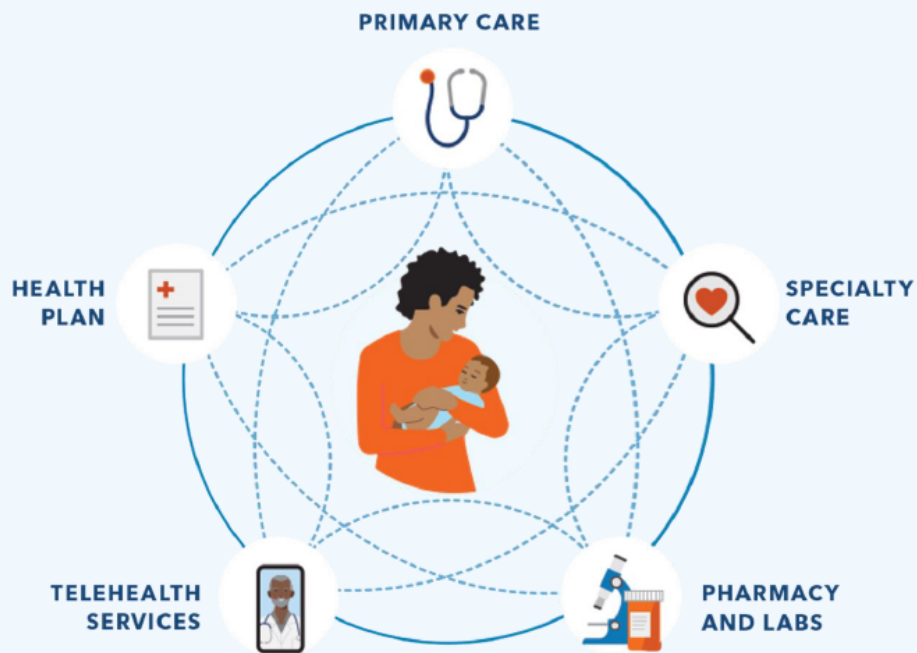


# Welcome to Kaiser Permanente - 2024

County of Orange – Medicare Retirees



# Connected care that's built to make your life easier



We combine care and coverage, which means our doctors, medical facilities, and health plan work together to deliver high-quality care that fits your needs.

It's easier to see top specialists and get the latest treatments.

It's the right care, when you need it.

# Care that's personalized

Your doctor is your best health advocate. They learn what matters most to you and work with you to build a care plan that fits your health needs, personal preferences, and values.

## Care teams that feel reflective of who you are

- Access many clinicians who speak more than one language
- Utilize interpretive services for more than 150 languages
- Browse doctor profiles and change your personal doctor anytime

Learn more about our doctors at [kp.org/doctors](https://kp.org/doctors).

## Connected by your electronic health record



Your health history lives on your electronic health record.



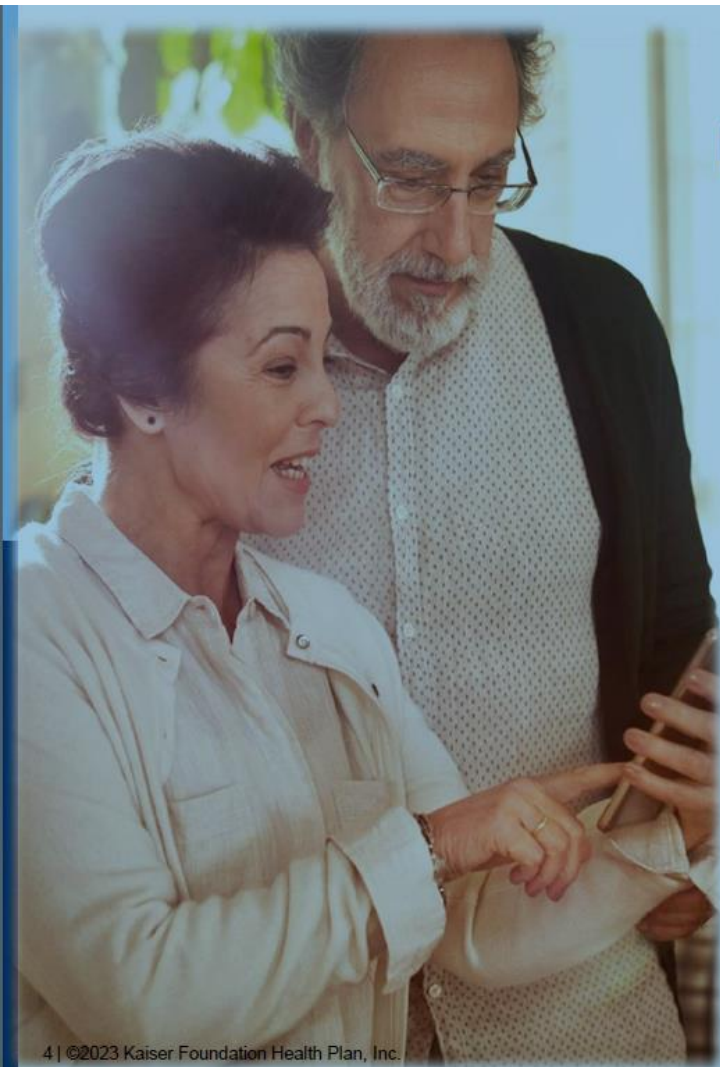
It helps connect your care through each visit, including with specialists.



Your records are available to you and your care team 24/7.



It helps ensure you don't miss checkups and tests.



## Resources for mental health

Kaiser Permanente provides a wide range of support to help you take care of your mental and emotional health.

- Get help with conditions like anxiety, depression, addiction, and autism spectrum disorders.
- Find care with psychiatrists, psychologists, marriage and family therapists, and more.
- Make an appointment for therapy within Kaiser Permanente without a referral.
- Use online self-care resources at any time to help you relieve stress, improve sleep, practice mindfulness, and more.

Learn more at [kp.org/mentalhealth](https://kp.org/mentalhealth).

# Care that's convenient

We make it easy to get high-quality care when and where you want it. No matter how you connect, you'll always talk with a medical professional who can see your health history and pick up where you left off.

Learn more at [kp.org/mobile](https://kp.org/mobile)

## Your health at your fingertips

- Get 24/7 care by phone or video\*
- Email your care team
- Schedule appointments
- View lab results and doctor's notes
- Refill prescriptions
- Check in for appointments
- Pay bills and view statements

\*When appropriate and available.



9:41

KAISER PERMANENTE.

Hi, Samantha

Get Care

Online Care  
Get quick care through the app.

Call for Care  
Talk with a licensed care provider by phone.

In-Person Care  
Make an appointment or find care locations.

FAST COMPANY

THE WEBBY AWARDS

Our mobile app won Fast Company's 2022 Design Company of the Year and the 2022 People's Voice Webby award for Health and Fitness Apps.

# Convenient ways to get what you need

Good health goes beyond the doctor's office. Manage your care 24/7 with the Kaiser Permanente app or at [kp.org](https://kp.org).<sup>1</sup>



## Stay on top of your health<sup>2</sup>

- Schedule or cancel vaccinations and routine appointments.
- Email your doctor's office with nonurgent questions.
- Order a COVID-19 self-test.
- See most test results.
- Read your doctor's notes.



## Fill prescriptions<sup>2</sup>

- Have most prescriptions delivered directly to your front door.<sup>3</sup>
- Get same-day or next-day delivery for an additional fee.<sup>4</sup>
- Order them for same-day pickup.

1. To use the Kaiser Permanente app, you must be a member registered on [kp.org](https://kp.org). 2. These features are available when you get care from Kaiser Permanente facilities. 3. Not all prescriptions can be mailed, restrictions may apply. Please check with your local pharmacy. 4. Same-day and next-day prescription delivery services may be available for an additional fee. These services aren't covered under your health plan benefits and may be limited to specific prescription drugs, pharmacies, and areas. Order cutoff times and delivery days may vary by pharmacy location. Kaiser Permanente isn't responsible for delivery delays by mail carriers. Kaiser Permanente may discontinue same-day and next-day prescription delivery services at any time without notice and other restrictions may apply. Medi-Cal and Medicaid beneficiaries should ask their pharmacy for more information about prescriptions.





## Convenient care while traveling

Planning to travel? Have a child going away to college? We can help you stay on top of your health while you're away. We'll work with you before you leave to see if you need to get vaccinated, refill prescriptions, and more.

And you're covered for urgent and emergency care anywhere in the world.



You can always get 24/7 care by email, phone, and video across the nation.\*

Visit [kp.org/travel](https://kp.org/travel) to learn more.

\*When appropriate and available. If you travel out of state, phone appointments and video visits may not be available in select states due to licensing laws. Laws differ by state.



MEDICARE FOR GROUP MEMBERS



# Benefits for Medicare Retirees

MEDICARE FOR GROUP MEMBERS



## High Medicare Star Quality Ratings You Can Depend On\*

Kaiser Permanente region	Star rating*
California	★★★★★
Colorado	★★★★★
Georgia	★★★★★
Hawaii	★★★★★
Mid-Atlantic States (MD, VA, D.C.)	★★★★★
Northwest (OR, SW Washington)	★★★★
Kaiser Permanente Washington	★★★★☆

Check out our highly rated\* 2023 Medicare health plans at [kp.org/medicarestars](https://kp.org/medicarestars).

\*Every year, Medicare evaluates plans based on a 5-star rating system.

## Kaiser Permanente Medicare Retirees health plan—Summary of Benefits (1/1/24–12/31/24)

Services	County of Orange
Annual Out-of-Pocket Maximum	\$1,000 per calendar year \$2,000 per calendar year
Lifetime Maximum	None
Office Visits	\$20 per visit
Lab/X-rays	No charge
Outpatient Surgery	\$20 per procedure
Hospitalization Services	\$100 per admission
Emergency Services	\$50 per visit
Ambulance Services	No charge
Prescription Drugs (Generic and Brand)	\$10 (generic) / \$35 (brand) for up to a 100-day supply via mail order
Durable Medical Equipment	No charge
Eyewear	\$150 allowance every 24 months
Chiropractic Services	\$15 per visit for up to 30 visits per calendar year
Meal Delivery (discharge from an inpatient stay at a hospital or Skilled Nursing Facility)	Up to 3 meals per day for up to 4 weeks (84 total meals), once per calendar year
Non-Medical Transportation	24 one-way trips (up to 50 miles) per calendar year to/from a network provider

This is a benefit summary of County of Orange Retirees Kaiser Permanente Medicare health plan. All benefits are subject to the definitions, limitations, and exclusions set forth in the Kaiser Permanente Medicare health plan Evidence of Coverage.



# Silver&Fit Exercise and Healthy Aging Program

## How to get started with the Silver&Fit program

Once you're a Kaiser Permanente Senior Advantage member, follow these steps:

- Go to **SilverandFit.com**
- Register to use the site.
- Choose a participating fitness facility or sign up for the Home Fitness Program
- Print out your fitness card, take it to the fitness facility, and start exercising.

Learn more at [SilverandFit.com](https://SilverandFit.com)  
Or call 1-877-427-4788 (TTY/TDD 1-877-710-2746)

- The Silver&Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). The Silver&Fit program is available to current members of participating Kaiser Permanente Group Medicare health plans.
  - All programs and services are not available in all areas. Silver&Fit and The Silver Slate are federally registered trademarks of ASH. Other names and logos may be trademarks of their respective owners.
- †Any additional fees not included.

## Meals – Fresh, nutritious delivery

As a Kaiser Permanente Medicare health plan member, you can get fresh, healthy meals delivered to your home immediately following an inpatient stay at a hospital or skilled nursing facility at no cost.

### How does the meal plan work?

- Upon discharge from an inpatient stay at a hospital or skilled nursing facility, your care team will refer you for meal delivery to your home.
- A representative from the meal provider will call you to talk about available menu options and to schedule delivery.
- You can get 3 meals per day for up to 4 weeks, for a total of 84 meals.

### Who can use this service?

Every meal is:

- You must be a Kaiser Permanente Medicare health plan member covered under County of Orange KPSA plan.
- You receive a referral from your care team upon discharge from a hospital or skilled nursing facility.
- You are discharged to go home and not to another inpatient or skilled nursing facility.

*Meal service is only available once per calendar year. Meals can be delivered to any home in your Kaiser Permanente service area. Menus are subject to change. Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll.*

## 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

## Contact Information

If you have questions about the County of Orange Kaiser Permanente Medicare health plan, contact your HR Benefits Department.

**Kaiser Permanente Member Services:** 1-800-443-0815 (TTY 711)

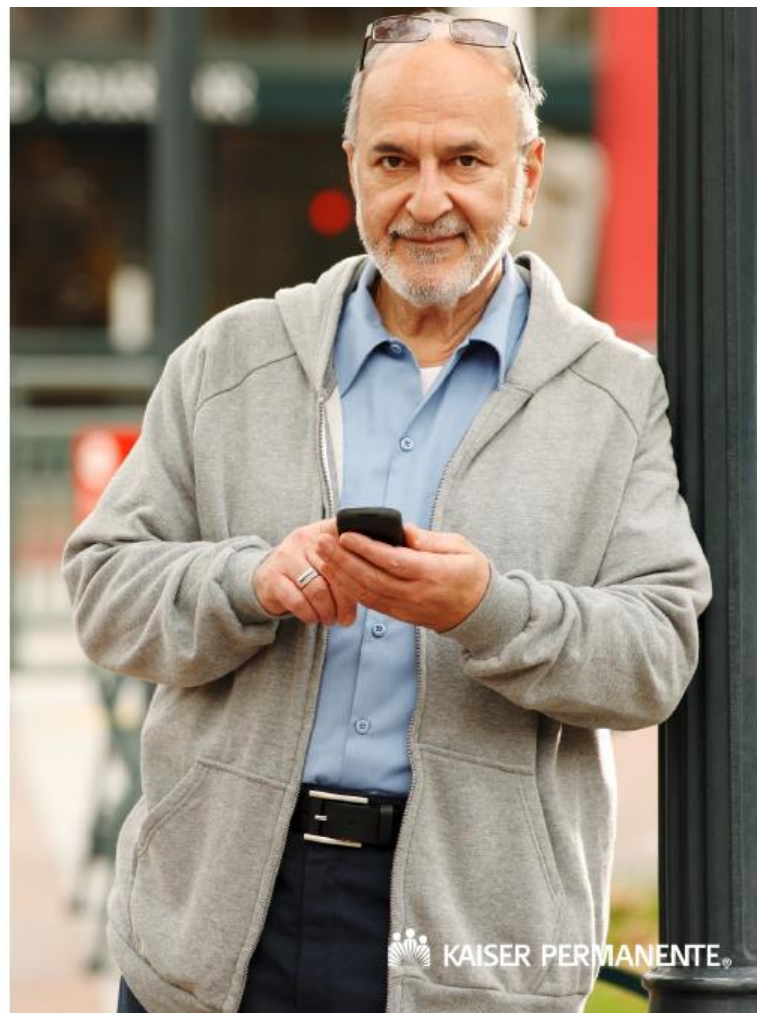
*7 days a week, 8 a.m. to 8 p.m.*

**Social Security:** 1-800-772-1213 (TTY 1-800-325-0778)

*Monday through Friday, 8 a.m. to 7 p.m.*

**Medicare:** 1-800-MEDICARE (1-800-633-4227) TTY 1-877-486-2048

*24 hours a day, 7 days a week.*



# Thank you

Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll.





# County of Orange 2024 Open Enrollment



# Agenda

---

- History - SCAN Health Plan
- Awards and Recognition
- Medical Benefit Highlights
- Supplemental - Benefits beyond Original Medicare
- Q&A

# History

---

**Senior Care Action Network** was founded in Long Beach, California by a group of *passionate* seniors in 1977

Today, we're known as  
**SCAN Health Plan**

## The SCAN Story

SCAN has been keeping retirees healthy and independent for 46 years. With quality, low-cost benefits – plus award winning service when they need it. You can count on SCAN to help your retirees stay healthy, vibrant, and independent for years to come.



## LEADING THE INDUSTRY



**2<sup>nd</sup> Largest in CA /  
3<sup>rd</sup> Largest in Nation**  
Not-for-profit MAPD  
270,000 members and growing



**91% Satisfaction**  
Medicare & You, 2023  
*In California*



**Recognized Brand**  
"Best" MAPD in CA  
Five years in a row!



**Employer of Choice**  
Great Place to Work  
Certified



**4.5 Stars**  
Quality care & service  
Six years in a row†



**National Mature Media Award**  
Recognized for best marketing,  
communications, educational  
materials and programs for older  
adults

# SCAN Health Plan

---

- Fully Insured Medicare Advantage Prescription Drug Plan
  - Contract with private doctors, medical groups and hospitals

Example:

Greater Newport Physicians – Hoag

Hoag Medical Group / Hoag Physicians Partners

Memorial Care

Optum

Providence St. Joseph Medical Center

- Part D (prescription coverage)
- Urgent and Emergency care is covered worldwide in case of an emergency
- Comprehensive benefits above and beyond original Medicare

# California Service Area By Counties:

---

- Los Angeles
- Orange
- Riverside
- San Bernardino
- San Diego
- Ventura
- Santa Clara
- Santa Clara
- San Francisco
- Alameda
- San Mateo
- New 1/1/2024***
- ***Fresno***
- ***Madera***
- ▶ ***Exit***
- ***Napa***
- ***Sonoma***

# Medical Benefit Highlights

---

- Primary Care Physician/Specialist \$15 copay
- Hospital Admission \$100 copay per admission
- Emergency \$50 copay
- Urgent Care \$15 copay

## Prescription Drugs - 30-day supply

- Generic \$10 copay / \$5 preferred pharmacies
- Brand \$20 copay
- **New Select Care Drugs** **\$11 copay**

Heart: Eliquis, Xarelto, Entresto

Diabetes/Heart: Jardiance, Farxiga

Diabetes: Januvia, Tradjenta, Janumet, Synjardy, Xigduo, Trijardy, Glyxambi, Jentadueto

100 days supply is available at retail pharmacies or mail order (ESI), 50% discount on many generic drugs when using our preferred pharmacy network.

And More... for a complete list of benefits review the SCAN County of Orange Summary of Benefits book.

# ESI Mail-Order Personalized Onboarding Service

- A new member has access to a Personal Enrollment Specialist who guides them through the entire process during the first 90 days of enrollment\*



\*English & Spanish-speaking Personal Enrollment Specialists

## Take Advantage of the Savings and Convenience with Home Delivery



Free standard shipping



Online Tracking



Automatic Refills



Payment Flexibility



24/7 phone access to a pharmacist



# Managing Medications with Ease

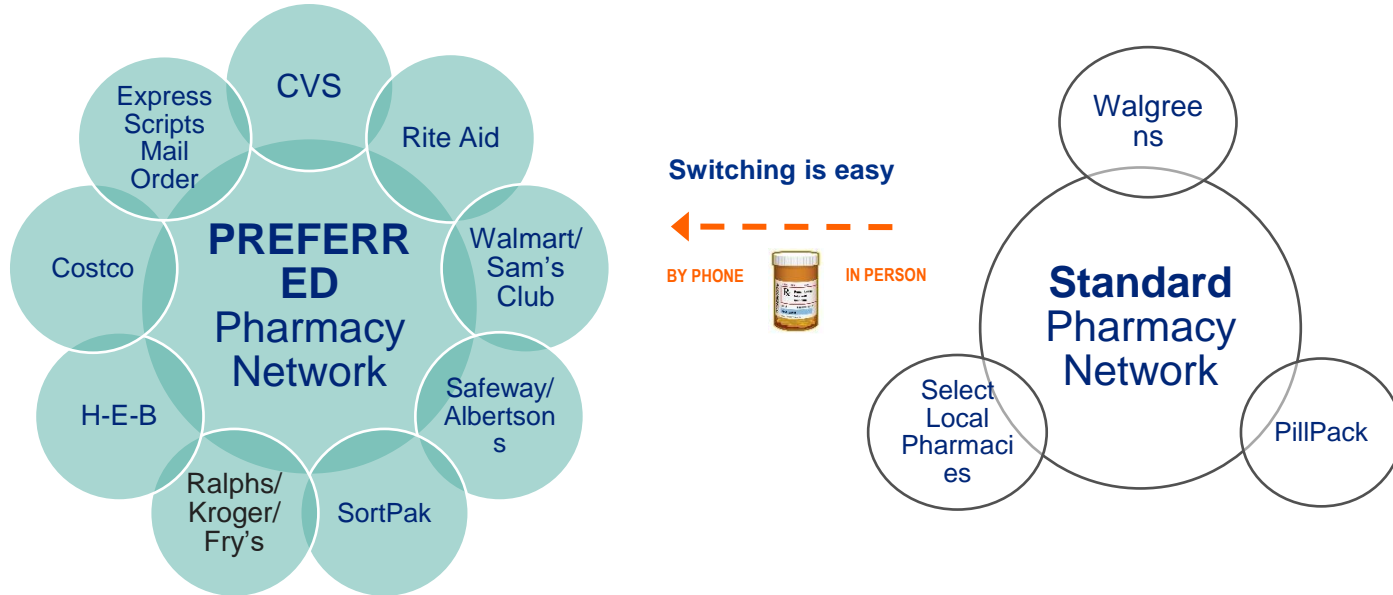
## SortPak

- All medications sorted into easy to tear single use pouches
- Helps members to stay on track with multiple medications
- Preferred copays AND shipped right to members' home
- One-month & Three-month supplies are available
- 1-877-570-7787 or visit [Sortpak.com](http://Sortpak.com)
- Many languages supported: English, Spanish, Chinese, Korean, Vietnamese, etc.



# SCAN Pharmacy Network

- Over 66,000 network pharmacies available for members to use
- To locate a SCAN Preferred pharmacy, go to [www.scanhealthplan.com/findapharmacy](http://www.scanhealthplan.com/findapharmacy)



# Benefits Beyond Original Medicare

---

*Services and programs that help members lead healthier, more independent lives.*



## VISION

SCAN offers a routine vision care, this benefit includes an eye exam \$15 copay every 12 months; frame allowance \$100 or \$130 contacts, coverage for eye wear every 24 months. EyeMed is our service provider 1-800-226-2850 or go to [www.eyemedvisioncare.com/locator](http://www.eyemedvisioncare.com/locator).



## HEARING

\$15 copay for exam; \$600 allowance for one hearing aid or two every two years.

TruHearing is our service provider.

1-844-255-7148 or go to: [www.truhearing.co](http://www.truhearing.co)



## TRANSPORTATION

This benefit provides unlimited transportation to medical appointments, pharmacies and dentists. A taxi, wheelchair van and other modes to meet members' physical needs are also available.

\$0 copay (75-miles maximum per ride)

To schedule a ride 1-844-714-2218



## CHIROPRACTIC

\$15 copay with 20 self-referred visits

Access to routine chiropractic services• Large network of providers• Call a participating provider to schedule an initial examination.

American Specialty Health (ASH) is our service provider. 1-800-678-9133 or go to [www.ashlink.com/ash/SCAN](http://www.ashlink.com/ash/SCAN)



## SCAN TRAVEL ASSURANCE

SCAN coverage travels with members even when out of the country. Travel Assurance provides worldwide emergency and urgent care, and it helps facilitate claims reimbursement.

To request a SCAN Travel Assurance kit, call SCAN Member Services 1-800-559-3500



Members who are travelling outside of SCAN's service area can receive urgent care services through Minute Clinic locations in 38 states at the standard urgent care copay.

States **not available** in: Alabama, Alaska, Arkansas, California, Colorado, Delaware, Idaho, Iowa, Mississippi, Montana, North Dakota, Oregon, South Dakota, Utah, Vermont, Washington, West Virginia, Wyoming



# Solutions For Virtual Care Access

---

*Benefits that enable our members to receive timely access to health care services and supports.*



## **SCAN HEALTH***tech*

SCAN's technology support line helps members use a computer, tablet or smartphone to access healthcare—and health-related information. A few areas where **HEALTH***tech* can help include: Skype/Zoom/FaceTime training for doctor visits, telehealth visit overview, setup on personal equipment (phone, tablet, or computer), prescription delivery setup and more.

To access technology support assistance call: 1-833-437-0555 (TTY: 711) 24 hours a day, 7 days a week



## **ABRIDGE (Health Conversations App)**

Abridge - health conversations is a smartphone app that helps members understand and follow through on their doctor's advice. Members can record health conversations, get an interactive summary and share it with caregivers. For more information about Abridge go to: [abridge.com/scan](https://abridge.com/scan)



## **TELEHEALTH dr. + on demand**

This convenient option to urgent care lets members talk to a board-certified physician from the comfort of their home 24 hours a day, 7 days a week, 365 days a year for \$0.

Request a telehealth visit call 1-888-993-4087 (TTY: 1-800-770-5531) 24 hours a day, 7 days a week

## **NURSE ADVICE LINE by Included Health**

- \$0 copay

# Solutions For Healthy Living

---

*Benefits that support a healthy and active lifestyle.*



## **BRAINHQ**

BrainHQ provides online exercises that enhance memory, brain speed and other functions to boost brain health. BrainHQ is designed specifically for older adults and is offered at no cost to SC AN members.

*Features with this benefit include:*

- Mental games that focus on attention, memory, brain speed, intelligence, navigation, and people skills exercises.
- A useful and meaningful workout tailored to a member's unique brain. Using a special method, each exercise adapts in difficulty as the member continues to use it so they are always working at an optimum level to improve performance.

To access visit [scan.brainhq.com](https://scan.brainhq.com).

99.5%  
Network  
Match  
from Silver  
Sneakers

Premium  
Fitness  
Studios

LIFETIME

Orangetheory  
FITNESS

STRETCH  
LAB

pure barre

STRIDE

CLUB PILATES

CYCLER

YOGASIX

ROWHOUSE

\*visit limits may apply to premium fitness studios

NEW



#### Fitness Networks

25,000+ fitness locations  
including premium &  
boutique studios



#### Digital Solutions

Thousands of on-demand &  
livestreaming fitness classes  
plus a workout builder to  
walk through exercises



#### Social Activities

Over 20,000 free events &  
classes



#### Home Kits

Fitness kits designed for  
members who are unable  
to access a gym location



#### Brain Training

Cognitive training program

ONE PASS - Fitness

Seamless  
transition  
for  
existing  
members

<https://www.youronepass.com>



# Independent Living Power Services®





# Independent Living Power Services® (ILP)

---

- ▶ *\$850 Monthly Allowance*
- ▶ Personal Care Coordination \$0
- ▶ Homemaking \$15 per visit
- ▶ Personal Care \$15 per visit
- ▶ Home-Delivered Meals \$0
- ▶ Adult Day Care \$15 per visit
- ▶ Emergency Response System \$0 per month
- ▶ Caregiver Relief \$15 per visit
- ▶ Inpatient Custodial Care \$0 up to 5 days
- ▶ Inpatient Respite \$0 up to 5 days
- ▶ Bathroom Durable Medical Equipment \$0
- ▶ Community Resources \$0

(ILP services available in the following Counties: Los Angeles, Orange, Riverside, San Bernardino and San Diego Counties.)

Thank you...  
It's a pleasure to continue serve you!

---

## Q&A



# Solutions For Caregivers

---

*Benefits that offer support for members who are caregiving or receiving caregiving services.*

## CAREGIVER TRAINING



A series of classes that provide information, skills training and support for caregivers.

## CHRONIC CONDITION MEALS



Helping members manage chronic health conditions includes ensuring they have proper nutrition. This benefit provides \$0 home-delivered meals.

# Solutions For Togetherness

---

*Benefits that help members get connected, feel less alone and improve health.*

## SCAN LEARNING COMMUNITIES



SCAN Learning Communities bring like-minded people together for in-person health education classes to maintain good mental and physical health.

To access these benefits call SCAN Member Services 1-800-559-3500

## HEADSPACE



Headspace is a mindfulness and meditation app that can help counteract the negative side effects of loneliness, stress and anxiety.

[To join Headspace, go to:headspace.com/scanhealthplan](https://www.headspace.com/scanhealthplan)



## What Else You Should Know

# Open Enrollment Reminders



My OC Benefits™

- Enroll by **November 7, 2023**
- Correction period: Changes can be made between **November 8 through November 17, 2023.**
- Submit dependent documentation by the deadline outlined on your solicitation notices from Dependent Verification Services (DVS).
  - Failure to submit will result in dependents dropped from coverage for 2024.
  - If your newly added dependent is Medicare eligible, be sure to submit copy of Medicare card and required Medicare documentation **60 days** from the date you made your election.
- If you are eligible for Medicare Part B Reimbursement, provide required documentation by **January 15, 2024, for a January 1, 2024, effective date.**
- Contact the Benefits Service Center, and OCERS to report address/email updates.



- 2024 Retiree Health Plan Rates
- Retiree Medicare Plans - One Page Benefits Summaries
- Summary of Benefits & Coverage, (SBCs) for Non-Medicare plans
- Dependent Eligibility Definitions and Required Documents
- What to Know Guide for Retirees
- Intent to Retire Summary
- Attaining Medicare Summary

# Health Plan ID Cards



My OC Benefits™

- If you choose a new health plan for 2024 you will receive new ID cards.
- Retirees currently enrolled and remain enrolled for 2024, in SCAN and Sharewell PPO will receive new ID cards.
- If you don't receive your new card, contact your health plan.
- Contact Benefits Service Center if you need an immediate verification of coverage.



# Benefits Service Center



My OC Benefits™

- Visit **My OC Benefits™**: [mybenefits.ocgov.com](https://mybenefits.ocgov.com)
  - Ask Lisa
  - Start a Web Chat
  - Set a scheduled appointment to discuss your questions (Limited Availability)
- **Benefits Service Center:**
  - Call **1-833-476-2347**, 8 a.m. to 6 p.m. Monday through Friday PT, except holidays
    - Take advantage of **extended hours up to 8 p.m. for Open Enrollment inquiries and/or elections**
  - Long hold times? Arrange a call back time that is convenient for you.





## Medicare and Part B Reimbursement Documentation:

Fax and mailing address:

County of Orange Benefits Service Center  
Dept# 16725  
PO Box 64116  
The Woodlands, TX 77387-4116

Fax: 1-224-607-3465

**\*\* Follow up and make sure your documents have been received and you have submitted what is required.**

# Employee Benefits Website



My OC Benefits™

Visit [hrs.ocgov.com/2024OERetirees](https://hrs.ocgov.com/2024OERetirees) for:

- Retiree Medicare Plans - One Page Benefits Summaries
- Summary of Benefits & Coverage, (SBCs) for Non-Medicare plans
- Health Plan Contact Information
- 2024 Retiree Health Plan Rates
- What to Know Guide
- Retiree Medical Plan Document
- Informational short videos

# Other Contact Information



My OC Benefits™

Benefit	Provider	Online	By Phone
Benefits Service Center	Alight	<b>My OC Benefits™ @</b> <a href="https://mybenefits.ocgov.com">mybenefits.ocgov.com</a>	<b>1-833-476-2347</b> <b>FAX: 1-224-607-3465</b>
Dependent Verification Center	Alight	Dependent Verification Center PO Box 7114 Rantoul IL 61866-7114	<b>1-833-476-2347</b> <b><a href="https://mybenefits.ocoov.com">mybenefits.ocoov.com</a></b> <b>Fax: 1-877-965-9555</b>
Wellwise & Sharewell Retiree Plans Medical Claims Administrator	Blue Shield of California	<a href="https://www.blueshieldca.com/oc">www.blueshieldca.com/oc</a>	<b>1-888-235-1767</b>
Wellwise & Sharewell Retiree Plans Prescription Drug Program	OptumRx	<b>Current Members:</b> <a href="https://www.optumrx.com">www.optumrx.com</a> <b>Prospective Members:</b> <a href="https://www.optumrx.com/oe_countyo_forange/landing">https://www.optumrx.com/oe_countyo_forange/landing</a>	<b>Current Members:</b> 1-800-573-3583 <b>Prospective Members:</b> 1-844-880-0759
Kaiser Traditional HMO	Kaiser	<a href="https://www.kp.org/ca/oc">www.kp.org/ca/oc</a>	<b>1-800-464-4000</b>
Kaiser Senior Advantage HMO	Kaiser	<a href="https://www.kp.org/ca/oc">www.kp.org/ca/oc</a>	<b>1-800-443-0815</b>

# Other Contact Information



My OC Benefits™

Benefit	Provider	Online	By Phone
Cigna Choice & Cigna Select Retiree HMOs	Cigna	<a href="http://www.cigna.com/countyoforange">www.cigna.com/countyoforange</a>	<b>1-800-244-6224</b>
Humana Retiree Medicare PPO	Humana	<a href="http://your.Humana.com/countyoforange">your.Humana.com/countyoforange</a>	Current Members: <b>1-866-771-1615</b>  Prospective Members: <b>1-866-396-8810</b>
SCAN Retiree HMO	SCAN Health Plan	<a href="http://www.scanhealthplan.com/countyoforange">www.scanhealthplan.com/countyoforange</a>	Current Members: <b>1-800-559-3550</b>  Prospective Members: <b>1-877-212-7654</b>
MissionSquare	MissionSquare Retirement	<a href="http://www.missionsq.org/orangecounty">www.missionsq.org/orangecounty</a>	<b>1-866-620-6065</b>

Thank you



MyOC Benefits™