



## Medicare Required Documentation

The County of Orange requires that all retirees and their covered dependents eligible for Medicare enroll in and maintain continuous Medicare coverage. In order to ensure that your Grant (if applicable) and health coverage continues at the appropriate cost and plan level, you are required to provide documentation to the Benefits Service Center.

### **Medicare Enrollment Documentation**

If you and/or your spouse/domestic partner are newly enrolled in a Retiree Medical Medicare health plan, the members with Medicare must submit:

- Copy of current Medicare Card
  - o Card must reflect enrollment in Part A and/or Part B to match your elected County Medicare plan option
  - o Proof from Social Security showing your most current Medicare premium

This includes adding a dependent over age 65 or otherwise Medicare eligible during Open Enrollment or as the result of a Qualified Life Event.

You must provide your supporting documentation within 60 calendar days from when the Medicare data was provided and entered online as part of making your elections.

### **Not Eligible for Part A for Free?**

If you and/or your spouse/domestic partner are not eligible for Medicare Part A at no cost, you can avoid a 50% reduction to your Retiree Medical Grant, by submitting:

- Proof from Social Security that you are not eligible for Medicare Part A for free; or
- Proof from Social Security that you are paying for Medicare Part A

### **Medicare Part B Reimbursement**

If you permanently disenroll from the County Retiree Medical Plan and want to use the Retiree Medical Grant (if applicable) for Medicare Part B Reimbursement, you must be Medicare eligible and submit:

- Copy of current Medicare Card
  - o Card must reflect enrollment in Part B to be eligible for Medicare Part B reimbursement
- Proof from Social Security showing your most current Medicare premium

All required documents listed above must be submitted by the end of the month prior to your disenrollment taking effect. Otherwise, you will forfeit your Retiree Medical Grant.

### **Submit Your Documentation**

- Upload to: My OC Benefits™ at [mybenefits.ocgov.com](http://mybenefits.ocgov.com)
- Fax to: 1-224-607-3465
- Mail to: County of Orange Benefits Service Center, Dept. #16725  
PO Box 64116  
The Woodlands, TX 77387-4116

Contact the Benefits Service Center with any questions at 1-833-476-2347, between 8 a.m. – 6 p.m. Pacific Time, Monday through Friday, except holidays.