



COUNTY OF ORANGE

2024 ANNUAL OPEN ENROLLMENT

October 18 – November 7

EVERYTHING YOU NEED TO GET PREPARED FOR
THE NEW YEAR IS ON MY OC BENEFITS™



Find the Orange Piggies and you could win a prize! If you review this newsletter on a computer, keep an eye out for OP, the Orange Piggy. Each time you find where OP is hiding, you can enter a drawing to win a prize! (Please note: OP is too shy to make an appearance on tablet or mobile devices.)



County of Orange Annual Open Enrollment

Open Enrollment is your yearly opportunity to learn about your benefits and make changes for the coming year.

Most of your current benefits will transfer into 2024, but you need to take action if you want to:

- ✓ **Enroll** in a plan for the first time (or change plans)
- ✓ **Waive** health coverage for the first time
- ✓ **Add or drop** new dependents
- ✓ **Participate** in a Health Care or Dependent Care Reimbursement Account
- ✓ **Allocate** your Optional Benefit Plan amount (if eligible)



IMPORTANT REMINDER!

If you have a Health Care Reimbursement Account (HCRA) in 2023, you can rollover unused funds into 2024. **To rollover funds, you MUST enroll in a HCRA for 2024.** If you do not, you will forfeit any unused 2023 funds.

Summary of Key Dates

DO THIS NOW!



1 Make sure you know your PIN/password.

2 Set your communication preference.

3 Update your address and phone number.

See page 5.

Here's What's Next

October 11

Pre-enrollment welcome page opens:

Get a head start learning about 2024 benefits.

See [page 10](#).

October 18

First day of Open Enrollment:

Make changes on [My OC Benefits](#) or call the Benefits Service Center at 1-833-476-2347.

October 26

Virtual Benefits Fair:

Get your questions answered and enter a drawing to win prizes.

See [page 10](#).

November 7

Last day of Open Enrollment:

Make sure your 2024 elections are in place!

November 17

Last day to make corrections with a Benefits Specialist:

After this day, changes are not allowed unless you experience a Qualified Life Event.

December (30-day window)

Deadline to submit required documentation:

If you add a new dependent for the first time, or if you elect to newly waive health coverage, look for a note in your [My OC Benefits](#) Message Center, plus a notice that will be sent to you shortly after Open Enrollment ends. Action is required within 30 days from the date on the notice.

January 1

Some employees receive new ID cards:

Look for new medical ID cards in the mail if your 2024 plan is with Cigna or Blue Shield (the Wellwise or Sharewell PPOs), or you choose an entirely new plan for 2024. **Look for new dental ID cards** if you are enrolled in County dental coverage for 2024. **For everyone else,** continue to use your same card.

January 31

Deadline for Your Pathway to Wellness Credit appeals:

Contact WebMD Customer Service at 1-800-492-9812.



How to Enroll

You can enroll for 2024 benefits online or by phone.

1

Online: My OC Benefits

**Log into My OC Benefits or
link from IntraOC**

Get answers quickly!

- **Ask Lisa, your virtual assistant:** Look for the blue “Need Help?” button on the bottom right of every page.
- **Start a web chat:** From the bottom of any page, choose Contact Us > General Information > Chat With Us.

2

Phone: Benefits Service Center

1-833-476-2347

Speak with a Benefits Specialist!

Take advantage of extended hours:
October 18 – November 7, Monday
through Friday (8 a.m. – 8 p.m. PT).

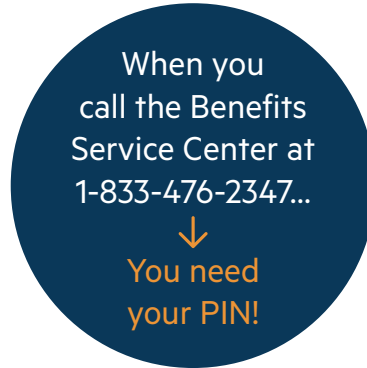
Prefer to use the Alight mobile app? Go to your app store and search for “Alight Mobile” to download the app (or text “Benefits” to 67426 for a download link). For assistance with setup, on **My OC Benefits**, go to the “Recommended” section of the homepage and find the Quick Reference Guide.

Benefits Service Center: New Security Protocols

To keep your personal information protected, there are new security protocols that apply when you access your account.

You Must Have Your PIN and Password!

Take the time now to see if you can access your account. If you cannot, you can request a **one-time code** to be texted to you. This is only available if you have a mobile number, categorized as a mobile number, on file with the Benefits Service Center.



Plan Ahead Now



Do not wait until the last day of Open Enrollment to access your account. If you cannot get in for some reason, PIN/password resets can only be provided to you via postal mail. To reset your PIN/password, see below.

Make sure you know your PIN for the phone system:

Call the Benefits Service Center at 1-833-476-2347:

- **If you have a PIN on hand:** Use it to authenticate through the system.
- **If you need to create a PIN:** Follow the prompts to generate one, or choose the option to speak with a Center of Excellence representative for assistance.

Important note!


Only County of Orange employees can call using a PIN. A family member is no longer allowed to use your employee PIN.

Make sure you know your password for your online account:

Go to My OC Benefits and log in using your user ID and password:

- **First-time users:** Click “New User” and follow the prompts to set up your log in credentials.
- **Current users:** If you do not remember your log in credentials, use the “Forgot User ID or Password?” option to reset your information.

While online, review your contact information and communication preference:

- From your homepage, go to the upper right corner and click .
- Select “Personal Information.” If corrections are needed, please contact your agency’s Human Resource Services for assistance.

What's New for 2024

Health Plan Rates

Beginning January 1, 2024, health plan rates will increase modestly for all plans. This is due to factors including inflation and health care usage. While employee/payroll contributions will go up, the good news is that increases are still lower than what similar employers in the marketplace are implementing.

- **Cigna HMO:** Increases by 2% (two percent).
- **Kaiser HMO:** Increases by 8.1% (eight point one percent).
- **Wellwise PPO:** Increases by 1% (one percent).

To view the rates for all plans, go to [My OC Benefits](#) and find the “Plan Information” page.

County of Orange Dental Plan

IUOE (Craft & Plant), Managers, Attorneys, Executives and Unrepresented Employees

The County of Orange Dental Plan benefits have been modernized, enhanced and improved. More information will be sent to you via email, and an updated plan document with specifics will be posted on [My OC Benefits](#) during Open Enrollment.

County of Orange Vision Plan

IUOE (Craft & Plant), Managers, Attorneys, Executives and Unrepresented Employees

New benefit! Vision coverage through Vision Service Plan (VSP) will be a new benefit beginning January 1, 2024. Please log into [My OC Benefits](#) during Open Enrollment for more information, including how to enroll your dependents.





2024 Wellness Credit: Important Reminder!

Be sure to verify whether you will receive the 2024 Wellness Credit by logging into the [Your Pathway to Wellness portal](#):

- **Did you earn the Wellness Credit?** Scroll to the “Rewards” section on the homepage. If the point tally shows 100 or more points on or before 8/18/2023, you have earned the 2024 credit.
- **Were you Wellness Credit exempt?** Scroll to the “Rewards” section on the homepage. If the program name is listed as “Opportunity Drawing Rewards (Wellness Credit Exempt),” this means you are exempt from the wellness credit program requirements.

Note: Sharewell Choice does not have a Wellness Credit.

 **TIP!** Review [2024 rates](#) and then check to see if the discounted rate is displaying for the 2024 health plan options on [My OC Benefits](#).

 **Note for County Couples**
If you and your spouse/domestic partner are enrolled as Employee Married to Employee (EME) in the County Couples Program, and the subscriber did not earn the Wellness Credit, a 5 percent charge will apply beginning the first paycheck in 2024.

HAVE QUESTIONS OR NEED TO FILE A WELLNESS CREDIT APPEAL?

Please call WebMD Customer Service at 1-800-492-9812, Monday through Friday (5:30 a.m. – 5 p.m. PT). Appeals will be accepted through Jan. 31, 2024.



Flexible Spending Accounts (HCRA & DCRA)

For the Health Care Reimbursement Account (HCRA), the 2024 annual maximum contribution increases to \$3,050.

Do you want to roll over 2023 HCRA funds into 2024? You can transfer up to \$610 from 2023 into 2024. However, you must re-enroll in the HCRA for 2024 to use these funds. Funds will automatically roll over at the beginning of April 2024 and any excess over \$610 will be forfeited.

As a reminder, reimbursement accounts allow you to pay for eligible health care and dependent care expenses on a tax-free basis. If you do not currently use these accounts, it means you are overpaying for some of your everyday expenses — and you essentially pay higher taxes when you file your annual tax return. Below is a summary of your options.

ENROLLING IN HCRA FOR THE FIRST TIME?

You will receive a welcome letter and debit card to conveniently access your funds.

CURRENTLY ENROLLED?

If you plan to enroll for 2024, hang onto your current HCRA debit card and use it until it expires.

	HEALTH CARE REIMBURSEMENT ACCOUNT (HCRA)	DEPENDENT CARE REIMBURSEMENT ACCOUNT (DCRA)
Eligible expenses	Health care expenses for you and your dependents, like office visit charges, prescription drugs and glasses. For details, refer to IRS Publication 501 and IRS Publication 502 .	Dependent care expenses, such as day care and elder care. For details, refer to IRS Publication 503 .
Annual maximum contribution	\$3,050 (previously \$2,850)	\$5,000 per household
Rollover limit for unused funds	\$610	Not applicable; funds not used by year end will be forfeited.

To understand the benefits and tax savings associated with these accounts, please consult with your financial advisor.

To learn more, go to [My OC Benefits](#) and click on the Open Enrollment welcome page. From there, click “Helpful Videos about Benefits,” then look for the “Learn About the County’s Flexible Spending Accounts (HCRA/DCRA)” and “How to Save Money With a Health Care FSA” videos.



Deadlines You Do Not Want to Miss

County Couples

If you and your spouse/domestic partner are a part of the County Couple Employee Married to Employee (EME) Program, both of you are required to attest annually that you continue to meet the program's requirement. Each of you were sent an email or postal notice asking you to attest between August 23 and September 6.

If attestations were not completed by the deadline, enrollment in the EME Program will be terminated as of January 1, 2024 — you and your spouse/domestic partner will be enrolled in your own individual health plans at regular employee rates.

If you are enrolled in a County health plan, you have one last opportunity to take action and enroll in the EME Program for 2024. If you do, you will be sent a dependent verification notice after the close of Open Enrollment. Be sure to provide all of the requested documentation by the deadline on your notice.

If you are enrolled in an AOCDS health plan, you need to wait until the AOCDS Open Enrollment or if you experience a Qualified Life Event to enroll in the County Couples Program.

Waiving Health Coverage

If you have health coverage from somewhere else (like through your spouse/domestic partner's employer), you can waive your County coverage. To decline coverage, you have to actively make that election during Open Enrollment by **November 7, 2023**.

To learn more, go to [My OC Benefits](#) and click "Plan Information" to find the Waiving County Health Coverage flyer.



DON'T FORGET ABOUT YOUR WELLNESS CREDIT!

January 31 is the deadline if you need to file an appeal for the 2024 *Your Pathway to Wellness* credit. Contact WebMD Customer Service at 1-800-492-9812.



30 DAYS TO TAKE ACTION IF WAIVING COVERAGE

If 2024 is the first year that you waive coverage, additional action is required within 30 days. You must provide information about your coverage elsewhere. Make sure you look out for follow-up notices after Open Enrollment closes for how to provide requested information.

Medicare-Eligible Employees in Sharewell Choice PPO

Are you or your dependents enrolled in Sharewell Choice PPO and also eligible for Medicare? If yes, you need to know that the Sharewell Choice PPO does NOT provide creditable prescription drug coverage.

That's why you should consider enrolling in a Medicare Part D plan (prescription drug coverage) **now** to meet Medicare guidelines.

If you do not enroll when you are first eligible, you may pay a higher premium (as a penalty) **later** when you finally do enroll. The penalty may apply, even if you were still actively employed.

For more information, visit the [Medicare](#) website or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.



CURRENTLY ENROLLED IN SHAREWELL CHOICE PPO AND HAVE A MEDICARE PART D PLAN?

When you go to the pharmacy, present your two ID cards: your ID card for Medicare Part D, plus your prescription drug ID card for your Sharewell plan.



EXPLORE THE PRE-ENROLLMENT WELCOME PAGE ON OCTOBER 11

From the [My OC Benefits](#) homepage, click the “Open Enrollment Begins Wednesday, October 18, 2023, Prepare Now” tile.

Ready to Learn About Your Options for 2024?

There are many ways to get involved and informed for the coming year.

Attending a learning event can be done during your break times or by posting leave balances. If you want to post leave balances, please request approval from your supervisor in advance.

Get a Head Start: Check Out the Pre-Enrollment Welcome Page

The pre-enrollment welcome page launches before the Open Enrollment period, so that you can get a head start on learning about 2024 benefits.

Beginning October 11, you can access the following resources to help you make decisions about your 2024 benefits:

- Educational videos
- Health plan rates
- Summaries of Benefits and Coverages (SBCs)
- The What to Know Guide
- Information about waiving health coverage
- 2024 Open Enrollment presentation
- Dependent eligibility definitions and required documents

Visit the Virtual Benefits Fair

Want a refresher about your benefits? Join this virtual event right from the comfort of your home or office. Health plan vendors will be available to answer questions in real-time.

- **Date:** October 26 (11 a.m. – 1 p.m.)
- **To register:** Go to [Open Enrollment Virtual Benefits Fair](#)
- **Enter for drawings!** Just for attending, you will have the opportunity to enter to win prizes. All you need to do is register for the fair and then attend on October 26.

Attend a Webinar

Please join one of these webinars to learn more about the health plans. You can ask questions to our health plan vendors and get answers in real-time.

To participate, simply **click the link below** on the date of the event:

- [October 17 \(12 – 1 p.m.\)](#)
- [November 1 \(12 – 1 p.m.\)](#)

Things to Do After You Enroll

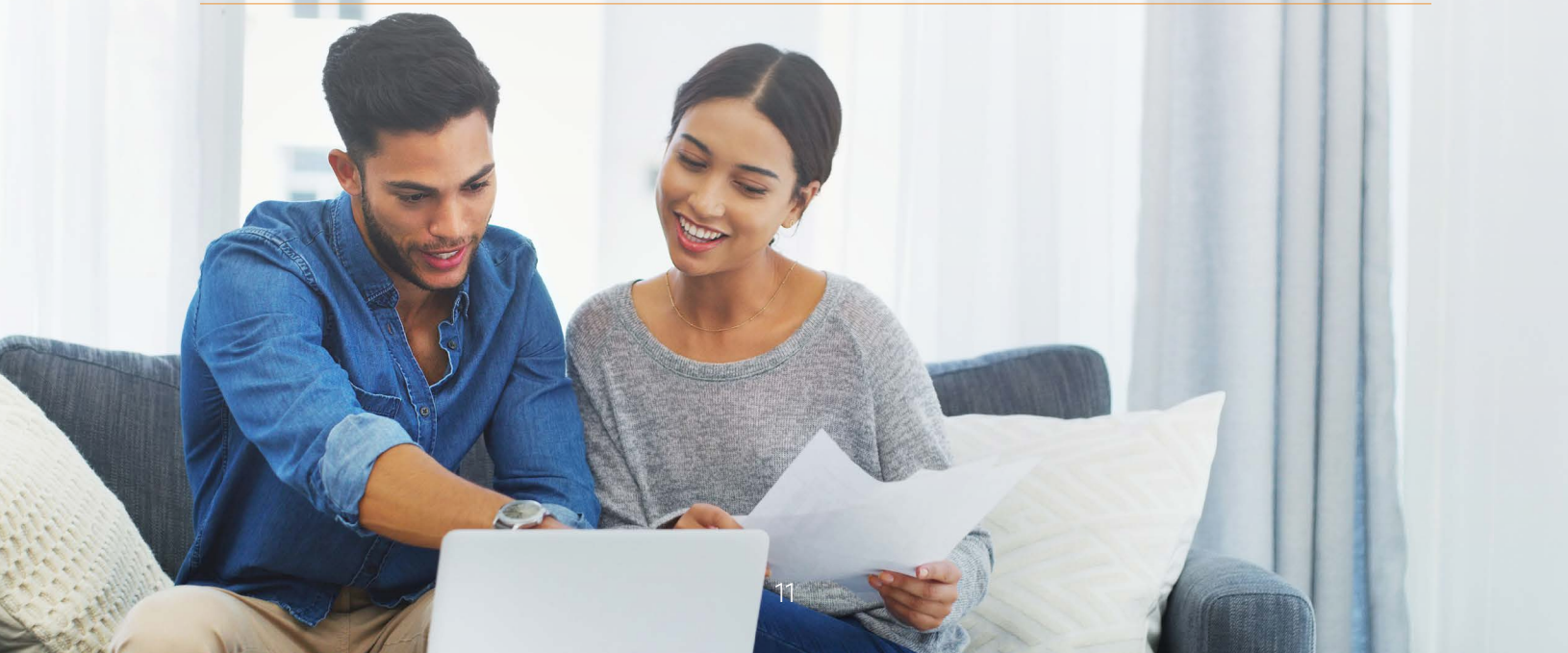
After you enroll, here are some additional steps that you need to take to be fully ready for 2024.

-
- ✔ **Check your Confirmation of Benefits statement for accuracy:** If you enroll online, print your confirmation upon completion. If you enroll by phone, the confirmation will be mailed to your home or emailed to your secure mailbox at mybenefits.ocgov.com, according to your communication preference.

 - ✔ **Don't miss the Open Enrollment correction period November 8 – 17:** Review your Confirmation of Benefits for any incorrect information. If you do not make updates during this time, the coverage displayed on your Confirmation of Benefits will remain in place until the next Open Enrollment or if you experience a Qualified Life Event. (The Optional Benefit Plan, if applicable, is the only benefit that you cannot make changes to during the correction period.)

 - ✔ **Complete dependent verification if you enroll a new dependent:** If you add a new dependent for the first time during Open Enrollment, you will receive a dependent verification notice in the mail shortly after Open Enrollment ends. If you do not submit the requested documentation by the deadline on your notice, your new dependent will not have coverage for 2024, and you will not receive a refund for any dependent premiums you pay during the period of ineligibility. To learn more, go to [My OC Benefits](#) — click on “Plan Information” and look for the Dependent Eligibility Definitions and Required Documents flyer.

 - ✔ **If waiving health coverage for the first time, provide the requested information about your coverage elsewhere:** Shortly after Open Enrollment ends, you will receive a solicitation via your preferred method of communication, and also sent to your secure mailbox at mybenefits.ocgov.com. If you do not provide the requested information within 30 days, you will be automatically enrolled into a County health plan.
-



Changes After Open Enrollment Are Limited

After Open Enrollment ends, you may only change your benefits during the year if you experience a Qualified Life Event (QLE), such as:

- Newly eligible dependents due to marriage or domestic partnership registration
- Divorce or other loss of dependent eligibility
- Birth or adoption
- Gain or loss of coverage
- Moving outside of your plan's service area
- Any change to your childcare provider/situation that results in a change in cost of 10 percent or more (DCRA elections only)

These changes must be made within 30 days of the event.



Thinking About Retirement?

When it comes to retiree health care coverage, planning is everything. To consider your options, visit [My OC Benefits](#). Under “Plan Information/Thinking About Retiring,” review the *Intent to Retire and/or Attaining Medicare Summaries*, the *Retiree What to Know Guide*, and refer to the *Retiree Medical Plan Document* for details on eligibility.

Learn About 2024 Plan Options

There are various sessions for you to learn about the 2024 retiree health plan options.

EVENT	DETAILS
Non-Medicare Retirees: Webinar	Date/time: October 6 (12 p.m. – 1 p.m.) Click the link on the day of the event: 2024 Non-Medicare Retiree Health Plans
Medicare-Eligible Retirees: Webinar	Date/time: October 11 (10 a.m. – 11 a.m.) Click the link on the day of the event: Introduction to Humana Retiree PPO
All Retirees: In-Person Open Enrollment Fair	Date: October 16 (9 a.m. – 4 p.m.) Presentations: <ul style="list-style-type: none"> • For non-Medicare retirees: 1 p.m. – 4 p.m. • For Medicare-eligible retirees: 9 a.m. – 12 p.m. RSVP: Email reaoc@reaoc.org or call 1-714-840-3995 Location: County Conference Center, 425 W Santa Ana Blvd, Santa Ana, CA 92701 Parking: Lot P4 provides easy access. For other options, view a map at ocpublicworks.com/parking .
Non-Medicare Retirees: In-Person Meeting	Date/time: November 2 (12 p.m. – 1:30 p.m.) Topic: 2024 Non-Medicare Retiree Health Plans Location: OC Housing Authority 1501 E St Andrew Pl Santa Ana, CA 92705 Parking: On-site parking is available



Thinking About Retirement? (cont.)

Opt Out of Retiree Health Coverage

When it comes time to retire, you might not be ready to immediately enroll in a retiree health plan through the County. For example, you might have access to coverage through your spouse's health plan. If that is the case, you can delay enrolling in County retiree health coverage and grant (if eligible), by temporarily opting out. This is a one-time opportunity that can only be made when you first retire.

If you decide to opt out, these are some important things to keep in mind:

- **Continuous coverage is required:** To be eligible for a County retiree health plan down the road, you must maintain continuous coverage in another qualified plan throughout the entire opt out period.
- **Plan your County enrollment carefully:** You can enroll through the County at the next annual Open Enrollment or within 30 days of a Qualified Life Event (for example, if you lose coverage elsewhere or become eligible for Medicare).

Health Reimbursement Arrangement (HRA) or Retiree Medical Grant

When you retire, you may have one (or both) of the following accounts available to you. The account depends on the election you made earlier this year when the County changed its Retiree Medical Plan provisions. The two accounts are:

- 1 **HRA:** Your HRA is available when you retire or leave County service. If you opt out of coverage, you can still access your HRA during the opt out period.
- 2 **Frozen Retiree Medical Grant:** You are eligible to use your grant if you retire from an eligible classification, you are eligible for an OCERS pension, and you meet all other Retiree Medical Plan requirements on your retirement date. These requirements must still be met on your date of retirement, but the Grant is not available during an opt out period.

Not sure which option you elected? Please refer to the Final Confirmation Statement that was emailed or mailed to you.

