

**Personal.
Connected.
Accessible.**

Non-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 limited home mailings, information posted online and verify your communication preferences.
- **Educating You** – We'll host virtual and in-person presentations.

Open Enrollment 2024




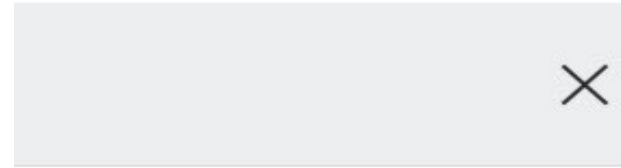
My OC Benefits™



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.

Open Enrollment 2024



My OC Benefits™

County Couples - How to process elections:

To enroll for the <u>first time</u> as a County Couple (RME/RMR).	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.	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 on My OC Benefits™.

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 County of Orange Benefit Center, enter your PIN (to verify it is working) and then route directly to the Benefit 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 County of Orange Benefit 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™

Non-Medicare retirees and/or dependents will be offered new retiree health plans:

- Beginning January 1, 2024, non-Medicare retirees will be able to choose from the same health plans as active employees.
- To review each offered health plan, you can refer to the Summary of Benefits and Coverage (SBC) for each plan.
- Located on the Plan Information Page
 - You can also find them on the Employee Benefits website:

hrs.ocgov.com/2024OERetirees

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 you are currently enrolled in an Anthem Blue Cross plan and you make no election, you will be automatically enrolled in the Cigna Choice HMO plan.
- Cigna Select HMO and Cigna Choice HMO plans effective January 1, 2024.
 - Cigna Select Retiree HMO has a smaller network that includes Heritage Provider Network, Hoag, Memorial Care, Providence and Scripps. A narrower network means you have lower monthly premiums, lower office visit copays and an enhanced chiropractic benefit.
 - Cigna Choice Retiree HMO provides access to hundreds of providers throughout Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Barbara and Ventura counties. This broad access for providers means this plan has higher monthly premiums.

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 non-Medicare eligible, and your covered spouse is 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.

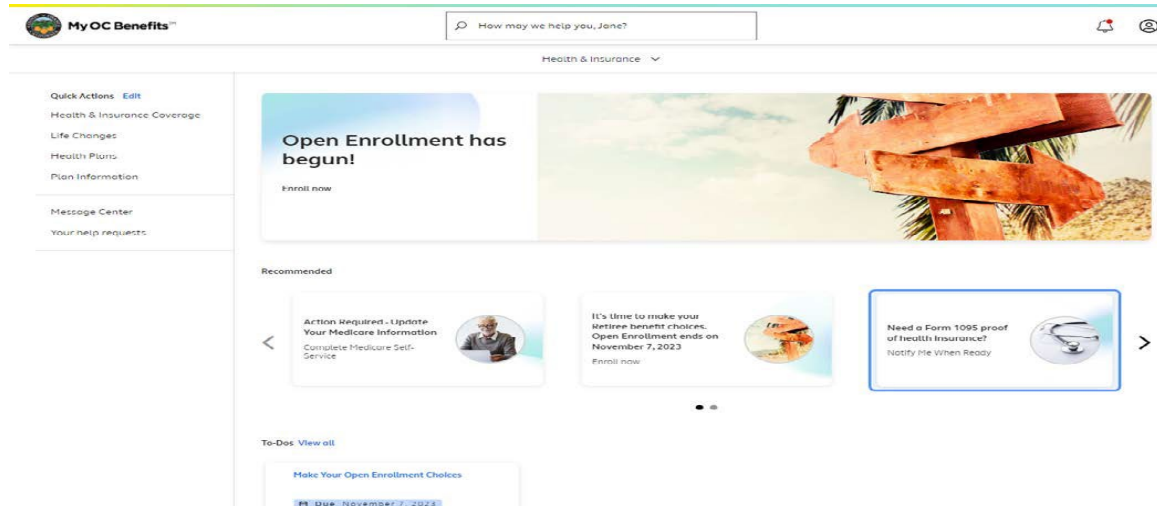
What is New for 2024?



MyOC 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.



Open Enrollment 2024

2024 Health Plan Rates



My OC Benefits™

- The Board of Supervisors approved the **restructure of County health insurance plans** to include both active County employees and County Non-Medicare retirees in the same health plans.
- They also approved the requirement that the retiree health insurance premiums for non-Medicare retirees exceed the active employee (employee and County combined cost) health insurance premium by **no more than 20 percent**, beginning January 1, 2024.

2024 Health Plan Rates



My OC Benefits™

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

- On the Employee Benefits website: 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™

- **Anthem Blue Cross Select HMO:** Decreases 36 – 40% by replacing the plan with the Cigna HMO plans and combining the Non-Medicare Retirees with active employees.
- **Anthem Blue Cross Traditional HMO:** Decreases 58 – 60% by replacing the plan with the Cigna HMO plans and combining the Non-Medicare Retirees with active employees.
- **Wellwise Retiree PPO:** Decreases 47 – 51%
- **Sharewell Retiree PPO:** Decreases 40%
- **Kaiser Retiree HMO:** Decreases 26 – 28%

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 to:

Check health plan rates and compare health plans,

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

Steps for Enrollment



My OC Benefits™



Mybenefits.ocgov.com

How to Make your Elections

October 18 through November 7, 2023

Steps for Enrollment



My OC Benefits™

My OC Benefits™

- Go to 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 of 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
- 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™

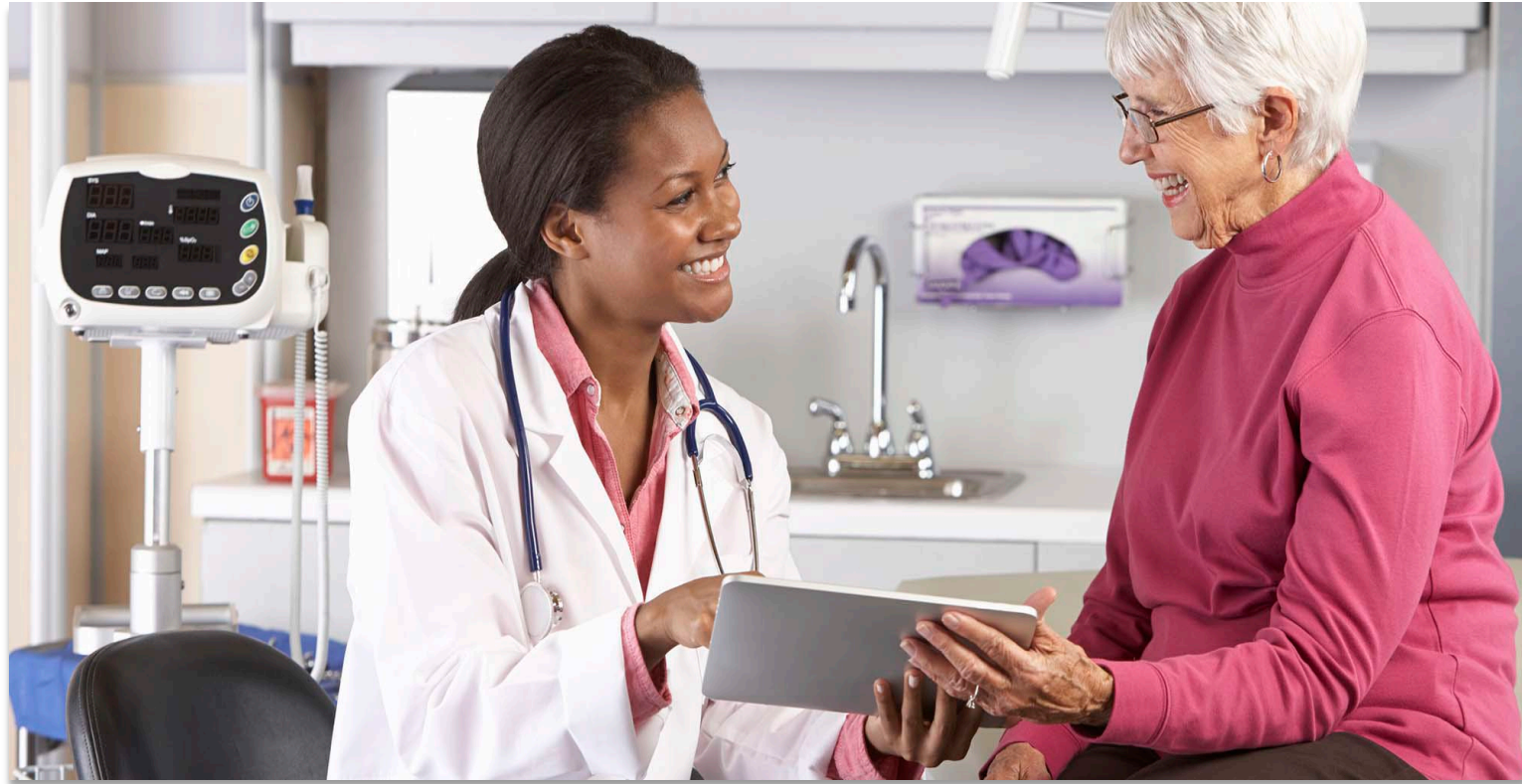
Medicare Part D Prescription Drug Coverage

- 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 Health Plan Options



My OC Benefits™



Open Enrollment 2024

2024 Non-Medicare Health Plan Options



My OC Benefits™

Retiree Non-Medicare (Subscriber & Dependents)

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

2024 Split Family Medicare Health Plan Options



My OC Benefits™

Medicare Part B - Only (Subscriber & Dependents)

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

2024 Split Family Medicare Health Plan Options



My OC Benefits™

Medicare Part A & B (Subscriber or Dependent(s))

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



Your Cigna Health Plan Options

Plan year: 2024

[Cigna.com/countyoforange/enrollment](https://www.cigna.com/countyoforange/enrollment)

Offered by Cigna Health and Life Insurance Company or its affiliates
In Utah, plans are offered by Cigna Health and Life Insurance Company.

974336 06/23



You Have Options



My OC Benefits™

The County of Orange offers two Cigna Healthcare HMO Medical Plan options.

- **Cigna Select Retiree HMO** uses a narrow network available only in Southern California and has lower premiums.
- **Cigna Choice Retiree HMO** has broader network across Southern California which gives you access to more medical groups.

Plan Highlights

Medical virtual care⁴

Mental health virtual care⁵

24/7/365 customer service with translation services in more than 200 languages

myCigna.com® and the **myCigna® App**

24/7/365 Health Information Line with live medical professional

Access to the Cigna Behavioral Health Network

Cigna Healthy Rewards® program⁶

Cigna Healthy Pregnancies, Healthy Babies® program

1. Plans may be limited geographically. Providers are located throughout the majority of the counties. Not all providers may be in the Southern California Select Network. Subject to change. 2. Specific providers such as OB/GYNs and behavioral providers can be seen without a referral. See your plan documents for details or call 800.244.6224. 3. Emergency and urgent care services (as defined in the plan documents) are covered at the in-network benefit level. 4. Cigna provides access to virtual care through national telehealth providers as part of your plan. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers. This service is separate from your health plan's network and may not be available in all areas or under all plan types. A PCP referral is not required for this service. 5. Providers are solely responsible for any treatment provided. Not all providers have video chat capabilities. Video chat is not available in all areas. A PCP referral is not required. Virtual care services may not be available under all plan types. See your plan materials for the details of your specific health plan. 6. **Healthy Rewards programs are NOT insurance.** Rather, these programs give a discount on the cost of certain goods and services. The customer must pay the entire discounted cost. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. Participating providers are solely responsible for their goods and services.

Primary Care Physician (PCP)



My OC Benefits™

- You and each member on the plan are required to choose a primary care physician (PCP) from any one of the network provider groups
- If you don't select a PCP, one will be auto-assigned to you.
- You can change your PCP by calling 1-800-244-6224
- Your PCP coordinates care, including referrals to other providers or specialists.²
- You are covered for emergency and urgent care at any time, at any facility.³
- You have access to medical virtual care services and can speak to a U.S.-based, board-certified provider via phone or video chat for the same out-of-pocket costs as a PCP visit.⁴

1. Plans may be limited geographically. Providers are located throughout the majority of the counties. Not all providers may be in the Southern California Select Network. Subject to change. 2. Specific providers such as OB/GYNs and behavioral providers can be seen without a referral. See your plan documents for details or call 800.244.6224. 3. Emergency and urgent care services (as defined in the plan documents) are covered at the in-network benefit level. 4. Cigna provides access to virtual care through national telehealth providers as part of your plan. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers. This service is separate from your health plan's network and may not be available in all areas or under all plan types. A PCP referral is not required for this service. 5. Providers are solely responsible for any treatment provided. Not all providers have video chat capabilities. Video chat is not available in all areas. A PCP referral is not required. Virtual care services may not be available under all plan types. See your plan materials for the details of your specific health plan. 6. **Healthy Rewards programs are NOT insurance.** Rather, these programs give a discount on the cost of certain goods and services. The customer must pay the entire discounted cost. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. Participating providers are solely responsible for their goods and services.

2024 Cigna Select Retiree HMO Provider Groups*



My OC Benefits™

With Cigna Select you have the option to choose any one of the Select Network physician group systems¹

Each member on the plan selects a primary care physician from any one of these physician group systems²:



HERITAGE PROVIDER NETWORK

- 3,500+ providers, including 1,760+ specialists
- 51 urgent care centers
- 50 hospitals



- 600+ providers, including 475+ specialists
- 14 urgent care centers
- 5 hospitals



- 1,950 providers, including 1,665+ specialists
- 13 urgent care centers
- 4 hospitals



- 1,470+ providers, including 990 specialists
- 15 urgent care centers
- 6 hospitals
- 10 Providence ExpressCare clinics



- 2,420+ providers, including 1,910+ specialists
- 3 urgent care centers
- 6 hospitals
- 18 Scripps HealthExpress clinics

1. Plans may be limited geographically. Providers are located throughout the majority of the counties. Not all providers may be in the Southern California Select Network. Please access the Cigna provider directory on Cigna.com® or call 800.244.6224 to confirm which providers are in-network. 2. Data as of March-April 2022 analyzing “unique” provider IDs. Provider counts represent contracted providers within the county and may vary. Counts are not a representation of contractually available providers, are subject to change and may vary based on factors including, but not limited to, location, referral patterns and capacity. PCP and specialist counts include pediatric providers.



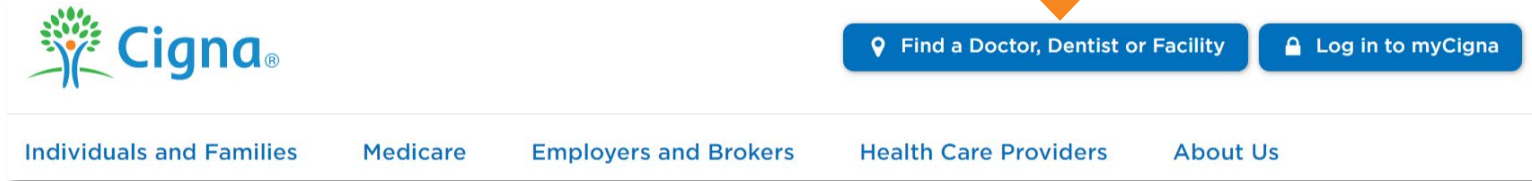
IN COLLABORATION WITH:
Heritage Provider Network | Hoag
MemorialCare | Providence
Scripps Health

How to find an in-network provider or facility in our online directory



My OC Benefits™

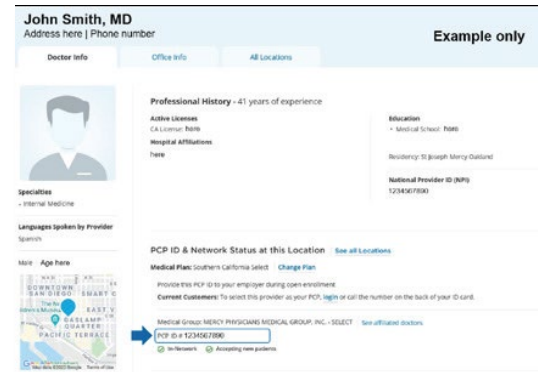
- > Search our online provider directory at [Cigna.com](https://www.cigna.com)



- > Choose Southern California for Cigna Choice or Southern California SELECT



- > Search for a physician by name or specialty



Your Pharmacy Plan Options



Out of Pocket Medical Cost Comparison



My OC Benefits™

	Cigna Choice Retiree HMO		Cigna Select Retiree HMO	
	<i>Retiree</i>	<i>Retiree + Family</i>	<i>Retiree</i>	<i>Retiree + Family</i>
Deductible	\$0	\$0	\$0	\$0
Out-of-pocket maximum*	\$1,000	\$2,000	\$750	\$1,500
PCP/Specialist Copay	\$20/\$20 Copay		\$5/\$10 Copay	
Chiropractor	\$15 Copay/30 visits per year		\$10 Copay/Unlimited visits per year	
In-Patient	\$100 Copay		\$100 Copay	
Emergency Room	\$50 Copay		\$50 Copay	
Urgent Care	\$25 Copay		\$25 Copay	
Lifetime maximum	Unlimited	Unlimited	Unlimited	Unlimited

Pharmacy Plan Comparison



My OC Benefits™

	Cigna Choice HMO		Cigna Select HMO	
<i>In-network</i>	<i>Retail (30-day supply)</i>	<i>Home delivery (90-day supply)</i>	<i>Retail (30-day supply)</i>	<i>Home delivery (90-day supply)</i>
Tier 1 (typically generics)	You pay \$10	You pay \$20	You pay \$10	You pay \$20
Tier 2 (typically preferred brand)	You pay \$30	You pay \$60	You pay \$30	You pay \$60
Tier 3 (typically non-preferred brand)	You pay \$50	You pay \$100	You pay \$50	You pay \$100
It doesn't matter which plan you have. You'll pay 100% for all out-of-network prescription medications.				

This chart shows the amounts you'll pay for covered services after you meet your plan deductible. Not all health benefit plans are the same, but in general, to be eligible for coverage, a medication must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. **All plans have exclusions and limitations.** Please check your plan documents for costs and complete details of your plan's prescription medication coverage.

Get the Most out of Your Pharmacy Benefits



My OC Benefits™

Manage all your prescriptions on the My Medications page on mycigna.com or the mycigna app

- See which medications your plan covers
- Price a medication²
- Search for lower-cost alternatives, if available
- View all the prescriptions you've filled in the last 18 months
- Find an in-network pharmacy
- Ask a pharmacist a question
- Switch a prescription from a retail pharmacy to our home delivery pharmacy

For home delivery prescriptions:

- Order a 90 supply of your prescription
- Refill and track your orders
- Pay your bill online
- Sign up for automatic refills
- Request a payment plan
- For specialty medications, connect to your online Accredo® account

To learn more about Express Scripts® Pharmacy,
go to Cigna.com/homedelivery or call **800.835.3784**

Your Vision Plan



Your Vision Benefits



My OC Benefits™

	In-network ¹
Exam copay	\$5
Lens allowances:	
Single vision lenses	100% After \$10 Copay
Lined bifocals	100% After \$10 Copay
Lined trifocals	100% After \$10 Copay
Frames	\$45
Polycarbonate add-on	\$40
Anti-reflective coating	\$45
Elective contact lenses and professional services	Not Covered

- **Discounts available for:**
- 40% off additional pair of glasses (frames and lenses)
- 20% off nonprescription sunglasses
- \$1,000 discount on LASIK services with select providers available through Cigna Healthy Rewards^{®1}
- **Once enrolled, visit myCigna.com[®] to:**
- Search for in-network providers and schedule appointments online.²
- Use a cost estimator tool to calculate your out-of-pocket costs for covered and non-covered services.
- View plan benefits, claim details, and your digital ID card
- Learn about international travel benefits such as help finding a provider or replacing glasses/contact lenses
- Access special offers from major retail and online providers.

1. Plan benefits may be subject to frequency limitations. Please review your Benefit Summary for details, plan exclusions and limitations.

Your virtual care resources





Cigna Healthcare has partnered with MDLIVE® to offer a comprehensive suite of convenient virtual care options — available by phone or video whenever it works for you.

Primary Care

Preventive care, routine care and specialist referrals

- Preventive care checkups/wellness screenings available at no additional cost²
- Prescriptions available through home delivery or at local pharmacies, if appropriate
- Receive orders for biometrics, blood work and screenings at local facilities³

Behavioral Care

Talk therapy and psychiatry from the privacy of home

- Access to psychiatrists and therapists
- Schedule an appointment that works for you
- Option to select the same provider for every session
- Care for issues such as anxiety, stress, grief and depression

Urgent Care

On-demand care for minor medical conditions

- On-demand 24/7/365, including holidays
- Care for hundreds of minor medical conditions
- A convenient and affordable alternative to urgent care centers and the ER
- Prescriptions available, if appropriate

Dermatology⁴

Fast, customized care for skin, hair and nail conditions — no appointment required

- Board-certified dermatologists review pictures and symptoms
- Care for common skin, hair and nail conditions including acne, eczema, psoriasis, rosacea, suspicious spots and more
- Diagnosis and customized treatment plan, usually within 24 hours

1. Cigna Healthcare provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. Not all preventive care services are covered, refer to plan documents for complete description of virtual care services and costs. Virtual primary care through MDLIVE is only available for Cigna Healthcare medical members aged 18 and older.
2. For customers who have a non-zero preventive care benefit, MDLIVE virtual wellness screenings will not cost \$0 and will follow their preventive benefit.
3. Limited to labs contracted with MDLIVE for virtual wellness screenings.
4. Virtual dermatological visits through MDLIVE are completed via asynchronous messaging. Diagnoses requiring testing cannot be confirmed. Customers will be referred to seek in-person care. Treatment plans will be completed within a maximum of 3 business days, but usually within 24 hours.

Important Changes



My OC Benefits™

Throughout 2024, we will be transitioning from physical ID cards to digital ID cards to enable access anytime, anywhere via myCigna.com and the myCigna app.

Digital ID cards can be downloaded and easily saved, shared, printed, or emailed directly to providers. What can be easier?

Customers can:

- Share the digital ID card image on a phone screen at the provider office
- Relay the data verbally over the phone in order to pre-register for their appointment
- Upload the digital ID card image to the provider's portal
- Email the digital card image directly to the provider's office from the secure myCigna app or myCigna.com
- Print a copy of the ID card and share it with the provider office
- Save a copy to iPhone digital wallet (early 2024)

We're Here 24/7/365



My OC Benefits™



By phone – 888.806.5042

- Call anytime day or night for live customer service
- Ask for a Spanish-speaking representative or speak with us in your preferred language – interpreter service is available in more than 200 languages
- Speak with a nurse advocate* anytime, day or night through the 24-hour Health Information Line

myCigna – online or app

- Directory of doctors, hospitals, facilities with cost and quality information
- Useful tools to help you:
 - Review your coverage
 - Manage and track claims
 - Track account balances and deductibles, and sign up for email notifications
 - Find quality of care information for common procedures and treatments
 - Get Claims and Balances statements on demand to view claim history and account transactions
 - Price and compare medications



Now compatible with iPhone® X devices

The Apple® Face ID® feature for iPhone X devices is a new way to unlock and authenticate your myCigna® App. It's even more convenient than the Touch ID® tool, and makes authenticating fast and easy. Other iPhone users can still use Touch ID to log in to the app.***

*These nurse advocates hold current nursing licensure in a minimum of one state but are not practicing nursing or providing medical advice in any capacity as a health advocate. **Available for Cigna Choice Fund® health reimbursement account (HRA) and flexible spending account (FSA) plans only. ***Please refer to your phone's manufacturer for your phone's specific capabilities. The downloading and use of the myCigna App is subject to the terms and conditions of the app and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply. Apple, iPhone, Face ID and Touch ID are registered service marks or trademarks of Apple Inc.



My OC Benefits™



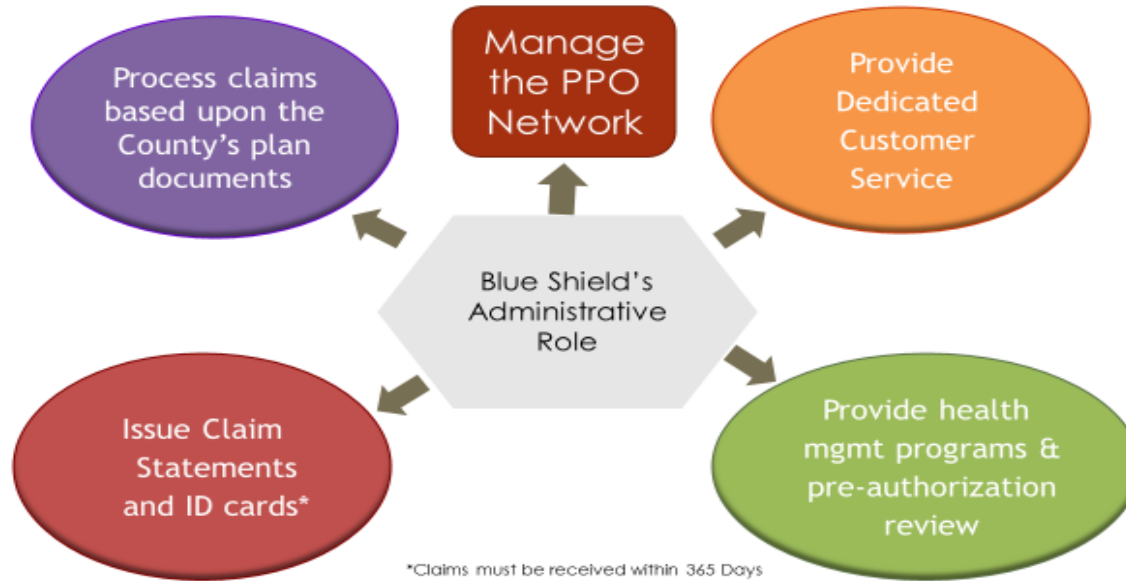
County of Orange Open Enrollment 2024



Blue Shield- PPO Plan Administrator



My OC Benefits™



Wellwise and Sharewell 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 PPO Plan



My OC Benefits™

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

This chart is intended to provide a high-level summary of plan benefits. The 2024 Wellwise 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 PPO Plan



My OC Benefits™

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

This chart is intended to provide a high level summary of plan benefits. The 2024 Sharewell 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

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

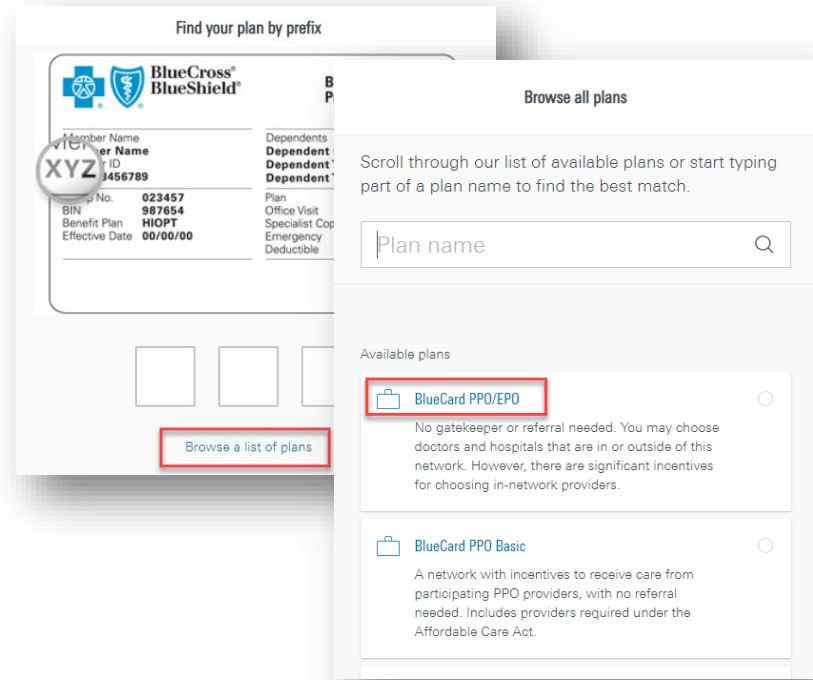
Traveling, or reside outside of California?

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

- Visit 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
- Or, call **(804) 673-1177** collect from outside the U.S. Assistance is available 24/7/365



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.



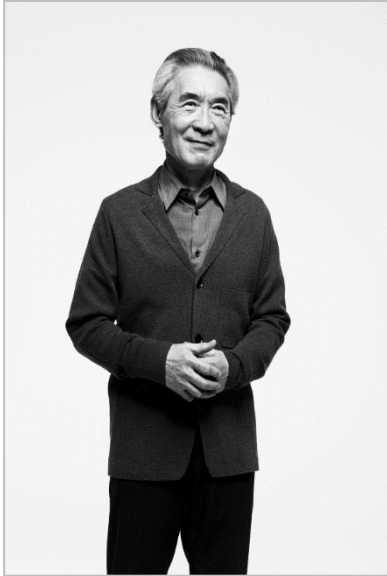
Urgent care centers can be a cost- and time-saving alternative to the ER.

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™

Microsite Provides:

- 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 microsite. At the top, there is a navigation menu with the following items: Home, Plan information, Find a provider, Programs and services, and Login/Create Account. Below the navigation 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" overlaid in blue. Below the banner, there 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 Web: County of Orange Benefits Website.

www.blueshieldca.com/oc

Finding PPO providers is easy



My OC Benefits™

Visit 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

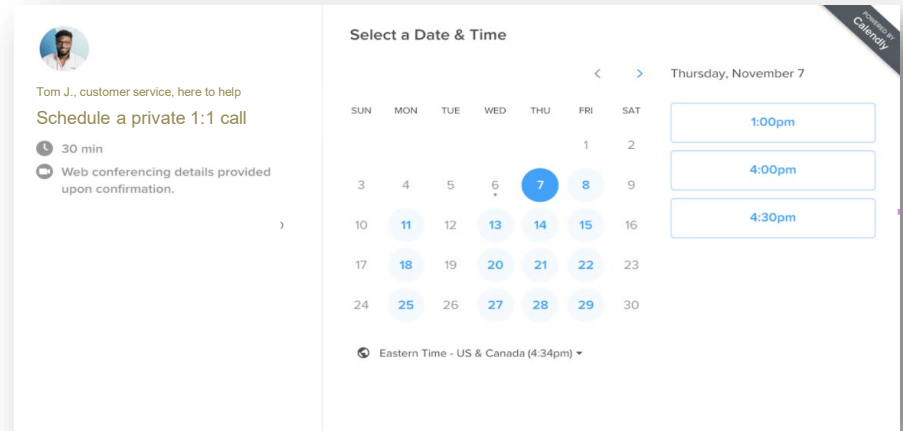
[search](#)

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

blueshieldca.com

A simpler digital experience for you



My OC Benefits™

Treatment cost estimator (TCE)

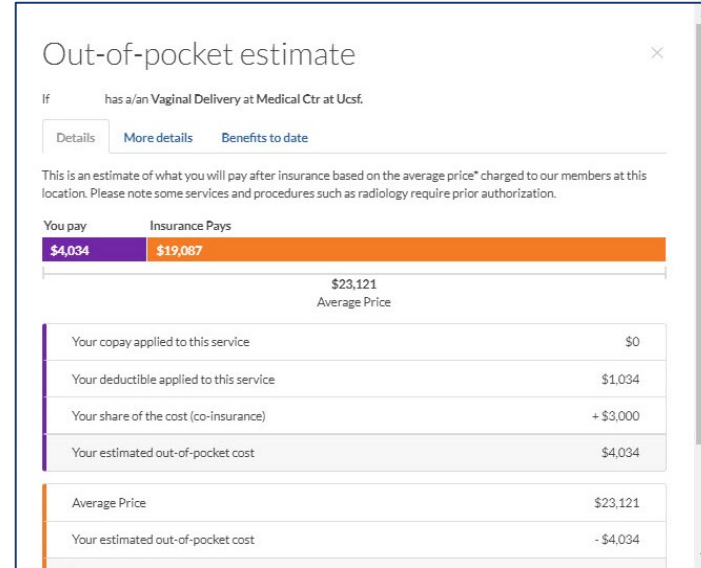


My OC Benefits™

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



Blue
Distinction®
Center

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



Wellvolution



Online and in-person clinical programs to help you improve your health, lose weight, and feel better

Prevent and treat disease

→ Lower your risk for diabetes, cardiovascular disease, and other conditions

Live healthy

→ Manage stress, exercise more, eat and sleep better, and quit smoking

[wellvolution.com](https://www.wellvolution.com)

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.

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.

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.

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

Optum Rx[®]

County of Orange

Wellwise and Sharewell PPO Presentation

Open Enrollment 2024



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



My OC Benefits™

A formulary is a preferred medication list designed to garner cost savings to members by:

- Encouraging use of clinically appropriate, less expensive products.
- Moving members to preferred alternatives in the same therapeutic class.
 - ❖ Every therapeutic class (condition) will have a clinically effective covered medication available.
- Excluding some products and making them not covered by the plan.
- The drugs on the formulary list are selected with the help of a team of doctors and pharmacists.
- 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.
- Medications may move to a higher tier or be excluded from coverage on January 1 and July 1 of each year. Impacted members will receive a letter 60-days in advance.

For additional details regarding your specific formulary benefit plan; check drug coverage on the OptumRx Member Portal and/or Open Enrollment Website.

Current Members: www.optumrx.com

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



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



My OC Benefits™

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 agree to cover the drug for you (prior authorization¹)
- **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

For additional details regarding your specific formulary benefit plan; check drug coverage on the OptumRx Member Portal and/or Open Enrollment Website.

Current Members: www.optumrx.com

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

1. Prior authorizations are valid for the date of approval and cannot be backdated.

A screenshot of the OptumRx Member Portal. The page title is "Coverage details" for the "Plan: WellWise Early Retirees". A search results link is visible. The main content is a table with the following data:

Brand Name	OZEMPIC
Generic name	SEMAGLUTIDE SOLN PEN-INJ 1 MG/DOSE (2 MG/1.5ML)
Therapeutic class	Blood Glucose Regulators - Drugs to Regulate Blood Sugar
Therapeutic subclass	Antidiabetic Agents - Diabetic Drugs
Dosage	2 MG/1.5ML Soln Pen-inj
Status	TIER 02 - PREFERRED
Prior authorization	Yes.
Step therapy	No.
Quantity limit	Yes. Maximum quantity of 0.11 per 1 Day(s).
Specialty Pharmacy	No.
Member notes	No.

2024 Pharmacy Network – Optum Specialty Pharmacy¹



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 or call **1-855-427-4682**

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

2024 Pharmacy Network – Wellwise and Sharewell PPO Plans



MyOC Benefits™

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

OptumRx Home Delivery

Home delivery drug provider for maintenance medications and diabetic testing supplies. 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 days supply of maintenance medications at select retail locations.

Pro

- ❖ *Diabetic testing supplies are considered to be maintenance*



2024 Benefits – Wellwise PPO Plan



My OC Benefits™

Drug Tier	30-Day Supply	90-Day Supply	Plan's Home Delivery Service	Helpful Tips
Deductible N/A				The Wellwise PPO plan does not have a deductible.
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.
Specialty	30% with \$150 max	N/A	N/A	Specialty medications are used to treat complex conditions and are generally higher in cost. Restricted to 30-day supplies.
Out-of-pocket Maximum \$4,100 individual \$8,200 family				Once the annual out-of-pocket maximum is satisfied, the plan will pay the eligible covered costs of medications 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 plan the difference between the generic drug and brand drug cost (penalty). The cost differential does not accumulate towards the out-of-pocket maximum. Prescriptions must be filled at a network pharmacy. Visit www.optumrx.com to locate participating pharmacies.

2024 Benefits – Sharewell 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	Specialty medications are used to treat complex conditions and are generally higher in cost. Specialty medications must be fulfilled by Optum Specialty Pharmacy. Restricted to 30-day supplies.
Out-of-pocket Maximum Network: \$6,000 Non-Network ¹ : \$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 to locate participating pharmacies.

2024 Open Enrollment - Brand with Generic Equivalent



My OC Benefits™

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.

Pricing sample for a 3-month (90 days supply);
actual savings may vary

	Generic Drug	Brand Drug
Total Drug Cost	\$25	\$100
Cost Differential	N/A	\$75 <i>(\$100 brand drug cost minus the \$25 generic drug cost)</i>
Plan Pays	\$20	\$20
Member Pays	\$5 <i>(20% of the generic drug cost)</i>	\$80 <i>(20% of the generic drug cost [\$5] PLUS cost differential [\$75])</i>

Important Note: You are not required to use a generic drug, but if you choose to utilize a brand drug when a generic equivalent is available, you could pay significantly more for your medication. The cost differential does not accumulate towards the out-of-pocket maximum amount and is not an eligible covered cost of the plan.

2024 Program Offerings – Medication Synchronization



My OC Benefits™

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*



2024 Program Offerings – Enhanced Savings Program



My OC Benefits™

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 Used



Plan Integrated

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



- Retrospective Drug Utilization Review (RDUR) Gaps in Care
- Medication Adherence
- High Risk One-on-one Counseling

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



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

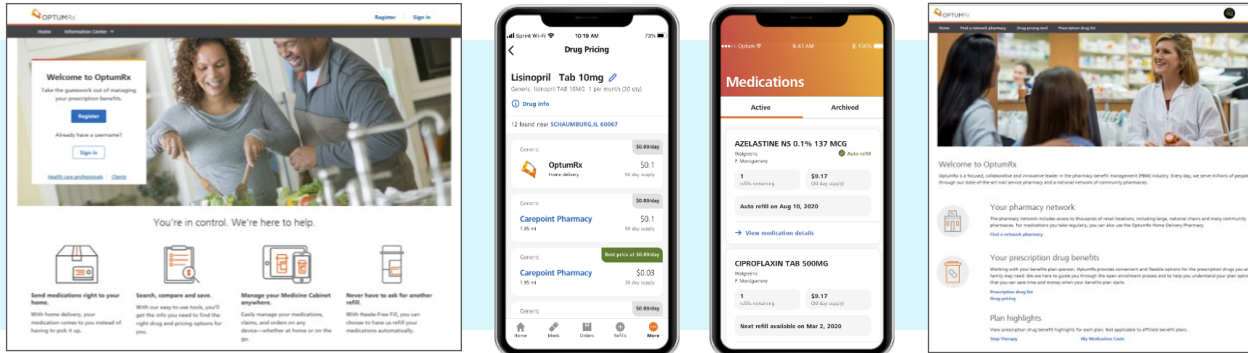
Notification of prior authorization and electronic submission for streamlined administration and speed to treatment

2024 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 Program Offerings – Optum Rx Web Access



My OC Benefits™

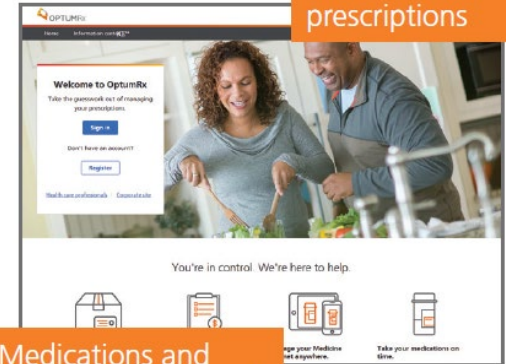
While evaluating your benefit plan options for the coming year, feel free to log into the OptumRx Consumer Portal or Open Enrollment Website to research details on the following:

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

Current Members: www.optumrx.com

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

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)	



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

Prospective Members:

1-844-880-0759

Current Members:

1-800-573-3583



Optum Rx[®]

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.

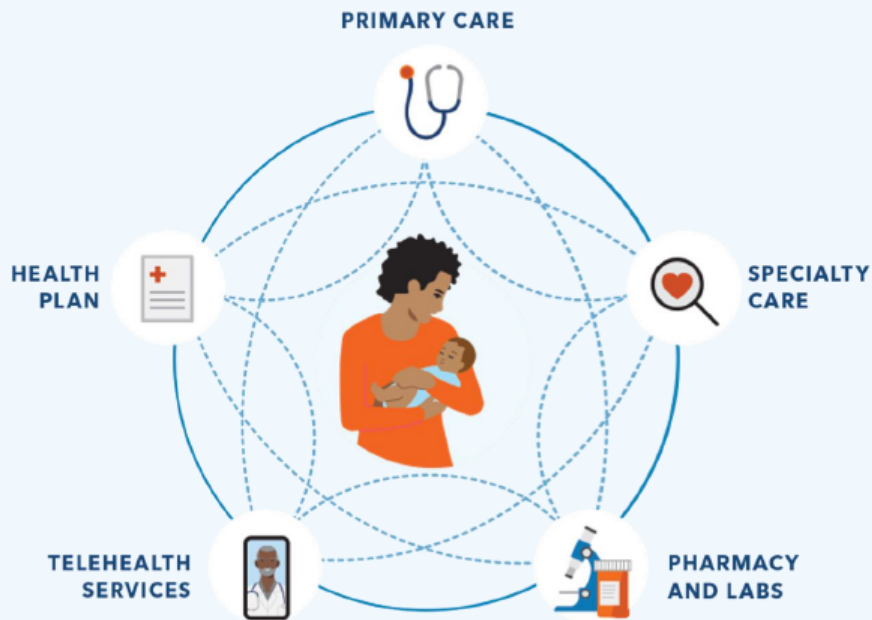


Welcome to Kaiser Permanente - 2024

County of Orange – Non-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.

Quality care with you at the center

Your doctor will build a care plan based on your needs and work with your care team to deliver high-quality, personalized care.



Preventive care to keep you healthy



Specialty care when you need it



Support for ongoing conditions

Get care in your language — with multilingual doctors and phone interpretation in more than 150 languages.

We've helped deliver millions of COVID-19 vaccines to our members, communities, and underserved areas. Visit kp.org/covidvaccine to search vaccine appointments.



 KAISER PERMANENTE.

Quality care when you need it

Same-day, next-day, and weekend appointments are available at most locations and by phone and video.¹



Visit us in person at a location near you.



Talk to a health care professional by phone or video.¹

24-hour virtual care on your schedule

If a trip to the doctor's office doesn't fit your schedule, it's easy to get fast, personalized support — daytime, nighttime, anytime.



- Schedule a phone or video visit with a doctor or clinician.¹
- Get 24/7 care advice by phone.
- Use our e-visit questionnaire to get personalized care advice for certain conditions, order many tests, and get some prescriptions online.

1. When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent licensed clinicians from providing care across state lines. Laws differ by state. 2. High deductible health plans may require a copay or coinsurance for phone and video visits.

Save time and money

Telehealth is covered at no additional cost with most plans.²



Convenient prescription refills

Order prescription refills online, on the Kaiser Permanente app, in person, or over the phone.

You can also get refill reminders or alerts when new prescriptions are available to order.

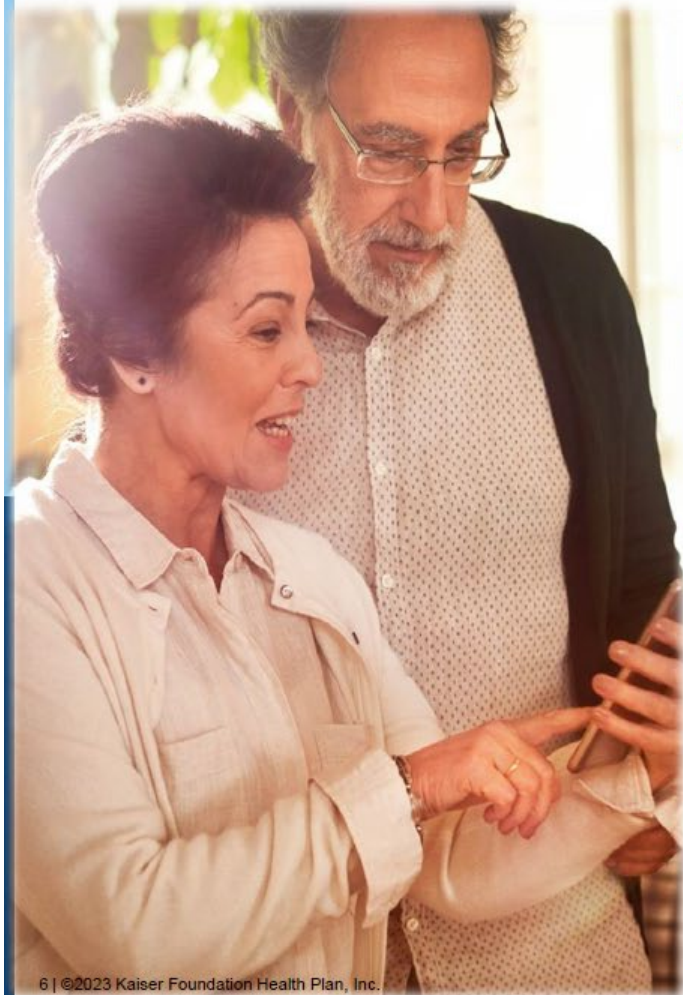


Get your prescriptions:

- At any Kaiser Permanente pharmacy, including same-day pickup
- Delivered to your door with same-day or next-day delivery^{1,2}

1. Not all prescriptions can be mailed, restrictions may apply. Please check with your local pharmacy. 2. 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 prescription delivery.





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.



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 or call 951-268-3900 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.

Resources for everyday wellness

Take advantage of classes, services, and programs to help you achieve your health and fitness goals.¹ Visit kp.org/health-wellness to learn more.



Acupuncture, massage therapy, and chiropractic care



Wellness Coaching by Phone



Reduced rates on gym memberships



Online fitness with the ClassPass app



Healthy lifestyle programs and classes²



1. These services aren't covered under your health plan benefits and aren't subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice. 2. Classes vary at each location and some may require a fee.

Resources for self-care

You have access to apps to help reduce stress, improve sleep, and manage overall mental wellness.^{1,2}

Visit kp.org/selfcareapps to learn more.



Calm

The number one app for sleep and meditation



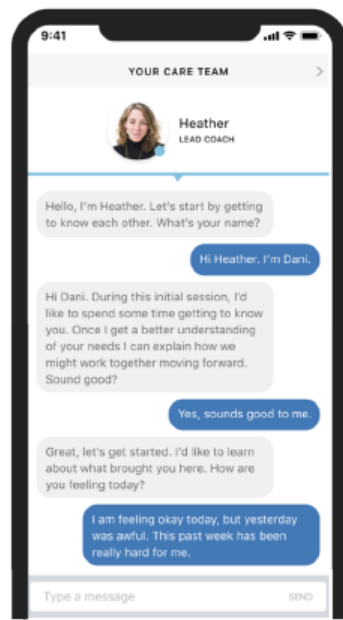
Ginger

Text one-on-one with an emotional support coach anytime, anywhere.³



myStrength

Build a personalized plan to strengthen your emotional health.



47%

of users say
Ginger helps
with anxiety⁴

1. The apps and services described above are not covered under your health plan benefits, are not a Medicare-covered benefit, and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. The apps and services may be discontinued at any time. 2. Calm and myStrength can be used by members 13 and over. The Ginger app and services are not available to any members under 18 years old. 3. Eligible Kaiser Permanente members can text with a coach using the Ginger app for 90 days per year. After the 90 days, members can continue to access the other services available on the Ginger app for the remainder of the year at no cost. 4. Knuckle et al., "Association Between Care Utilization and Anxiety Outcomes in an On-Demand Mental Health System: Retrospective Observational Study," *JMIR Formative Research*, 2021.

A man with white hair and a woman with blonde hair wearing a straw hat are smiling and working together in a garden. The man is wearing a dark blue polo shirt and green overalls, and the woman is wearing a light blue button-down shirt, blue jeans, and green gardening gloves. They are both focused on planting a small green seedling into a hole in the dark soil. The woman is using a yellow-handled trowel. In the background, there are various green plants and a wooden fence. The scene is bright and sunny, suggesting a pleasant day outdoors.

MEDICARE FOR GROUP MEMBERS

Benefits for Non-Medicare Retirees

Summary of Benefits Traditional HMO – Non-Medicare Retirees

*This table shows an example of some of your group's benefits. **Summary of Benefits (1/1/24–12/31/24)**

Yearly deductible	None
Maximum yearly out-of-pocket costs	\$1,500 individual/\$3,000 family
Covered service	You pay
Preventive care	No charge
Doctor's office visit	\$20 per visit
Telephone and Video visits	No charge
Lab tests and radiology	No charge
Outpatient surgery	\$20 per procedure
Hospitalization	\$100 per admission
Emergency care	\$50 per visit
Prescribed medications (up to 100-day supply)	\$10 (generic medication)/\$30 (brand-name medication)
Eyewear (every 24 months)	\$100 frame allowance
Chiropractic Services	\$15 per visit / up to 30 visits per calendar year

*This is a summary of some benefits and their copays and coinsurance. For specific information about your covered health plan benefits, limitations, and exclusions, including those not listed in this summary, please see your *Evidence of Coverage*.

Care that's right for you



Personalized onboarding

- A welcome call to answer your questions
- A member guide to get you started



3 easy steps to a healthy change

1. Choose your new doctor
2. Transition your care and prescriptions seamlessly
3. Get care on your schedule

Visit kp.org/newmember to learn more.



Complete care to help you live a fuller, healthier life

Want to learn more?



Visit kp.org/allthatisyou



Talk to an enrollment specialist:
1-800-514-0985 (TTY 711),
Monday through Friday, 7 a.m. to 6 p.m.
Pacific time



 KAISER PERMANENTE



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.



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 Dependent Verification Solicitation notice.
 - *Without required documentation, dependent(s) not covered in 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.
- Contact the Benefits Service Center and OCERS to report address/email updates.

My OC Benefits™ Resources



My OC Benefits™

- 2024 Retiree Health Plan Rates
- Retiree Summary of Benefits and Coverage SBC's
- Retiree Medicare Plans - One Page Benefits Summaries
- Dependent Eligibility Definitions and Required Documents
- Quick Reference Guide
- What to Know Guide for Retirees
 - Split Family
- Attaining Medicare Summary

Health Plan ID Cards



My OC Benefits™

- If you choose a new health plan for 2024 you will automatically receive new ID cards as part of a required update.*
- Wellwise PPO and Sharewell PPO non-Medicare retirees will receive a new ID card for 2024.*
- *If you don't receive card, contact your health plan.
- Contact the Benefits Service Center if you need an immediate verification of coverage.



Benefits Service Center: Your Source for Open Enrollment



My OC Benefits™

- Visit **My OC Benefits™**: mybenefits.ocgov.com
 - Ask Lisa
 - Start a Web Chat
- **Benefits Service Center:**
 - Call **1-833-476-2347**, 8 a.m. to 6 p.m. Monday through Friday PT, except holidays
 - Take advantage of the **extended hours up to 8 p.m. for Open Enrollment inquiries and/or elections**
 - Long hold time – arrange a call back time that is convenient for you

Benefits Service Center: Your Source for Open Enrollment



My OC Benefits™

Medicare 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.**



Visit hrs.ocgov.com/2024OERetirees for:

- Summary of Benefits and Coverage (SBC's) Non-Medicare
- Retiree Medicare Plans - One Page Benefits Summaries
- Health Plan Contact Information
- 2024 Retiree Rates
- What to Know Guide
- Retiree Medical Plan Document

Other Contact Information



My OC Benefits™

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

Other Contact Information



My OC Benefits™

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

Thank you



MyOC Benefits™