



COUNTY OF ORANGE

2024 ANNUAL OPEN ENROLLMENT

October 18 – November 7

This newsletter has everything you
need to get prepared for
the new year.



YOU DO NOT WANT TO MISS THIS!

Some retiree health plans will be replaced with similar options in 2024. This may apply to you — use the Open Enrollment period to get familiar with your new option(s)!

County of Orange Annual Open Enrollment

Open Enrollment is your yearly opportunity to learn about your benefits and make changes for the coming year. For 2024, there are some changes to retiree health plan options that you will not want to overlook, as they may impact your cost and coverage.

SEE IF YOUR PLAN WILL BE OFFERED IN 2024!

You may be enrolled in a medical plan that will be replaced with a similar option in 2024. If this applies, take the time during Open Enrollment to learn about your new plan, see if it still meets your needs and take steps to get ready for the transition.

IF YOU TAKE NO ACTION, YOU WILL BE AUTOMATICALLY ENROLLED.

That may be fine if your current plan is still offered in 2024. But if your plan is going away, you will be automatically enrolled in a similar option. Don't be surprised — make sure you get informed for the new year!



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 3.

Here's What's Next

October 6	Week of October 9	October 11	October 11	October 16	October 18
Webinar for retirees WITHOUT Medicare:	Open Enrollment solicitation letter:	Webinar for retirees WITH Medicare:	Pre-enrollment welcome page opens:	Open Enrollment Fair:	First day of Open Enrollment:
Learn about non-Medicare retiree health plans. See page 7 .	Look for a mailing that will include 2024 rates for each plan and your Retiree Medical Grant amount (if applicable).	Learn about the new Humana Medicare Advantage PPO plan. See page 7 .	Get a head start learning about 2024 benefits. See page 7 .	Come to an in-person event and get your questions answered. See page 7 .	Make changes on My OC Benefits at mybenefits.ocgov.com or call the Benefits Service Center at 1-833-476-2347. See page 2 .
November 2	November 7	November 17	December	January 1	January 15
Meeting for retirees WITHOUT Medicare:	Last day of Open Enrollment:	Last day to make corrections:	Deadline to submit required documentation:	Some retirees receive new ID cards:	Deadline to submit your 2024 Medicare premium information:
Attend an in-person session to learn about 2024 retiree health plan options. See page 7 .	Make sure your 2024 elections are in place!	After this day, changes are not allowed unless you experience a Qualified Life Event. See page 11 .	If you add a new dependent for the first time (see page 11 and page 12), or if you opt into coverage (see page 12), you will receive a notice explaining next steps, shortly after Open Enrollment ends. Action is required within 30 days from the date on the notice.	Look for new ID cards in the mail if 1) You have a new plan for 2024, 2) You are not eligible for Medicare and will be in a Blue Shield plan (Wellwise or Sharewell PPO), or 3) You are Medicare eligible and will be in the Blue Shield Sharewell PPO or SCAN HMO. For everyone else , continue to use your same card.	Documentation is needed if you are eligible for a Medicare Part B reimbursement amount. See page 12 .



How to Enroll

You can enroll for 2024 benefits online or by phone.

1

Online: **My OC Benefits**

mybenefits.ocgov.com

Get answers quickly!

- **Ask Lisa, your virtual assistant:** Look for the blue “Need Help?” button at 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).
- **Schedule an appointment:** Instead of holding to speak with a representative, schedule an appointment (while they last) for a date/time that is convenient for you.

Prefer to use the Alight mobile app?

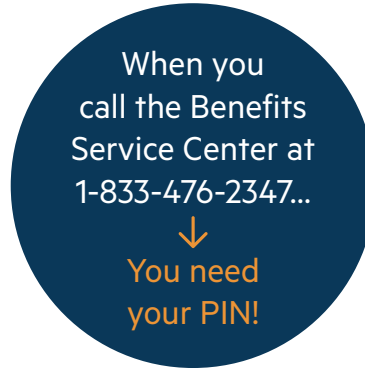
Go to your app store and search for “Alight Mobile” to download the app (or text “Benefits” to 67426 for a download link). For assistance with setup, on **My OC Benefits** at mybenefits.ocgov.com, go to the “Recommended” section of the homepage and find the Quick Reference Guide.

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 retirees can call using a PIN. A family member is no longer allowed to use your retiree PIN.

Make sure you know your **password** for your online account:

Go to mybenefits.ocgov.com 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 both the Benefits Service Center (1-833-476-2347) and Orange County Employees Retirement System (OCERS at 1-714-558-6200). Also, be sure to notify any other County of Orange organization you are affiliated with, such as Retired Employees Association of Orange County (REAOC at 1-714-840-3995).

What's New for 2024



Health Plan Options

Anthem Blue Cross Plans No Longer Offered

Anthem Blue Cross plans will be replaced with similar options in 2024. **If you are currently an Anthem Blue Cross member and do not choose a new medical plan during Open Enrollment, you will be automatically enrolled in another plan that is most similar to what you have today.** We encourage you to take action during Open Enrollment (October 18 – November 7, 2023) by reviewing all your plan options, selecting the plan that works best for you and your family, and choosing a Primary Care Physician (PCP), if applicable.

Retirees/Dependents WITHOUT Medicare	Retirees/Dependents WITH Medicare
<p>Health plan options will now match the plans that are offered to active employees.</p> <p>As a result, all Anthem Blue Cross plans will be replaced by the Cigna Choice Retiree HMO and the Cigna Select Retiree HMO.</p> <p>The Cigna plans will include medical, limited vision, chiropractic care and prescription drug coverage.</p>	<p>Our existing Anthem Blue Cross Medicare plans will be replaced by one plan from Humana.</p> <p>The new Humana Medicare Advantage PPO will provide medical and prescription drug coverage.</p> <p>Why Humana? Humana is the largest senior-focused care company in the United States. Their goal is to improve the Medicare experience for all seniors. Their Medicare plans are among the highest rated by the Centers for Medicare & Medicaid Services, with comprehensive benefits that promote insurance plan decisions based on need, not affordability.</p>

If you currently are an Anthem Blue Cross member, here is your new plan for 2024 if you do not actively enroll:

Retirees/Dependents WITHOUT Medicare		Retirees/Dependents WITH Medicare	
If you have this plan in 2023...	This is your 2024 plan if you do NOT actively enroll...	If you have this plan in 2023...	This is your 2024 plan if you do NOT actively enroll...
Anthem Blue Cross Select HMO Anthem Blue Cross Traditional HMO	 NEW! Cigna Choice Retiree HMO	Anthem Blue Cross Senior Secure HMO Anthem Blue Cross Custom PPO Anthem Blue Cross Standard PPO	 NEW! Humana Medicare Advantage PPO
<p>To decide if the Cigna plans are right for you, go to page 8.</p> <p>For a side-by-side comparison of all your plan options, see 2024 Retiree Plan Highlights on page 14.</p>		<p>To decide if the Humana plan is right for you, go to page 10.</p> <p>For a side-by-side comparison of all your plan options, see 2024 Retiree Plan Highlights on page 16.</p>	

Look for an Open Enrollment solicitation letter mailed to your home. Be sure to review the Confirmation of Benefits that is included, to ensure the plan and cost listed is what you want for 2024. If you do not wish to make changes, no action is needed.

Health Plan Rates for Non-Medicare Retirees

To determine the cost of coverage for our non-Medicare retiree health plans, our insurance companies look at the claims history over the previous years. That history includes all services received, from routine physical exams to expensive procedures or care related to managing long-term complex conditions.

In the past, only claims from non-Medicare retirees were used to determine monthly costs for non-Medicare retirees. However, starting in 2024, the insurance companies will combine the claims information from **both** our non-Medicare retirees and our active employees when setting rates for non-Medicare retirees. By referencing claims history from a larger group of individuals, it should help provide more affordable rates for retirees. Below are the decreases you will see beginning January 1, 2024:

- **Anthem Blue Cross Select HMO***: Decreases 36 – 40 percent by replacing it with the new Cigna** Select Retiree HMO, along with combining the non-Medicare retiree and active employee plans.
- **Anthem Blue Cross Traditional HMO***: Decreases 58 – 60 percent by replacing it with the new Cigna** Choice Retiree HMO, along with combining the non-Medicare retiree and active employee plans.
- **Wellwise Retiree PPO**: Decreases 47 – 51 percent.
- **Sharewell Retiree PPO**: Decreases 40 percent.
- **Kaiser HMO**: Decreases 26 – 28 percent.

To learn more about monthly premiums, go to <https://hrs.ocgov.com/2024OERetirees>.

* Keep in mind, Anthem Select HMO and Anthem Traditional HMO members will be defaulted into the Cigna Choice Retiree HMO if an active election is not made.

**Please note: The Cigna plans are similar to our existing Anthem plans, but not identical. These figures are for illustrative purposes only.

Health Plan Rates for Medicare-Eligible Retirees

Based on claims history and general rising health care costs, beginning January 1, 2024, monthly rates for retirees with Medicare will change as follows:

- **Humana Medicare Advantage PPO (new plan)**: Decreases 45 – 67 percent (depending on which Anthem plan you currently have).
- **Wellwise Retiree PPO**: Increases 1 – 7 percent.
- **Sharewell Retiree PPO**: Decreases 15 percent.
- **Kaiser Senior Advantage HMO**: Increases 9 percent.
- **SCAN HMO**: There will be no change.

To learn more about monthly premiums, go to <https://hrs.ocgov.com/2024OERetirees>.

Retiree Medical Grant

For retirements on or before June 15, 2023...

If you are eligible for a Retiree Medical Grant, the grant amount is calculated on an annual basis. For 2024, it will decrease by 3 percent. That means your monthly amount will be \$24.61 per month for each year of County service (up to 25 years).

Why is the grant decreasing? The grant is calculated by taking the total percentage increases/decreases for all retiree health plan premiums, and then dividing that by the number of health plans (to a maximum of 3 percent). For 2024, the grant is decreasing by 3 percent because of reduced rates for non-Medicare plans, plus a lower cost for the new Humana Medicare Advantage PPO.

For retirements on or after June 16, 2023...

If you are eligible for a Retiree Medical Grant, annual increases/decreases do not apply, as your grant amount is frozen.

Do you have a Health Reimbursement Arrangement (HRA)?

Earlier this year, you may have chosen to receive the value of your frozen grant as an HRA. As a reminder, you can use the HRA for things like monthly premiums for any post-tax medical plan, doctor visits, prescriptions, glasses and certain over-the-counter items. For more information, go to www.missionsq.org/orangecounty.

More Plan Options for Split Families

What is a split family? If you cover a dependent on your retiree health plan, where one of you is eligible for Medicare and the other is not, the County will now define this as a “split family.” In 2024, split families will have greater flexibility for choosing retiree health plans.

Currently, if you cover a dependent in a split family arrangement, you must both enroll in plans with the same insurance company. But starting in 2024, family members with differing Medicare eligibility can each choose their own plan. **Non-Medicare individuals** can select from any of the non-Medicare plan options; likewise, **Medicare-eligible individuals** can select from any of the Medicare-eligible plan options. Note: Only one non-Medicare plan and one Medicare can plan can be chosen per split family.

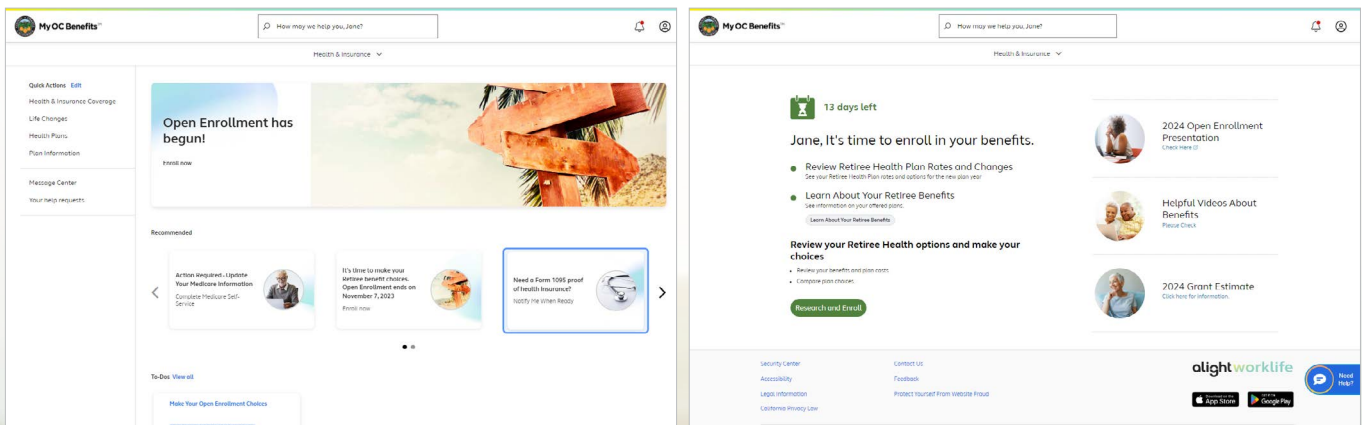
To learn about plan options and determine the monthly cost for a split family, go to <https://hrs.ocgov.com/2024OERetirees>.

REVIEW YOUR OPEN ENROLLMENT SOLICITATION LETTER

Arriving around the second week in October, it will include your Confirmation of Benefits, 2024 rates for each plan, a summary of your 2024 coverage if you take no action and your Retiree Medical Grant (if applicable). Check to see if you are still enrolled in the best health plan for your family situation.

My OC Benefits Website Gets a Makeover

The Benefits Service Center website, **My OC Benefits** at mybenefits.ocgov.com, will have a new look and feel when you go online. Your log-in credentials will remain the same, but things have been improved to provide an easier experience.



Ready to Learn About Your Options for 2024?

Want someone to explain your retiree health plan options to you? Start making a list of your questions and use these resources!

EVENT/AUDIENCE	DETAILS
Attend a Webinar <i>Non-Medicare retirees</i>	October 6 (12 p.m. – 1 p.m.) <i>2024 Non-Medicare Retiree Health Plans</i> Join on the day of the event: https://cigna.webex.com/cigna/j.php?MTID=m415a24bbd8830cf5609dd4fe34f9e255
Attend a Webinar <i>Medicare-eligible retirees</i>	October 11 (10 a.m. – 11 a.m.) <i>2024 Humana Medicare Advantage PPO</i> Join on the day of the event: https://huma.na/oc
Explore the Pre-Enrollment Welcome Page <i>All retirees</i>	Beginning October 11 , visit My OC Benefits at mybenefits.ocgov.com . Click on the banner “Get ready for Open Enrollment! Prepare now.” The site will have resources including: <ul style="list-style-type: none">• Monthly rates for retiree health plans• Your monthly Retiree Medical Grant amount (if applicable)• Summaries of Benefits and Coverages (SBCs) for non-Medicare retirees• Retiree Medical One-Page Summaries for Medicare-eligible retirees• Educational videos
Visit the Open Enrollment Fair <i>All retirees</i>	October 16 (9 a.m. – 4 p.m.) <ul style="list-style-type: none">• Medicare-eligible retiree presentations: 9 a.m. – 12 p.m.• Non-Medicare retiree presentations: 1 p.m. – 4 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 . Not able to attend in person? Slides from the sessions will be posted on the Employee Benefits website.
Come to an In-Person Meeting <i>Non-Medicare retirees</i>	November 2 (12 p.m. – 1:30 p.m.) <i>2024 Non-Medicare Retiree Health Plans</i> Location: OC Housing Authority, 1501 E St Andrew Pl, Santa Ana, CA 92705 Parking: On-site parking is available

Get to Know the New Plan Options: Non-Medicare

There are new plan options for 2024. The following tables will help you determine if one of the new options is right for you, and what steps you should take if you decide to enroll.

NEW! CIGNA SELECT RETIREE HMO

NEW! CIGNA CHOICE RETIREE HMO

For Retirees/Dependents WITHOUT Medicare

UNDERSTAND HOW THE CIGNA PLANS COMPARE

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.

Cigna Select Retiree HMO has a smaller network that includes Heritage Provider Network, Hoag, MemorialCare, Providence and Scripps. A narrower network means you have lower monthly premiums, lower office visit copays and an enhanced chiropractic benefit.

STEP

1

Decide if Cigna is Right for You

✔ **Review monthly costs.**

Go to **My OC Benefits** at mybenefits.ocgov.com or call the Benefits Service Center at 1-833-476-2347. For current Anthem members, the monthly cost for the Cigna plans will be lower than what you pay today.

✔ **Research network providers.**

Go to cigna.com/countyoforange or call 1-888-806-5042. The Cigna plans have robust networks, but you are encouraged to verify which Cigna plan covers your PCP and other providers that you use. For current Anthem members, the Cigna networks are **not** a 100% match to what you have today, so be sure to research the network.

✔ **Review coverage details.**

Go to cigna.com/countyoforange or call 1-888-806-5042. For current Anthem members, the Cigna plans provide similar coverage to what you have today, but amounts may be different for certain services.

✔ **Check to see if your retail pharmacy is part of the Cigna network.**

Go to cigna.com/countyoforange or call 1-888-806-5042.

✔ **Take a look at the prescription drug formulary (the list of covered drugs).**

Go to cigna.com/countyoforange or call 1-888-806-5042. For current Anthem members, coverage will generally be the same as today, but you need to see if the new formulary affects any of your medications. Some may have a different price, some may not be covered or some may now be covered for the first time.

✔ **Current Anthem members only: If you do NOT want Cigna for 2024, you need to take action!**

⚠ Go to **My OC Benefits** at mybenefits.ocgov.com or call the Benefits Service Center at 1-833-476-2347. You will be automatically enrolled in Cigna Choice Retiree HMO — unless you actively choose a DIFFERENT plan during Open Enrollment, October 18 – November 7, 2023.

Get to Know the New Plan Options: Non-Medicare (cont.)

NEW! CIGNA SELECT RETIREE HMO

NEW! CIGNA CHOICE RETIREE HMO

For Retirees/Dependents WITHOUT Medicare

STEP 2

Take These Steps If You Want Cigna for 2024

✔ Choose a Primary Care Provider (PCP).


If you do not select a PCP, one will be automatically assigned for you.

✔ Have your retail prescriptions transferred to a network pharmacy.

Go to cigna.com/countyoforange or call 1-888-806-5042. If your current pharmacy is not in the network, you need to have your prescriptions transferred to an in-network pharmacy to have coverage.

✔ Set up your mail order prescriptions.

Look for a mailing from Cigna in December that will explain your pharmacy benefits. However, you will need to call Cigna at 1-888-806-5042 for assistance to transfer mail order prescriptions or prior authorizations that you have on file today.

 **Tip!** Before the end of the year, you may want to order an extra supply of any mail order medications through Anthem. That will ensure you have an ample supply on hand to get you through the transition.

✔ Apply for Transition of Care.

Go to cigna.com/countyoforange or call 1-888-806-5042. If you are currently receiving ongoing medical treatment, apply for continuous care with Cigna:

- 1 Notify your providers about your change in insurance, so that they can send Cigna any clinical details that may be needed to approve your care moving forward.
- 2 Verify that your providers are in-network with Cigna.

✔ Look for your new ID card.

Cigna will mail it to your home in late December. Beginning January 1, present your new ID card for medical care and pharmacy purchases to avoid denied claims or delayed prescriptions. If you need a temporary ID card before your new ID card arrives, go to cigna.com/countyoforange or call 1-888-806-5042.

For a side-by-side comparison of all your plan options, see **2024 Retiree Health Plan Highlights** on [page 14](#).

Get to Know the New Plan Option: Medicare-Eligible

NEW! HUMANA MEDICARE ADVANTAGE PPO

For Retirees/Dependents WITH Medicare

STEP 1

Decide if Humana is Right for You

✔ **Review monthly costs.**

Go to **My OC Benefits** at mybenefits.ocgov.com or call the Benefits Service Center at 1-833-476-2347. For current Anthem members, the monthly cost for Humana will be lower than what you pay today.

✔ **Research network providers.**

Go to your.humana.com/countyoforange or call 1-866-771-1615. With Humana, you can use any provider who accepts Medicare. Plus, both in-network and out-of-network providers are covered the **same** — you will not receive lower coverage for going outside of the network.

✔ **Review coverage details.**

Go to your.humana.com/countyoforange or call 1-866-771-1615. For current Anthem members, the Humana plan provides similar coverage to what you have today, but amounts may be slightly different for certain services.

✔ **Check to see if your retail pharmacy is part of the Humana network.**

Go to your.humana.com/countyoforange or call 1-866-771-1615.

✔ **Take a look at the prescription drug formulary (the list of covered drugs).**

Go to your.humana.com/countyoforange or call 1-866-771-1615. For current Anthem members, coverage will generally be the same as today, but you need to see if the new formulary affects any of your medications. Some may have a different price, some may not be covered or some may now be covered for the first time.

✔ **Current Anthem members only: If you do NOT want Humana for 2024, you need to take action!**

⚠ Go to **My OC Benefits** at mybenefits.ocgov.com or call the Benefits Service Center at 1-833-476-2347. You will be automatically enrolled in the Humana Medicare Advantage PPO — unless you actively choose a DIFFERENT plan during Open Enrollment, October 18 – November 7, 2023.

STEP 2

Take These Steps If You Want Humana for 2024

✔ **Consider transferring your retail prescriptions to a network pharmacy (if needed).**

Go to your.humana.com/countyoforange or call 1-866-771-1615. If your current pharmacy is not in the network, you will pay lower costs by transferring your prescriptions to an in-network pharmacy.

✔ **Set up your mail order prescriptions.**


Look for a mailing from Humana in December. It will contain details about the steps you need to take, including how to transfer current mail order prescriptions and prior authorizations on file.


✔ **Look for your new ID card.**


Humana will mail it to your home by December 31, 2023. Beginning January 1, present your new ID card for medical care and pharmacy purchases to avoid denied claims or delayed prescriptions. If you need a temporary ID card before your new ID card arrives, go to your.humana.com/countyoforange or call 1-866-771-1615.

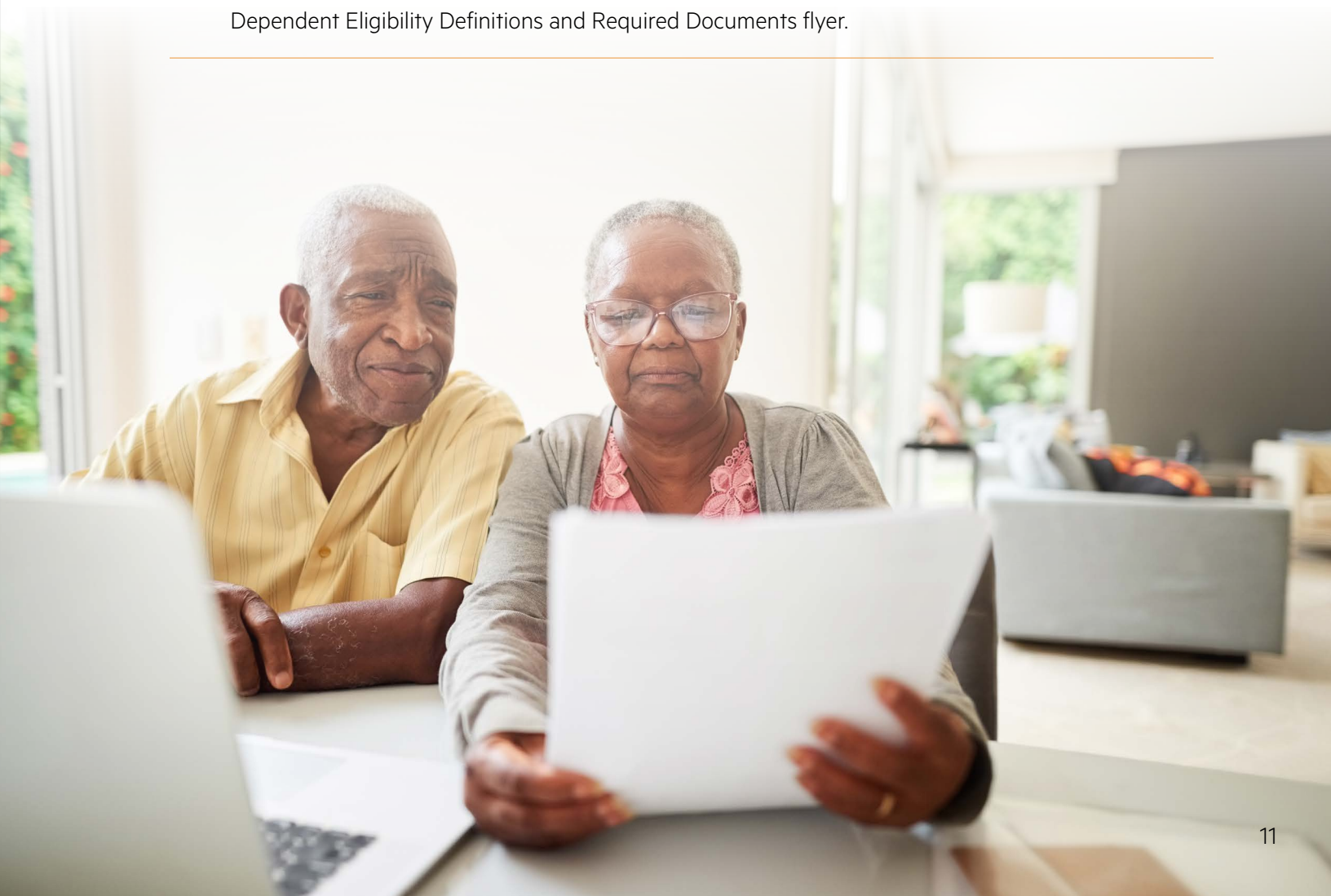
What to Do After You Enroll

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.

-  **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 the 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** at mybenefits.ocgov.com — click on “Plan Information” and look for the Dependent Eligibility Definitions and Required Documents flyer.



Submit Medicare Documentation

Certain events require you to submit proof of your Medicare enrollment and related premiums for you and your spouse/domestic partner. It is important to meet any deadline, so that your retiree health coverage is set up properly.

1 EVENT	2 WHAT YOU NEED TO DO	3 DEADLINE
<p>You are eligible for a Medicare Part B reimbursement and your 2024 Medicare premium is more than \$104.90 for yourself, or \$209.80 for you and your spouse.</p>	<p>For 2024, the default amount for Medicare Part B reimbursement from the County is \$104.90 for you only, or \$209.80 for you and your spouse. This will be your reimbursement unless you submit proof that you are paying more than the default amount.</p> <p>Look for a Medicare Part B premium statement from the Social Security Administration in mid to late November and submit a copy to the Benefits Service Center.</p>	<p>January 15</p>
<p>Your total retiree health plan premiums are less than your Retiree Medical Grant and you are not currently receiving monthly Medicare Part B reimbursement.</p>	<p>You must submit a copy of your 2024 Medicare premium statement.</p> <p>Look for a Medicare Part B premium statement from the Social Security Administration in mid to late November.</p>	<p>January 15</p>
<p>You enroll yourself or a dependent for the first time in retiree health coverage as a Medicare-eligible individual.</p>	<p>You must provide a copy of your and your dependent's Medicare cards and proof of Part B premiums, if applicable.</p>	<p>60 days from the date you provide your Medicare information</p>
<p>You opt into retiree health coverage for the first time and you or your dependent is eligible for Medicare.</p>	<p>You must provide a signed attestation and proof of continuous health coverage. In addition, you need to submit a copy of Medicare cards and proof of Part B premiums for you and your dependents (if applicable).</p>	<p>60 days from the date you provide your Medicare information</p>

You can submit your documentation in one of the following ways:

Online:

My OC Benefits at mybenefits.ocgov.com

US mail:

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

Fax:

1-224-607-3465

Overnight mail:

Benefits Service Center
 MS-55
 2701 East Grauwylar Rd
 Irving, TX 75061-1162

Get Your Medicare in Order Soon

Are you currently eligible for Medicare, but enrolled in the non-Medicare version of the Sharewell Retiree PPO plan?

This happened because your or your spouse's Medicare was not in order, or you lost Medicare due to nonpayment. Please contact Medicare to discuss reinstating your Medicare benefits.

Now is the time to get your Medicare coverage up to date for 2024 so you can change your plan for next year. Please contact the Benefits Service Center to update your Medicare status. If you do not take action, you will remain enrolled in the non-Medicare Sharewell Retiree PPO again for 2024.

Sharewell PPO Medicare Retirees — Coordination with Medicare Part D

If you are enrolled in the Medicare Sharewell PPO, be sure to coordinate benefits between your Medicare Part D plan and Sharewell. Here's what you need to do:

- **Locate an in-network pharmacy and check drug coverage.** Sign into your account on [optumrx.com](https://www.optumrx.com). Click on Member tools and select Pharmacy locator and Drug list. You can also call OptumRx Customer Service for assistance at 1-800-573-3583.
- **Present two ID cards at the pharmacy.** When you go to the pharmacy, present your Medicare Part D insurance card and your Blue Shield of CA medical card (it contains your OptumRx pharmacy processing information).
- **Indicate that Medicare is primary.** Inform the pharmacy staff that your Medicare Part D plan is primary and OptumRx is secondary. From there, your pharmacy will handle billing between both plans.

If your pharmacy is unable to coordinate benefits electronically for you:

- Have the pharmacy submit the claim to your primary plan (Medicare).
- Submit a manual coordination of benefits claim along with a copy of your pharmacy receipt to OptumRx.
- Download the claim form at [optumrx.com](https://www.optumrx.com) from the Information Center. Under Commercial, preferred provider organization (PPO) and union claim form, select Claim Form Commercial, PPO and Union. You may also request a claim form by calling OptumRx Customer Service at 1-800-573-3583, 24 hours a day, 7 days a week.



2024 Retiree Health Plan Highlights

Below is a high-level side-by-side comparison of all 2024 plan options. For more details, go to **My OC Benefits** at mybenefits.ocgov.com or call the Member Service Department for the plan you are considering.

Retirees/Dependents Without Medicare

2024 HEALTH PLAN COMPARISON: PPO PLANS		
	Wellwise Retiree PPO	Sharewell Retiree PPO
Annual Deductible (the amount you pay before plan pays benefits)	Network: \$500 Individual \$1,000 Family Non-Network: \$750 Individual \$1,500 Family	Network and non-network combined: \$5,000
Primary Care Visits	Network: 10% coinsurance after deductible Non-network: 30% coinsurance after deductible	Network: 10% coinsurance after deductible Non-network: 30% coinsurance after deductible
Inpatient Hospital	Network: 10% coinsurance after deductible Non-network: 30% coinsurance after deductible (50% if no pre-admission review)	Network: 10% coinsurance after deductible Non-network: 30% coinsurance after deductible (50% if no pre-admission review)
Emergency Room (as defined by the plan)	Network / Non-network: 10% coinsurance after deductible	Network / Non-network: 10% coinsurance after deductible
Prescription Drugs (other exclusions, limits and requirements set by the plan)	Through OptumRx Deductible does not apply Tier 1: 20% coinsurance Tier 2: 25% coinsurance Tier 3: 30% coinsurance	20% coinsurance after deductible with important requirements and considerations (refer to Plan Document and one-page summaries)
Plan Contact Information	Medical: Blue Shield 1-888-235-1767 blueshieldca.com/oc Pharmacy: OptumRx 1-800-573-3583 Optumrx.com	Medical: Blue Shield 1-888-235-1767 blueshieldca.com/oc Pharmacy: OptumRx 1-800-573-3583 Optumrx.com

Retirees/Dependents Without Medicare (cont.)

2024 HEALTH PLAN COMPARISON: HMO PLANS			
	NEW! Cigna Select Retiree HMO	NEW! Cigna Choice Retiree HMO	Kaiser Retiree HMO
Annual Deductible (the amount you pay before plan pays benefits)	None	None	None
Primary Care Visits	\$5 per visit	\$20 per visit	\$20 per visit
Specialist Visits	\$10 per visit	\$20 per visit	\$20 per visit
Inpatient Hospital	\$100 per admission	\$100 per admission	\$100 per admission
Emergency Room (as defined by the plan)	\$50 per visit	\$50 per visit	\$50 per visit
Prescription Drugs (other exclusions, limits and requirements set by the plan)	<i>Up to 30-day supply:</i> Generic: \$10 Brand: \$30 Nonformulary: \$50 <i>Up to 90-day supply:</i> 2x copays noted above	<i>Up to 30-day supply:</i> Generic: \$10 Brand: \$30 Nonformulary: \$50 <i>Up to 90-day supply:</i> 2x copays noted above	<i>Up to 100-day supply:</i> Generic: \$10 Brand: \$30 <i>Up to 30-day supply:</i> Specialty: \$30
Plan Contact Information	1-888-806-5042 7 days/week, 24 hours a day (closed holidays) cigna.com/countyoforange	1-888-806-5042 7 days/week, 24 hours a day (closed holidays) cigna.com/countyoforange	1-800-464-4000 7 days/week, 24 hours a day (closed holidays) my.kp.org/oc



2024 Retiree Health Plan Highlights

Below is a high-level side-by-side comparison of all 2024 plan options. For more details, go to **My OC Benefits** at mybenefits.ocgov.com or call the Member Service Department for the plan you are considering.

Retirees/Dependents With Medicare

2024 HEALTH PLAN COMPARISON: PPO PLANS		
	Wellwise Retiree PPO	Sharewell Retiree PPO
Annual Deductible (the amount you pay before plan pays benefits)	Network: \$500 Individual \$1,000 Family Non-network: \$750 Individual \$1,500 Family	Network and non-network combined: \$5,000
Primary Care Visits	Network: 10% coinsurance after deductible Non-network: 30% coinsurance after deductible	Network: 10% coinsurance after deductible Non-network: 30% coinsurance after deductible
Inpatient Hospital	Network: 10% coinsurance after deductible Non-network: 30% coinsurance after deductible (50% if no pre-admission review)	Network: 10% coinsurance after deductible Non-network: 30% coinsurance after deductible (50% if no pre-admission review)
Emergency Room (as defined by the plan)	Network / Non-network: 10% coinsurance after deductible	Network / Non-network: 10% coinsurance after deductible
Prescription Drugs (other exclusions, limits and requirements set by the plan)	Through OptumRx Deductible does not apply Tier 1: 20% coinsurance Tier 2: 25% coinsurance Tier 3: 30% coinsurance	20% coinsurance after deductible with important requirements and considerations (refer to Plan Document and one-page summaries)
Plan Contact Information	Medical: Blue Shield 888-235-1767 blueshieldca.com/oc Pharmacy: OptumRx 800-573-3583 Optumrx.com	Medical: Blue Shield 888-235-1767 blueshieldca.com/oc Pharmacy: OptumRx 800-573-3583 Optumrx.com

Retirees/Dependents With Medicare (cont.)

2024 HEALTH PLAN COMPARISON: MEDICARE ADVANTAGE PLANS			
	NEW! Humana Medicare Advantage PPO	Kaiser Sr. Advantage HMO	SCAN HMO
Annual Deductible (the amount you pay before plan pays benefits)	None	None	None
Primary Care Visits	\$25 per visit	\$20 per visit	\$15 per visit
Specialist Visits	\$40 per visit	\$20 per visit	\$15 per visit
Inpatient Hospital	\$100 per day for days 1 – 5	\$100 per admission	\$100 per admission
Emergency Room (as defined by the plan)	\$65 per visit	\$50 per visit	\$50 per visit, waived if admitted
Prescription Drugs (other exclusions, limits and requirements set by the plan)	Tier 1: \$0 Tier 2: \$40 Tier 3: \$45 Tier 4: \$45	<i>Up to 100-day supply:</i> Generic: \$10 Brand: \$35	Generic: \$10 Brand: \$20 Specialty: 25% coinsurance
Plan Contact Information	Medical: Humana 1-866-771-1615 your.humana.com/countyoforange Pharmacy: Centerwell (mail delivery) 800-379-0092 your.humana.com/countyoforange	1-800-433-0815 7 days/week, 8 a.m. to 8 p.m. (closed holidays) my.kp.org/oc (from top navigation, choose “Plans and services,” then “Early Retirees” or “Retirees”)	Current members: 1-800-559-3500 Prospective members: 1-877-212-7654 scanhealthplan.com/countyoforange

ENROLLING IN A NEW MEDICARE ADVANTAGE PLAN FOR 2024?

If you will be in a new Medicare Advantage plan for 2024, the Centers for Medicare & Medicaid Services (CMS) must approve your enrollment request.

Pay attention to phone messages and mail that you may receive. If you need to provide any additional information, you may be contacted by phone/mail from either CMS or the insurance company for your chosen retiree health plan.

If your chosen health plan receives a denial from CMS upon requesting enrollment...

- **You will be defaulted:** You and your covered dependents will be enrolled in the Sharewell Retiree PPO at the non-Medicare rate. Once you provide proof of Medicare enrollment, your premiums will be updated to the Medicare rates. However, you will not be able to change your plan until the next Open Enrollment or if you experience a Qualified Life Event.
- **In a split family, the Medicare participant will be defaulted:** If you and a dependent have differing Medicare eligibility, you are considered a “split family.” If you receive a CMS denial, the Medicare participant will be defaulted to Sharewell Retiree PPO, but the non-Medicare individual will be allowed to remain in their elected plan.

Need to contact CMS? Call 1-800-633-4227 and have your Medicare Beneficiary Identifier Number on hand.



County of Orange
Human Resource Services/Employee Benefits
400 W. Civic Center Drive, #111
Santa Ana, CA 97201

[Name]
[Address1]
[Address2]

What's Inside?

Some health plans will be replaced with similar options for 2024.

This may impact you! To avoid any surprises, make sure you learn about the changes and use the step-by-step checklist to get ready for the new year.

