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Attaining Medicare Summary

Reaching That Milestone Birthday Soon?

Becoming eligible for Medicare is one of the most significant events affecting your County of Orange retiree health benefits. As you and/or your spouse/registered domestic partner become eligible for Medicare, there are several key actions you need to take. In particular, **you and your spouse/registered domestic partner must apply** for Medicare three months before reaching age 65.

The County of Orange is providing this guide to help you every step of the way:

Enrolling in Medicare

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

1 Activating your Medicare early is key in the election process. All retirees must enroll in Medicare Part B. In addition, if you are eligible to receive Medicare Part A, at no cost to you, you'll need to enroll in Part A coverage. After you have enrolled in Part A (if eligible at no cost), and Part B, you will receive your Medicare card and Medicare ID Number. You should receive it before your 65th birthday. The same is true for your spouse or domestic partner.

2 When you become eligible for Medicare Part A (if it's at no cost to you) and Part B, your Retiree Medical Grant, if eligible, will be reduced by 50 percent. This reduction does not apply if you must pay for Medicare Part A. You will need to provide proof to the **Benefits Service Center**. If you do not enroll in Medicare Part B or provide proof of your enrollment, your Retiree Medical Grant, if applicable, will be suspended and you may be moved to a different health plan and/or have higher rates.

Split Family Enrollees

Split family enrollment allows retirees to 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. The cost of each plan is combined for a monthly amount due.

Medicare-eligible family members can enroll in a Medicare Advantage plan, and non-Medicare-eligible family members can enroll in a non-Medicare plan.

3 Be sure to provide your Medicare data before you enroll. Look for a tile reading "Action Required – Update Your Medicare Information." Select it and you will be taken to the screen where you can enter Medicare data for you and/or your spouse/domestic partner. If you or your dependents have enrolled in Medicare early (before age 65), call the **Benefits Service Center** to update your Medicare information.

4 Once you have provided your Medicare data on **My OC Benefits™** or by calling the Benefits Service Center, you will see the appropriate retiree Medicare health plan options, premiums, and Grant, if eligible. You'll then be able to:

- Compare your Medicare and non-Medicare plan options and premiums. If you will be enrolling in Split Family coverage, the costs for each plan — based on the covered family members — are added together to reflect your total monthly cost of coverage. If you need assistance calculating your monthly premiums, call the Benefits Service Center at **1-833-476-2347**.
- Factor in your Retiree Medical Grant amount, if eligible.
- Review the Summary of Benefits and Coverage (SBCs) for non-Medicare health plan options and the Retiree Medical One-Page Benefits Summaries for Medicare health plan options, located on the Plan Information page.
- Contact the health plan providers directly to learn more about the plans, including participating doctors and hospitals as well as coverage areas. Similar information is available in the Health Plan Comparison Charts and Provider Direct tools (for non-Medicare health plan options), both of which are available on **My OC Benefits™**.
- If you are switching Health Plans and have a mail order prescription, please note that your new health plan may require you to switch to a new mail order provider.

You can call the **Benefits Service Center** at **1-833-476-2347** and speak to a representative for assistance with the election process.

5 When enrolling in a Retiree Health Plan option, note that:

- If you are electing coverage for yourself only and choose not to cover any dependents, you can enroll in the individual option that matches your Medicare eligibility status.
- If you wish to cover both Medicare and non-Medicare-eligible parties through a Split Family enrollment, you can review your options by selecting "Review/Change."
  - You will elect one retiree health plan for all of your covered dependents in Medicare and one retiree health plan for your non-Medicare covered dependents.
  - Each election has a rate associated with it, and those two rates will be added together for your total monthly cost of health coverage.
  - Your Grant, if any, will be subtracted from the total to define your monthly net cost.
- If both you and your spouse/registered domestic partner are Medicare-eligible, you can review your options under Retiree Medical Medicare by selecting "Review/Change."

6 Once you confirm your elections, submit any required documentation and forms to complete the enrollment process. You'll need to provide Medicare enrollment verification for yourself and any added dependents with Medicare within 60 days from completing Medicare Self-Service online or with Benefits Service Center. If you do not provide Medicare enrollment verification in the 60-day window, your Retiree Medical Grant will be suspended, and you may receive default medical coverage and/or a non-Medicare rate.

If you are unable to enroll before the deadline, you will receive default medical coverage at a non-Medicare rate and your Retiree Medical Grant, if applicable, will be suspended. Once you submit your proof of Medicare enrollment, your Grant will be reinstated, and you will begin to receive the Medicare rates. You can switch to another health plan at the next Open Enrollment or if you have a Qualified Life Event (QLE), such as marriage or divorce, or adoption of a child.

Medicare Comes in Three Parts

Generally, you are eligible to enroll in Medicare when you reach age 65. Medicare has three parts:

- **Part A** covers major medical expenses and hospitalization. You must enroll in Part A as long as there is no cost to you.
- **Part B** covers routine physician's office visits and most outpatient services. You typically pay a monthly premium for Part B. You must enroll in Part B.
- **Part D** covers prescription drugs. If you are enrolling in a County-sponsored Medicare plan, you should not enroll in a separate Part D plan, as it may affect your eligibility for these plans. This is because the County of Orange Retiree Health Plan options (except the Sharewell Retiree PPO) provide prescription drug coverage equal to or better than Medicare Part D.

Medicare Advantage Plan

If you choose to enroll in a Medicare Advantage plan, you will need to be approved by the Centers for Medicare and Medicaid Services (CMS). If you are not approved by CMS, you will be enrolled in the Sharewell Retiree PPO plan.

Retiree Medical Grant

When you reach age 65, if you're eligible for a Retiree Medical Grant, there will be changes to your Grant. Note that the Grant is not a vested or guaranteed benefit and it could be modified in the future.

- The amount of your Grant will be reduced by 50 percent when you become eligible for Medicare Parts A and B. If you pay for Part A, call the **Benefits Service Center**. When you show proof that you must pay for Medicare Part A, your Grant will not be reduced.

- If any Grant remains after it is applied to cover your Retiree Health Plan premiums, you can request to be reimbursed for your Medicare Part B premium costs. You will need to provide proof of your premium amount to begin receiving Medicare Part B reimbursements. If you are eligible to continue to receive Medicare Part B reimbursements, you will be asked to provide proof of your premium amount on an annual basis.
- You will also need to provide Medicare enrollment verification for any added dependents within 60 days from completing Medicare Self-Service online or with the Benefits Service Center.
- If you do not enroll in Medicare Part B or provide proof of your enrollment, your Retiree Medical Grant, if applicable will be suspended and you may be moved to a different health plan and/or have higher rates.

Submit any required documentation on **My OC Benefits™** by the deadline so that your Grant, if eligible, isn't suspended.

Calculated Grant

If you retired on or before 6/15/23, including deferred retirees who activated retirement on or before 6/15/23, and were deemed Grant-eligible, you would continue the Retiree Medical Grant calculation in effect at the time of your retirement.

The Calculated Grant is based on:

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

Frozen Grant

If you retired on or after 6/16/23, you must have elected to retain the frozen Retiree Medical Grant.

The Frozen Grant is based on:

- Your Frozen Retiree Medical Grant amount
- Your Medicare status

How to Enroll in Your Retiree Health Plan

Ready to enroll? Just follow the steps below. If you start to choose your benefits but need to cancel or interrupt, your elections will not be saved.

First-Time User on 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. Then follow the prompts to create your user ID, Password, and **Benefits Service Center** PIN.

1. Go to mybenefits.ocgov.com and log in.
    a. First provide your Medicare information by clicking on "Action Required – Update Your Medicare Information."
    b. Return to the home page and click on the "Reaching Medicare eligibility soon?" tile.
    c. You will be directed to a landing page – scroll to the bottom and click "Enroll now!"
    d. You will be taken to the "Benefits summary" page. Here you can click "Review/Change" to update your elections.
    e. Choose your plan and the dependents you want covered. Then you will be returned to the "Benefits summary" page where you can "Confirm" your elections.
    f. Then you will be taken to a completed enrollment page. Here you can print your confirmation.
2. If you are required to provide any documentation, make sure you do it before the deadline noted.

If you prefer to have someone help you enroll over the phone, you can. Just call the **Benefits Service Center** at **1-833-476-2347** between 8 a.m. and 6 p.m. Pacific Time, Monday through Friday.

To access specific account information, your benefits account must be fully secured with either a PIN or One-Time Code when you call the County of Orange Benefits Service Center. If you have a PIN:

- You will be able to enter it via phone and connect with a County of Orange Benefits Service Center representative directly.
- If you do not have a valid PIN, you will be connected to the Center of Excellence (COE) for assistance with securing a valid 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 Benefits Service Center, enter your PIN (to verify it is working) and then route directly to the Benefits Service Center.
- You also can select the One-Time Code (OTC) option as well which will send an OTC to your mobile phone if you have one listed with the County of Orange Benefits Service Center.

If you have a One-Time Code or Password to access your benefits online at mybenefits.ocgov.com:

- If you have a valid Password, you will be able to log in to the **mybenefits.ocgov.com** website as normal.
- If you don't have a valid Password for the website, you can select "Forgot Password" and follow the steps to reset your Password.
- You also can select the One-Time Code (OTC) option, which will send an OTC to your mobile phone if you have one listed with the County of Orange Benefits Service Center.

You'll receive a Confirmation of Benefits by email if your email address is on file. If not, you can print your Confirmation from the completed enrollment page if you would like to have a record of your enrollment. If you enroll through the **Benefits Service Center**, you will receive a Confirmation of Benefits in the mail.

You can Permanently Disenroll from Coverage

If you are not interested in the County Retiree Medical Plan and wish to permanently disenroll, you must call the **Benefits Service Center** at **1-833-476-2347**. If you are Grant-eligible, you can also discuss your Medicare premium reimbursement options.

Temporary One-Time "Opt In," What You Need to Know

As of January 1, 2022, if, at the time of your initial retirement event, you elected the temporary "Opt Out", you can use your one-time "Opt In" to enroll in a County retiree health plan when you and/or your spouse become eligible for Medicare, during Open Enrollment, or with a Qualified Life Event that permits this change. To opt back into coverage, call the **Benefits Service Center** at **1-833- 476-2347**.

If electing to opt in when you and/or your spouse attain Medicare eligibility, coverage will be effective the first of the month in which your Medicare eligibility becomes effective. In order to successfully opt in, you will be required to provide a signed attestation form and provide documentation showing coverage for the entire temporary opt-out period, or the current plan/calendar year, whichever is shorter. If you do not submit the signed attestation form and proof of continuous coverage by the given deadline date, you will remain in "No Coverage."

After you have successfully enrolled in a County of Orange Retiree Health Plan following the temporary opt-out period, you must maintain continuous coverage in a County of Orange Retiree Health Plan and comply with Medicare enrollment requirements (if applicable) to continue to receive the Retiree Medical Grant, if eligible. No future temporary "Opt Out" will be permitted unless otherwise allowed under the Retiree Medical Plan document.

If you falsely attest to continuous coverage or fail to provide proof of continuous coverage, as requested, you will be removed from coverage under the County of Orange Retiree Medical Plan and your Retiree Medical Grant, if eligible, will be suspended.

Things to Remember

- If you take no action by the deadline indicated on this package, you will be enrolled in default retiree medical coverage, and your Grant, if eligible, will be suspended.
- Once you provide the required documentation you will remain in the current retiree health plan, Medicare rates will apply, and your Grant, if eligible, will be reinstated the first of the month following submission and approval.
- The elections you make remain in effect for the rest of the year; however, you may be allowed to make changes during the year if you have certain QLEs.
- You can switch to another health plan during the next Open Enrollment period.
- Your new health plan will send you a new ID card. Existing Kaiser members will not receive a new ID card.

Questions?

About the Retiree Medical Program	Call the **Benefits Service Center** at **1-833-476-2347**, between 8 a.m. and 6 p.m. Pacific Time, Monday through Friday.
About Medicare	Call the Social Security Administration at **1-800-772-1213** or visit **ssa.gov**.