



COUNTY OF ORANGE

2025 ANNUAL OPEN ENROLLMENT

October 16 –
November 5

Open Enrollment is your opportunity to learn about your benefits and make changes for the coming year. Open now to see what's new for 2025 and what you need to do during Open Enrollment.



Key Dates for Open Enrollment

Week of October 1 	Week of October 7 	October 8 
Open Enrollment Information Page:	Open Enrollment Solicitation Kit:	Webinar for pre-65 retiree medical plans:
Go to hrs.ocgov.com/2025OERetirees to start learning about your 2025 benefits. See page 5.	You'll receive a home mailing that includes an enrollment solicitation, 2025 rates for each plan and your Retiree Medical Grant amount (if applicable).	Learn about plan options that are available to non-Medicare-eligible retirees. See page 5.
October 16 	October 24 	November 5 
First day of Open Enrollment:	Attend the Retiree Open Enrollment Fair:	Last day of Open Enrollment:
Make changes on My OC Benefits at mybenefits.ocgov.com or call the Benefits Service Center at 1-833-476-2347 (8 a.m. – 8 p.m. PT through November 5). See page 2.	Get your questions answered at this in-person event. See page 5.	Make sure your 2025 elections have been submitted! The deadline is 8 p.m. PT by phone or 11:59 p.m. PT online.
November 12 	December 	
Last day to make corrections:	Deadline to submit required documentation:	
After this day, changes aren't allowed unless you experience a Qualified Life Event. See page 6.	This applies if you add a new dependent for the first time or if you opt into coverage. Shortly after Open Enrollment ends, you'll receive a notice with details, explaining that you need to take action by the deadline provided on the notice. See pages 6 and 7 for more information.	
January 1 	January 15	
Receive new ID cards, if applicable:	Deadline to submit your 2025 Medicare premium information:	
Look for new ID cards in the mail if: <ul style="list-style-type: none"> You enroll in a new plan. You add a new dependent to your plan. For everyone else, continue to use your same card. If you're a Cigna member , learn about your new digital ID card. See page 3.	Documentation is needed if you're eligible for a Medicare Part B reimbursement amount. See page 7.	

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.

Make sure you know your PIN for the phone system:

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.

While on the phone, verify that your contact information and communication preference are up to date.

Important note!


Only County of Orange retirees can call using a PIN. A family member is not allowed to use your retiree PIN.

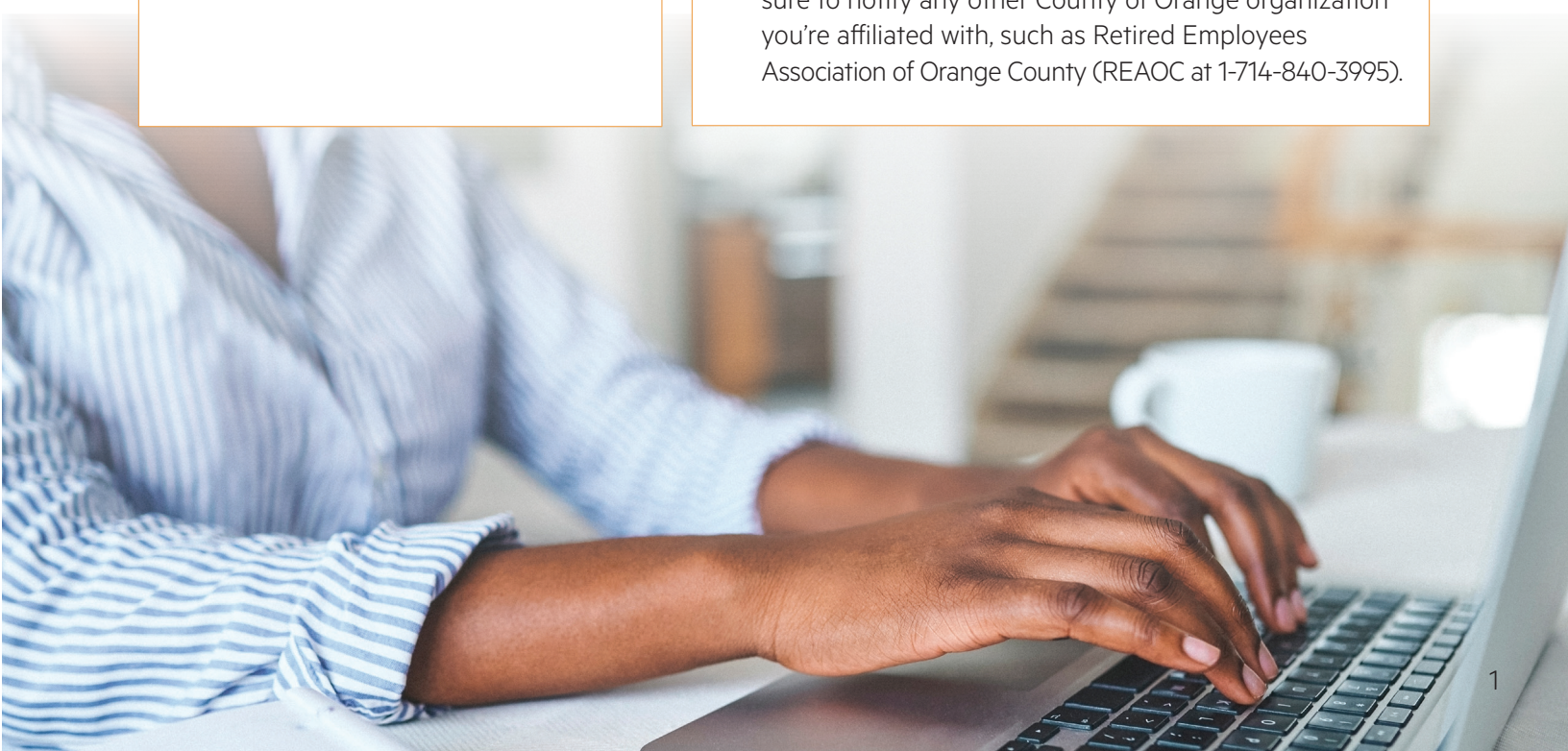
Make sure you know your password for your online account:

Go to **My OC Benefits** at mybenefits.ocgov.com:

- **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 .
- 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're affiliated with, such as Retired Employees Association of Orange County (REAOC at 1-714-840-3995).





How to Enroll

You can enroll for 2025 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 16 – November 5, Monday – Friday (8 a.m. – 8 p.m. PT).
- **Schedule an appointment:** Book an appointment that’s convenient for you. (Appointments are limited.)

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). You can also scan the code below. For assistance with setup, go to **My OC Benefits** at mybenefits.ocgov.com. Look for the “Recommended” section of the homepage and find the Quick Reference Guide.



What's New for 2025

Health Plan Rates

The monthly cost for most plans will increase in 2025. However, Kaiser Senior Advantage HMO will decrease.

For non-Medicare-eligible plans:

- Cigna Choice Retiree HMO: 9.9 percent
- Cigna Select Retiree HMO: 6 percent
- Kaiser Retiree HMO: 6.7 percent
- Sharewell Retiree PPO: 6.8 percent
- Wellwise Retiree PPO: 3.1 percent

For Medicare-eligible plans:

- Humana Retiree Medicare PPO: 15.4 percent
- Kaiser Senior Advantage HMO: 5.7 percent (decrease)
- SCAN Retiree Medicare HMO: No change
- Sharewell Retiree PPO: 25.9 percent
- Wellwise Retiree Medicare PPO: 4.4 percent

Find your monthly cost at hrs.ocgov.com/2025OERetirees.

REVIEW YOUR OPEN ENROLLMENT SOLICITATION KIT

Are you still in the best health plan for your situation? To help you evaluate that, watch for your Open Enrollment Solicitation Kit. Arriving the week of October 7, it will contain an enrollment solicitation, 2025 rates for each plan, your Confirmation of Benefits (a summary of your 2025 coverage if you take no action) and your Retiree Medical Grant (if applicable).

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.



Get it on
Google Play



Download from
the App Store



Benefit Changes

Beginning January 1, 2025, the following enhancements and changes will apply to the County’s retiree health plans.



Exciting enhancements to your benefits!

Find details about your plan’s benefits below.

NON-MEDICARE PLANS	
Cigna Choice Retiree HMO and Cigna Select Retiree HMO	<ul style="list-style-type: none"> • 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 Retiree HMO	<ul style="list-style-type: none"> • Hearing aids: Now covered up to \$2,500 per ear through TruHearing every three years.
Sharewell Retiree PPO and Wellwise Retiree PPO	<ul style="list-style-type: none"> • 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% 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. In addition, prior authorization will no longer be required. • Insulin: Now covered after a \$35 copay (deductible does not apply).
MEDICARE-ELIGIBLE PLANS	
Humana Retiree Medicare PPO	<ul style="list-style-type: none"> • Hearing aids: Now covered up to \$2,500 per ear through TruHearing every year. • Prescription drugs: The annual out-of-pocket maximum will be reduced to \$2,000.
Kaiser Senior Advantage HMO	<ul style="list-style-type: none"> • Hearing aids: Now covered up to \$2,500 per ear through TruHearing every three years.
SCAN Retiree Medicare HMO	<ul style="list-style-type: none"> • Hearing aids: Now covered up to \$2,000 every two years. • Prescription drugs: <ul style="list-style-type: none"> – The annual out-of-pocket maximum will be reduced to \$2,000. – Several heart and diabetes Select Care Tier drugs will move to Tier 3 at a \$20 copay. Check your formulary list for more information. • Care Navigator: A new concierge-level service will be provided at no cost. Care Navigator allows you to work directly with a dedicated care expert to answer your health care questions, to guide you on how to use your benefits, find doctors, and help schedule your appointments. • Behavioral health: Telehealth visits for behavioral health will be covered at no cost.
Sharewell Retiree PPO and Wellwise Retiree Medicare PPO	<ul style="list-style-type: none"> • 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% 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. In addition, prior authorization will no longer be required. • Insulin: For Sharewell only, now covered after a \$35 copay (deductible doesn’t apply). • Prescription drugs: For Wellwise only, the annual out-of-pocket maximum will be reduced to \$2,000.

Retiree Medical Grant

If you retired on or before June 15, 2023, and you're eligible for a Retiree Medical Grant, the grant cost of living adjustment (COLA) is calculated on an annual basis. The grant COLA 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 2025, the grant amount will increase by 3 percent. That means your monthly amount will be \$25.35 per month for each year of County service (up to 25 years).

If you retired on or after June 16, 2023, and you're eligible for a Retiree Medical Grant, annual increases/decreases don't apply. Your grant amount is frozen.

Do you have a Health Reimbursement Arrangement (HRA)?

You might have an HRA if:

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

As a reminder, you can use the HRA for things like after-tax monthly premiums for any medical plan, doctor visits, prescriptions, glasses and certain over-the-counter items. For more information, go to www.missionsq.org/orangeconomy.

Resources to Learn About 2025 Retiree Benefits

Start making a list of your questions and use these resources!

Explore the Open Enrollment Information Page	<p>Beginning in early October, visit hrs.ocgov.com/2025OERetirees. The site will have resources including:</p> <ul style="list-style-type: none">• Monthly rates for retiree health plans• The 2025 Health Plan Comparison Chart• Summaries of Benefits and Coverages (SBCs) for non-Medicare retirees• Retiree Medical One-Page Summaries for Medicare-eligible retirees• Educational videos
Attend a Webinar	<p>Learn about plan options that are available to non-Medicare-eligible retirees.</p> <p>Date: October 8 Noon to 1 p.m.</p> <p>Join on the day of the event: https://us02web.zoom.us/j/84561234567</p>
Attend the Retiree Open Enrollment Fair	<p>At the Retiree Open Enrollment Fair, representatives from our health plans will be available to answer your questions. Plus, you can enter into drawings to win prizes!</p> <p>Date: October 24</p> <p>Location: 601 N Ross St Santa Ana, CA 92701</p> <p><i>Look for signs directing you to the Retiree Open Enrollment Fair.</i></p> <p>Parking: We encourage you to arrive early to find parking. Parking is available in lots P4 and P8. View a map of parking options.</p> <p>Presentation times: Medicare health plans: 9 to 11:30 a.m. Non-Medicare health plans: 1:30 to 4 p.m.</p>

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.

1 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. 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.

3 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 documentation. 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 won't receive a refund for any dependent premiums you pay during the period of ineligibility.

Learn more on **My OC Benefits** at mybenefits.ocgov.com, click on "Plan Information" and look for the Dependent Eligibility Definitions and Required Documents flyer.

4 Provide proof of continuous coverage. If you opt into coverage for 2025, a notice will be emailed to your secure mailbox at mybenefits.ocgov.com and also mailed to your home. You'll have 30 days to provide proof of continuous coverage. If you don't, you will not be enrolled in County coverage on January 1, 2025.

5 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's important to meet any deadline, so that your retiree health coverage is set up properly.



WHEN TO SUBMIT MEDICARE DOCUMENTATION

Event	What You Need to Do	Deadline
You're currently receiving a monthly Medicare Part B reimbursement of \$104.90 or higher and your 2025 Medicare premium is more than \$104.90 for you or \$209.80 for you and your spouse.	For 2025, 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're paying more than the default amount. Please note, changing to a new health plan may also change your grant amount that's available for the Medicare Part B reimbursement. 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.	January 15
Your total retiree health plan premiums are less than your Retiree Medical Grant and you're not currently receiving monthly Medicare Part B reimbursement.	You must submit a copy of your 2025 Medicare premium statement. Look for a Medicare Part B premium statement from the Social Security Administration in mid- to late November.	January 15
You and/or a dependent enroll for the first time in retiree health coverage as a Medicare-eligible individual.	You must provide a copy of your and/or your dependent's Medicare cards and proof of Part B premiums, if applicable.	60 days from the date you provide your Medicare information
You opt into retiree health coverage for the first time and you and/or your dependent is eligible for Medicare.	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).	60 days from the date you provide your Medicare information
You opt into retiree health coverage for the first time and you and/or your dependent is NOT eligible for Medicare.	You must provide proof of continuous health coverage.	30 days from the date of your election

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

ONLINE	US MAIL	OVERNIGHT MAIL	FAX
My OC Benefits at mybenefits.ocgov.com	County of Orange Service Center Dept# 16725 PO Box 64116 The Woodlands, TX 77387-4116	Benefits Service Center MS-55 2701 East Grauwylar Rd Irving, TX 75061-1162	1-224-607-3465

New Medicare Prescription Payment Plan

Beginning in 2025, Medicare is offering the option to pay for prescription drugs in monthly payments throughout the year, instead of paying up front at the pharmacy. This doesn't lower out-of-pocket costs, but rather allows you to spread prescription drug costs over the course of the year.

This program will not make sense for everyone, but it could be particularly helpful to retirees who have higher prescription drug costs (for example, if you're someone who uses multiple, higher-cost, brand-name prescriptions).

How it works:

1. You enroll in the program through your health plan or prescription drug plan (not at the pharmacy).
2. When you go to the pharmacy, you pay nothing.
3. You'll be invoiced each month by your health plan or prescription drug plan.

How to enroll:

Participation is voluntary. You can enroll starting October 15, 2024, and anytime during the year after that. To enroll, contact your health plan or prescription drug plan directly.

Reminder for Split Families

Individuals in a split family can each choose their own plan. Non-Medicare individuals can select from any of the non-Medicare plan options. Medicare-eligible individuals can select from any of the Medicare-eligible plan options. Note: Only one non-Medicare plan and one Medicare plan can be chosen per split family.

To learn about plan options and determine the monthly cost for a split family, go to hrs.ocgov.com/2025OERetirees. You can also find details on **My OC Benefits** at mybenefits.ocgov.com by clicking "Plan Information."

WHAT'S 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 defines this as a "split family."

Sharewell Retiree PPO Participants

Eligible for Medicare but Enrolled in the Non-Medicare Option?

If you have Medicare but you're enrolled in non-Medicare Sharewell, you're missing out on cost savings. To verify your election, call the Benefits Service Center at 1-833-476-2347 or go to **My OC Benefits** at mybenefits.ocgov.com.

As a Medicare participant, you might be enrolled in non-Medicare Sharewell because your or your spouse's Medicare was not in order, you didn't provide a record of your Medicare eligibility, or you lost Medicare due to nonpayment. Please contact Medicare to discuss reinstating your Medicare benefits.

Now's the time to get your Medicare coverage up to date for 2025, so you can change your plan during Open Enrollment for 2025. Please contact the Benefits Service Center once your Medicare benefits are reinstated.

If you don't take action, you'll remain enrolled in the non-Medicare Sharewell Retiree PPO again for 2025, at the non-Medicare rate.

Need to Coordinate with Medicare Part D?

If you have Medicare and you're enrolled in the Sharewell Retiree 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 in to 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. (This card 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 an online or hard copy coordination of benefits claim, along with a copy of your pharmacy receipt, to OptumRx.
- To submit your claim online, go to [optumrx.com](https://www.optumrx.com) (Forms > File a form online). To submit a claim by mail, download a claim form from [optumrx.com](https://www.optumrx.com) (Forms > Download your claim form as a PDF). 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.

ENROLLING IN A NEW MEDICARE ADVANTAGE PLAN FOR 2025?

If you'll be in a new Medicare Advantage plan for 2025, 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 via phone/mail by 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 may be defaulted to a different plan:** 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 premium will be updated to the Medicare rate. However, you won't be able to change your plan until the next Open Enrollment unless you experience a Qualified Life Event.
- **A "split family" will be defaulted:** If you and a dependent have differing Medicare eligibility, you're considered a split family. If you receive a CMS denial, the retiree and all family members will be defaulted into the Sharewell Retiree PPO at the non-Medicare rate.

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

2025 Retiree Health Plan Highlights (Non-Medicare)

Below is a high-level side-by-side comparison of all 2025 plan options. For more details, go to **My OC Benefits** at mybenefits.ocgov.com or call the Member Service Department for the plan you're considering.

Retirees/Dependents Without Medicare

2025 HEALTH PLAN COMPARISON: HMO PLANS			
	Cigna Choice Retiree HMO	Cigna Select Retiree HMO	Kaiser Retiree HMO
Annual Deductible (the amount you pay before plan pays benefits)	None	None	None
Annual Out-of-Pocket Maximum (the most you pay in a year)	\$1,000 individual \$2,000 family	\$750 individual \$1,500 family	\$1,500 individual \$3,000 family
Primary Care Visits	\$20 per visit	\$5 per visit	\$20 per visit
Specialist Visits	\$20 per visit	\$10 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)	Up to 30-day supply: Generic: \$10 Brand: \$30 Nonformulary: \$50 Up to 90-day supply: 2x copays noted above	Up to 30-day supply: Generic: \$10 Brand: \$30 Nonformulary: \$50 Up to 90-day supply: 2x copays noted above	Up to 100-day supply: Generic: \$10 Brand: \$30 Up to 30-day supply: 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	1-800-514-0985 7 days/week, 24 hours a day (closed holidays) my.kp.org/oc

Retirees/Dependents Without Medicare

2025 HEALTH PLAN COMPARISON: PPO PLANS		
	Sharewell Retiree PPO	Wellwise Retiree PPO
Annual Deductible (the amount you pay before plan pays benefits)	Network/Non-network combined: \$5,000 Applies to: Medical and prescription drug claims	Network: \$500 individual \$1,000 family Non-network: \$750 individual \$1,500 family Applies to: Medical claims (not prescription drugs)
Annual Out-of-Pocket Maximum (the most you pay in a year)	Network: \$6,000 family Non-network: \$12,000 family	Network: \$2,500 individual \$5,000 family Non-network: \$5,000 individual \$10,000 family
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: 10% coinsurance after deductible Non-network: 10% coinsurance after deductible; member also pays for charges in excess of usual, reasonable and customary amounts	Network: 10% coinsurance after deductible Non-network: 10% coinsurance after deductible; member also pays for charges in excess of usual, reasonable and customary amounts
Prescription Drugs (other exclusions, limits and requirements set by the plan)	Network only: Through OptumRx 20% coinsurance after deductible with important requirements and considerations (refer to Plan Document and Summary of Benefits and Coverages (SBC))	Network only: Through OptumRx Deductible does not apply Tier 1: 20% coinsurance Tier 2: 25% coinsurance Tier 3: 30% coinsurance
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

2025 Retiree Health Plan Highlights (Medicare Eligible)

Below is a high-level side-by-side comparison of all 2025 plan options. For more details, go to **My OC Benefits** at mybenefits.ocgov.com or call the Member Service Department for the plan you're considering.

Retirees/Dependents With Medicare

2025 HEALTH PLAN COMPARISON: MEDICARE ADVANTAGE PLANS			
	Humana Retiree Medicare PPO	Kaiser Senior Advantage HMO	SCAN Retiree Medicare HMO
Annual Deductible (the amount you pay before plan pays benefits)	None	None	None
Annual Out-of-Pocket Maximum (the most you pay in a year)	Medical: \$3,400 Prescription drugs: \$2,000	Medical: \$1,000 individual Prescription drugs: \$2,000	Medical: \$3,000 Prescription drugs: \$2,000
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 copay per day for days 1 – 5, then covered at 100%	\$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	Up to 100-day supply: 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) 1-800-379-0092 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

Retirees/Dependents With Medicare

2025 HEALTH PLAN COMPARISON: PPO PLANS		
	Sharewell Retiree PPO	Wellwise Retiree Medicare PPO
Annual Deductible (the amount you pay before plan pays benefits)	Network/Non-network combined: \$5,000 Applies to: Medical and prescription drug claims	Network: \$500 individual Non-network: \$750 individual Applies to: Medical claims (not prescription drugs)
Annual Out-of-Pocket Maximum (the most you pay in a year)	Network: \$6,000 family Non-network: \$12,000 family	Network (medical): \$2,500 individual \$5,000 family Network (prescription drugs): \$2,000 individual Non-network (medical): \$5,000 individual \$10,000 family Non-network (prescription drugs): \$2,000 individual
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: 10% coinsurance after deductible Non-network: 10% coinsurance after deductible; member also pays for charges in excess of usual, reasonable and customary amounts	Network: 10% coinsurance after deductible Non-network: 10% coinsurance after deductible; member also pays for charges in excess of usual, reasonable and customary amounts
Prescription Drugs (other exclusions, limits and requirements set by the plan)	Network only: Through OptumRx 20% coinsurance after deductible with important requirements and considerations (refer to Plan Document and one-page summaries)	Network only: Through OptumRx Deductible does not apply Tier 1: 20% coinsurance Tier 2: 25% coinsurance Tier 3: 30% coinsurance
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 1-800-908-9097 optumrx.com



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

[Name]
 [Address1]
 [Address2]



COUNTY OF ORANGE
2025 ANNUAL
OPEN ENROLLMENT
October 16 –
November 5



IMPORTANT DATES

Week of October 1	Open Enrollment Information Page
October 8	Virtual webinar for pre-65 retirees
October 16	First day of Open Enrollment
October 24	In-person Retiree Open Enrollment Fair
November 5	Last day of Open Enrollment
November 6	Look for communication requesting any follow-up items (for example, dependent verification, proof of continuous coverage if opting in for the first time, or Medicare verification)
November 12	Last day to make corrections to elections made during Open Enrollment
January 15	Deadline to submit Medicare reimbursement documentation