

COUNTY OF ORANGE

2025 ANNUAL OPEN ENROLLMENT

October 16 – November 5

It's time to learn about your benefits and make changes for the coming year.

Key Dates for Open Enrollment

Early October 🔶	Early October	\rightarrow	October 16 🔶
Open Enrollment Information Page opens:	Virtual Open En	rollment Benefits Fair opens:	First day of Open Enrollment:
Go to hrs.ocgov. com/2025OEActives to start learning about your 2025 benefits. See page 7.	COO2025, Passw online, self-guide everything you n Enrollment. Plus,	alFairHub.com/coo (Usernamo rord: Benefits2025). This is an ed benefits resource site. It has eed to complete Open it will be available all year long, he most out of your benefits.	or call the Benefits Service Center at 1-833-476-2347 (8 a.m. to 8 p.m. PT through
October 17 🔶		November 5 🔶	November 12 \rightarrow
Chat live with your benefit	plan vendors:	Last day of Open Enrollment:	Last day to make corrections with a Benefits Specialist:
Go to www.VirtualFairHub.com/coo (Username: COO2025, Password: Benefits2025). Get your questions answered by attending a session 8 to 10 a.m., 11 a.m. to 1 p.m., or 3 to 5 p.m. Plus, if you visit at least five booths, you'll be automatically entered for prize drawings. See page 7.		Make sure your 2025 elections have been submitted by 11:59 p.m. PT.	After this day, changes aren't allowed unless you experience a Qualified Life Event. See page 12.
December 🔶		January 1 🔶	January 31
Deadline to submit required documentation:	d	Look for new ID cards in the mail only if you:	e Deadline for Your Pathway to Wellness Credit appeals:
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. You'll also receive a notice via your preferred method of communication shortly after Open Enrollment ends. Action is required by the deadline indicated on the notice. See page 11.		 Enroll in medical coverage f the first time with Kaiser HN Sharewell PPO or Wellwise P Elect dental coverage for 20 If you're a Cigna member, lea about your new digital ID card See page 12. 	MO, Service at 1-800-492-9812. PPO. D25. arn

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Deadlines You Don't Want to Miss

County Couples

If you and your spouse/domestic partner are a part of the County Couples Program (also known as Employee Married to Employee (EME) Program), the subscriber (employee) must attest annually that they meet the program's requirement.

If the attestation wasn't completed by the September 9, 2024 deadline, enrollment in the EME Program will be terminated as of January 1, 2025. You and your spouse/ domestic partner will each be enrolled in individual health plans at regular employee rates for 2025.

The subscriber has one last opportunity to attest that they meet the EME Program's requirement for 2025.

When the subscriber is sent a dependent verification notice after the close of Open Enrollment, be sure to take action and provide all requested documentation by the deadline on the notice.

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

Don't Forget About Your Wellness Credit

If the subscriber in an EME arrangement did not earn the Wellness Credit in 2024, a 5 percent charge will apply beginning with the first paycheck in 2025.

The Appeals Deadline Is

If you need to file an appeal for the 2025 Your Pathway to Wellness Credit, contact WebMD Customer Service at 1-800-492-9812.

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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 must actively make that election during Open Enrollment by November 5, 2024.

To learn more, go to **My OC Benefits** and click "Plan Information" to find the Waiving County Health Coverage flyer.

30 DAYS TO ACT IF WAIVING COVERAGE

If 2025 is the first year that you waive coverage, additional action is required after the close of Open Enrollment. You must complete an attestation and provide information about your other coverage by the deadline. Make sure you look out for follow-up notices after Open Enrollment closes for instructions on how to provide the requested information.

Do This Now! Get Your PIN or Password

Make sure you know your PIN/password. You'll need them to access your account during Open Enrollment.

- If you already have your PIN/password, you're ready for Open Enrollment.
- If you **don't** have your PIN/password or you **forgot** them, follow the steps below.

PIN/password resets. Don't wait until the last day of Open Enrollment to access your account. If you need to reset your PIN or password, it can only be provided via postal mail or via a one-time text if you have a mobile number on file.

If you plan to enroll by phone, you'll need your PIN.

Call the Benefits Service Center at 1-833-476-2347 to reset your PIN.

- Follow the prompts to generate a PIN, 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 not allowed to use your employee PIN.

If you plan to enroll online, you'll need your password.

Go to My OC Benefits:

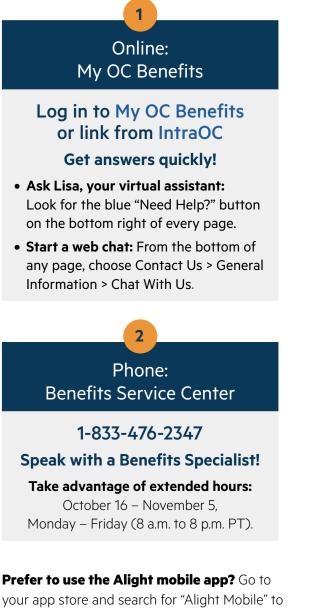
- **First-time users:** Click "New User" and follow the prompts to set up your log-in credentials.
- **Current users:** If you don't remember your log-in credentials, use the "Forgot User ID or Password?" option to reset your information.

While online, review your contact information and communication preference:

- From your homepage, go to the upper-right corner and click (A).
- Select "Personal Information." If corrections are needed, please contact your agency's Human Resource Services for assistance.

How to Enroll

You can enroll for 2025 benefits online or by phone.



download the app (or text "Benefits" to 67426 for a download link). You can also scan the code below. For assistance with setup, go to **My OC Benefits**. Look for the "Recommended" section of the homepage and find the Quick Reference Guide.





What's New for 2025

Health Plan Rates

Beginning January 1, 2025, paycheck deductions for medical coverage will increase as follows:

Cigna Choice HMO: 9.9 percentCigna Select HMO: 6 percent

- Kaiser HMO: 7.9 percent
- Wellwise PPO: 3 percent

To view rates for all plans, go to **My OC Benefits** and find the Plan Information page.

Medical Plan Changes

Beginning January 1, 2025, the following changes will apply to the County's medical plans.

CIGNA CHOICE HMO AND CIGNA SELECT HMO	 Hearing aids: Now covered up to \$2,500 per ear every three years. Omada Complete: Coverage will be expanded to include Type 1/2 diabetes and high blood pressure. Omada provides tools and support to help you make lasting changes to the way you eat, move, sleep and manage stress — one small step at a time. This program is available at no cost to you. To learn more, go to www.campaigns.cigna.com/countyoforange beginning January 1, 2025.
KAISER HMO	• Hearing aids: Now covered up to \$2,500 per ear through TruHearing every three years.
SHAREWELL PPO AND WELLWISE PPO	• Hearing aids: Now covered up to \$5,000 per member within any 36-month period. (For Sharewell, you must first satisfy the deductible. The deductible doesn't apply for Wellwise.)
	• Orthotics: You'll pay 10% after the deductible (network) or 30 percent after the deductible (non-network). Coverage includes foot arch supports, orthopedic footwear, shoe modifications, miscellaneous shoe additions, diabetic shoes, and foot abduction and rotation bars. Prior authorization is not required.
	• Insulin: Now covered after a \$35 copay (deductible

Flexible Spending Accounts

The annual maximum contribution for the Health Care Reimbursement Account (HCRA) will increase to \$3,200 in 2025.



Resources to Learn About 2025 Benefits

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.

å₽ **EXPLORE THE CHAT LIVE WITH** VISIT THE VIRTUAL **OPEN ENROLLMENT** ATTEND A WEBINAR **BENEFIT PLAN BENEFITS FAIR INFORMATION PAGE** VENDORS Beginning in early Beginning in early On October 17, go to There will be two www.VirtualFairHub. October, visit hrs.ocgov. opportunities for you October, go to www. com/coo (Username: com/2025OEActives. to attend a lunchtime VirtualFairHub.com/coo The site will have COO2025. Password: webinar. Representatives (Username: COO2025. from our health plans will resources including: Benefits2025) to chat Password: Benefits2025). live with the County's share information and This is an online. self-• Health plan rates health plan and be available to answer guided tool that you • The 2025 Health Plan retirement savings plan questions. can join at any time of **Comparison Chart** vendors. Session 1: the year. • Educational videos Get your questions October 22 The Virtual Benefits Summaries of Benefits answered in real time. (Noon to 1 p.m.) Fair will feature booths and Coverages (SBCs) Attend one of three Click here to register. for each of our vendors, • The What to Know sessions on October 17: along with resources to Guide Session 2: • 8 to 10 a.m. help you make the most October 30 Information about • 11 a.m. to 1 p.m. of your benefits all year (Noon to 1 p.m.) waiving health • 3 to 5 p.m. long. coverage Click here to register. Want to win a prize? Want to win a prize? • Dependent eligibility On October 17 only, On October 17 only, if definitions and if you visit at least you visit at least five required documents five booths, you'll be booths at the Virtual automatically entered Benefits Fair, you'll be for prize drawings. automatically entered for prize drawings.

USE THE VIRTUAL BENEFITS FAIR ALL YEAR LONG

After Open Enrollment ends, the Virtual Benefits Fair will remain open all year long. Use it throughout 2025 to find the latest benefit information, all in one spot.

Go to www.VirtualFairHub.com/coo (Username: COO2025, Password: Benefits2025).

2025 Wellness Credit: Important Reminders!

Be sure to verify whether you'll receive the 2025 Wellness Credit. Log in to the Your Pathway to Wellness portal to:

- See if you earned the Wellness Credit. Scroll to the "Rewards" section on the homepage. If the point tally shows 100 or more on or before August 16, 2024, you've earned the 2025 credit.
- Find out if you were 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're exempt from the Wellness Credit program requirements.

Note: Sharewell Choice does not have a Wellness Credit.



TIP! Check to see if the discounted rate is showing for 2025.

If you earned the Wellness Credit for 2025, verify that it's displaying for the 2025 health plan options. Go to **My OC Benefits** October 16 through November 5.



A 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, you'll miss out on the discount for 2025. As a result, your cost will be 5 percent higher, beginning with the first paycheck in 2025.



Have questions or need to file a Wellness Credit appeal?

Call WebMD Customer Service at 1-800-492-9812, Monday through Friday (5:30 a.m. to 5 p.m. PT). Appeals will be accepted through January 31, 2025. Be prepared to provide details about any extenuating circumstances that prevented you from completing the Wellness Credit between May 20 and August 16, 2024.



Medicare-Eligible Participants in Sharewell Choice PPO

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

Consider enrolling in a Medicare Part D plan. To meet Medicare guidelines, you may want to also enroll in a Medicare Part D plan (prescription drug coverage). For more information, visit the **Medicare website** or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Avoid late enrollment penalties. If you don't enroll in Medicare Part D when you're 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.

Have Double Coverage?

If you're enrolled in a County medical plan AND you also have medical coverage through a spouse/domestic partner, here's how your two plans work together.

County coverage is primary for employees. When you get a medical bill, your County coverage pays first. That means you have to satisfy any requirements under your County plan before your bill gets paid (for example, you have to pay any applicable deductible, copay, etc.).

Coverage through a spouse/domestic partner is secondary.

After your County medical plan pays your claim, only then can it be submitted to your secondary coverage.

Having two plans does NOT mean you get twice the benefits. For some people, it may not make sense to have double coverage. If your spouse/domestic partner's plan has lower out-of-pocket expenses than the County options, you may want to waive County medical coverage. That way, the coverage through your spouse/domestic partner will be your primary plan.

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.



Flexible Spending Accounts (HCRA & DCRA)

Do you want to roll over 2024 HCRA funds into 2025? You can transfer up to \$640 from 2024 into 2025. However, you **must re-enroll** in the HCRA for 2025 to use these rollover funds. Funds will automatically roll over at the beginning of April 2025. However, any 2024 funds above \$640 will be forfeited.

Are you overpaying for everyday expenses? Reimbursement accounts allow you to pay for eligible health care and dependent care expenses on a tax-free basis. If you don't currently use these accounts, it means you're overpaying for some of your everyday expenses — and you pay higher taxes when you file your annual tax return. Below is a summary of your options.

	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 contribution	Minimum: \$26 Maximum: \$3,200 (previously \$3,050)	Minimum: \$26 Maximum: \$5,000 per household (\$2,500 per person if married and filing separately)
Rollover limit for unused funds	\$640	Not applicable; funds not used by year end will be forfeited.
Debit cards	If you enroll for the first time: You'll receive a welcome letter and debit card to access your funds.	Not applicable
	If you're currently enrolled: If you plan to enroll again for 2025, hang onto your current HCRA debit card and use it until it expires.	

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.

Remember the deadline to submit expenses for 2024.

You have until March 31, 2025, to submit claims for reimbursement from your 2024 FSAs.



Keep your receipts.

If you use your HCRA debit card to pay for expenses, be sure to save your receipts. If you get audited by the IRS, they may request receipts to verify the eligibility of your expenses.

What to Do After You Enroll

After you enroll, here are some additional steps that you need to take to be fully ready for 2025.

- 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 on My OC Benefits (the location depends on your communication preference).
- 2 Don't miss the Open Enrollment correction period November 6 12. If your Confirmation of Benefits has any incorrect information, this is the time to make updates. If you don't make changes, the coverage displayed on your Confirmation of Benefits will be in place throughout 2025 unless you experience a Qualified Life Event. (The Optional Benefit Plan (OBP), 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 must provide dependent verification. You'll receive a dependent verification notice in the mail shortly after Open Enrollment ends. If you don't submit the requested documentation by the deadline on the notice:
 - Your new dependent will not have coverage for 2025, 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 other coverage. Shortly after Open Enrollment ends, you'll receive a solicitation via your preferred method of communication. It will also be sent to your secure mailbox on My OC Benefits. If you don't provide the requested information within 30 days, you'll be automatically enrolled in a County health plan.



Changes After Open Enrollment Are Limited

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

- Marriage or domestic partnership registration
- Divorce
- Birth or adoption
- Gain or loss of coverage

- Moving outside 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 by contacting the Benefits Service Center.

Important Update for Cigna Members!

No physical ID cards in 2025. Now you never have to worry about misplacing your Cigna card. Cigna will no longer mail ID cards. Instead, you'll have a digital ID card:

- Log in to myCigna.com or the myCigna App.
- Click or tap "ID Cards."
- View cards for you and any dependents.
- Email cards directly to your doctors.
- Save cards in your Apple Wallet.

Not registered on myCigna yet? Visit myCigna.com, scan the QR code below or download the myCigna App to get started.

Prefer to have a physical ID card? Simply call Cigna customer service at 1-888-806-5042 to request one, or you can download one from myCigna.com.







Download from the App Store



Thinking About Retirement?

When it comes to retirement, planning is everything. To consider your retiree health care options, visit **hrs.ocgov.com/retiree.benefits**. There you'll find the Intent to Retire and/or Attaining Medicare Summaries, Retiree Health Plan Rates, the Retiree What to Know Guide, and the Retiree Medical Plan Document for details on eligibility.

Attend the Retiree Open Enrollment Fair

You can learn about 2025 retiree health plan options by attending the Retiree Open Enrollment Fair.

RETIREE OPEN ENROLLMENT FAIR			
Date	October 24, 2024		
Location	County Conference Center 425 W Santa Ana Blvd Santa Ana, CA 92701		
	We encourage you to arrive early to find parking. Look for signs directing you to the Retiree Open Enrollment Fair. Parking is available in lots P4 and P8. View a map of parking options.		
Presentation Times	Medicare health plans: 9 to 11:30 a.m. Non-Medicare health plans: 1:30 to 4 p.m.		

Opt Out of Retiree Health Coverage

When you retire, you might not be ready to immediately enroll in a County retiree health plan. For example, you might have access to coverage through your spouse's health plan.

If that's 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 be made only when you first retire.

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

- You must complete the Temp Opt-Out Attestation: This is required within 30 days of your election. If you don't provide it, you'll be defaulted into a County retiree health plan.
- **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.
- You can enroll only at certain times: When you're ready to enroll in a County retiree health plan, contact the Benefits Service Center. Please note, you can enroll only during annual Open Enrollment or within 30 days of a Qualified Life Event (for example, if you lose your other coverage or become eligible for Medicare).



LEARN ABOUT THE HRA

Visit the **MissionSquare Retirement** website to:

- Log in to your account.
- Learn about your investment options.
- Sign up for an education seminar.
- And more!

YOU MIGHT HAVE ONE OR TWO HRAs

You have an HRA if:

- 1. You chose to receive the frozen value of your grant as an HRA in 2023, and/or
- 2. You were employed in 2023 or after and automatically enrolled into an HRA and started receiving the County's biweekly contributions.

Health Reimbursement Arrangement (HRA) or Retiree Medical Grant

When you retire, you may have one (or both) of the following benefits available to you. This depends on the election you made in 2023 when the County changed its retiree medical plan provisions. The two benefits are:

- **HRA:** Your HRA is available when you retire or leave County service. If you opt out of retiree medical coverage, you can still access your HRA during the opt-out period.
- Frozen Retiree Medical Grant: You're eligible to use your grant if you elected to freeze it during 2023, you're 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? You can find out by calling the Benefits Service Center at 1-833-476-2347. You can also go to **My OC Benefits** and start a web chat with a Benefits Specialist.

