



# County of Orange Annual Open Enrollment 2021

October 23 – November 13, 2020

## Mark your calendars!

October 23, 2020, through November 13, 2020, will be Open Enrollment for 2021. If you have moved, notify your agency's Human Resource Services to update your address. This will ensure you receive all the important information regarding Open Enrollment.



## Is This the First Time You Are Accessing the My OC Benefits™ Website?

Go to **My OC Benefits™** through the County's Intranet, IntraOC, using Chrome, Edge or Firefox. No additional password is needed. You can also access **My OC Benefits™** at [mybenefits.ocgov.com](https://mybenefits.ocgov.com). If this is your first time logging in, select "New User?". Enter the last four digits of your Social Security Number (SSN) and your date of birth (MM-DD-YYYY). Next, follow the prompts to create your user ID and password. You can also set up a PIN, which you will use when you call the Benefits Service Center for information or assistance.



- For help with navigating **My OC Benefits™** you can find the Quick Reference Guide on your home page, toward the bottom.

- Now is a good time to set your communication preferences. You can choose to receive important information via either the USPS mail or email. You will have a secure mailbox on [mybenefits.ocgov.com](https://mybenefits.ocgov.com) where you will find follow-up chat or Benefits Service Center responses. These messages are personalized for you. If you have chosen email as your communication preference, you will receive an email whenever you have a message to view. If you change your email address, remember to update it here. Don't miss any important notices!



# What Is New for 2021?

## Health Plan Rates

### HMO Plans

**Cigna Choice and Cigna Select HMO** plan rates for 2021 will be increasing by 4%, which is much lower than the local trend of 6.7%. The Cigna Select HMO is a new plan that was introduced in 2020 and features lower copays for specialty care and an enhanced chiropractic benefit. Employees and their families have the option to select from one of four provider groups. Visit [Cigna.com/CountyofOrange/Enrollment](https://www.cigna.com/CountyofOrange/Enrollment) for more information.

**Kaiser Choice HMO** rates will be increasing by 8.69% driven by an overall 14.8% increase in per member per month claims cost. Inpatient utilization increased by 34.9%. Although this experience is above trend, the County's average claims increase over the last five years is 3.3% versus the health plan's average of 4.8%. For 2021, Kaiser is adding computer lenses to the existing list of progressive lenses covered at no cost.

### PPO Plans

**Sharewell Choice and Wellwise Choice PPO plans:** The overall Wellwise Choice and Sharewell Choice Health Plan 2021 rates will increase by 9% due to a combination of decreasing fund balance, lower than trend rate increases for 2019 and 2020, and higher claims experience in late 2019. Although inpatient utilization increased by 31% and overall claims utilization increased by 13% in early 2020, the impact of the increases were helped by negotiating a new pharmacy benefit management and a claims administration contract estimated to result in a reduction of pharmacy costs and higher rebates of almost \$1.6 million.

For more information on the 2021 health plan rates by plan, including the impact of the County Wellness Program, you can view the documents submitted to the Board for approval on the Employee Benefits website at [www.ocgov.com/gov/hr/eb](https://www.ocgov.com/gov/hr/eb).

## Open Enrollment Packet

This year's Open Enrollment packets will be significantly streamlined compared to previous years'. The packets will contain your solicitation to enroll. If your email is on file, you will receive your solicitation by email. We invite you to go to the Employee Benefits website at [www.ocgov.com/gov/hr/eb](https://www.ocgov.com/gov/hr/eb) as an additional resource, if needed.

Beginning October 7, you can preview your 2021 rates and compare plan options using the Summary of Benefits and Coverage (SBC) by visiting the Prepare to Make Your Benefit Choices page on **My OC Benefits™**. You can also view educational videos that make understanding benefits easier, as well as view the County's Open Enrollment recorded presentation. Prior to the first day of Open Enrollment get a jump start on making sure you take advantage of online tools to compare health plan options and costs, so you and your family have the coverage that you need.

## Extended Benefits Service Center hours:

The Benefits Service Center will offer extended hours during Open Enrollment. Call **1-833-476-2347** between 8 a.m. and 8 p.m. Pacific Time, Monday through Friday. Representatives will be available to answer your questions and/or take your Open Enrollment elections.





# Use Your Open Enrollment Time Wisely:

## Add or Remove a Dependent from Your County Health Coverage

- If you enroll any new dependents, you will receive a New Dependent Verification notice from the Benefits Service Center requesting that you verify your dependents on **My OC Benefits™** and submit required documentation.
- Your deadline to submit all newly added dependent required documentation is December 31, 2020. If you fail to submit your required documentation, your dependent will not be added to your coverage as of January 1, 2021, even if you have already received your ID card(s) from the health plan. There will be no refund for the dependent premiums you pay during the period of ineligibility.

## Before Making a New Health Plan Election

Choosing a new health plan is a big deal. To ensure you are selecting the right plan, you can use these tools to assist you. They are located on the Prepare to Make Your Benefit Choices page.

- **Know what the plans do and do not cover**, as well as how to access services or file claims. All plans have limitations and exclusions, and some plans have prior approval requirements. Review the Summaries of Benefits and Coverage (SBC) for each plan that you are considering. To view the SBCs, select “Plan Documents” on the **My OC Benefits™** home page.
- **Gather some helpful tips** about benefits, view a selection of short videos to gain a bit more insight on relevant benefit topics.
- **Medical Expense Estimator** — Enter data about your anticipated health care usage for next year (doctor visits, prescriptions, etc.), and the tool will estimate your out-of-pocket expenses for the different health plan options.
- **Health Plan Comparison Charts** — Look at the plans side by side, and compare deductibles, copays, coinsurance and more.
- **Find a Doctor** — To find out whether your doctor is in-network, use the Find a Doctor tool.
- If you're on **My OC Benefits™** and can't find the answer you need, just Ask Lisa, your virtual assistant. Look for the green “Need Help?” button at the lower right of every page. Click the button, and Lisa will search a library of frequently asked questions to help you.
- **Still need help?** From the links at the bottom of any page on **My OC Benefits™**, choose “Contact Us,” then “General Information.” From there you'll be able to start a live chat with a Benefits Service Center representative.

Verify your **OC Healthy Steps** to make sure you will be paying the correct biweekly premium in 2021. You can confirm your Wellness status by logging on to the StayWell site at any time. If you have questions about your completion status for your 2021 OC Healthy Steps Wellness Credit or need to file an appeal for your 2021 OC Healthy Steps Wellness Credit, please call the OC Healthy Steps/StayWell HelpLine at **1-800-492-9812**.

If you are filing an appeal, the HelpLine will ask you questions, such as your name (as it appears in the County payroll), Employee ID and reason for your appeal. If it is determined that additional information or documentation is needed for your appeal to be completed, you will be contacted and given instructions on how and where to submit the documentation.

If you do not have documentation verifying that the steps were completed, you must include any extenuating circumstances that prevented you from completing the steps during the designated participation period. Appeals due to extenuating circumstances should include any corresponding documentation necessary to support the extenuating circumstances.

Without either documentation verifying completion or valid extenuating circumstances, the appeal will be denied. Appeals will be accepted through January 12, 2021. Please allow a minimum of two weeks for your appeal to be reviewed.

## Waiving County Health Plan Coverage

Previously, if you had health coverage through another entity, you had the option of electing the Sharewell Choice PPO plan and receiving a credit for doing so. However, sometimes there are coordination of benefits concerns, so we are allowing employees to waive health coverage starting in 2021. You now have the option to waive County health coverage, as long as you have coverage through another plan.

## Understand the Difference Between Electing No Coverage vs. Electing the Sharewell Choice PPO Plan

With Sharewell Choice, the County gives you a payroll credit to be enrolled in this plan, but it's important you understand how coordinating your benefits with other coverage will work.

- If you choose the Sharewell Choice PPO, it would be your primary provider. You would still need to meet the annual deductible before the plan will begin reimbursing for eligible expenses, and you would need to coordinate benefits with your other health plan.
- If you choose to waive County health coverage, your other plan will be your primary provider. That means no need to coordinate benefits and you will only have to meet that plan's deductible, if applicable. Of course, you would miss out on the Sharewell payroll credit, but that might be worth it to you.

If you choose to waive coverage, you will elect "No Coverage" when you enroll.

- You and any currently covered dependents will not have County medical coverage during the plan year. You cannot cover dependents without covering yourself.
- You must attest that you will have other qualifying health coverage as required by the Affordable Care Act (ACA).
- You'll be required to submit proof of other coverage when requested.

**Note:** At next year's Open Enrollment you will be required to re-elect the no coverage option. If you do not, you will be enrolled into a designated County health plan.

For more details about this option, review the Waiving Health Coverage flyer located on the Plan Information page on **My OC Benefits™**.

## Enroll in a Health Care Reimbursement Account (HCRA) for 2021

The annual maximum you can allocate for the year is \$2,750. Please note: You will not be automatically enrolled in HCRA even if you were enrolled in it during the 2020 plan year. You can get some helpful tips by watching the How to Save Money with a Health Care FSA video located on the Prepare to Make Your Benefits Choices page.

- If you are currently enrolled in HCRA and decide to re-enroll in HCRA for the 2021 plan year, keep your HCRA debit card until the expiration date listed on the card.
- If you participated in HCRA or OBP HCRA in 2020 you will be eligible to carry over up to \$550 if you re-enroll in 2021. If you do not re-enroll, you will lose any funds remaining in your account after the 2020 run-out period ends on March 31, 2021.
- If you participate in HCRA and take an unpaid leave of absence, your pre-tax contributions will end, and you will not be able to submit reimbursement claims for services received while you are on leave. If you would like to continue HCRA contributions while you are on leave, you will be invoiced and must pay through post-tax contributions. You will then have access to your HCRA account while on an unpaid leave of absence.
- Please note that if you are on paid leave on January 1, 2021, you will not be eligible for Plan Year 2021 HCRA or OBP HCRA until you return to active status.
- Keep in mind that contributing to both a Health Savings Account (HSA) and a HCRA can result in tax implications; please consult your tax advisor.



## Enroll in a Dependent Care Reimbursement Account (DCRA) for 2021

You can use a DCRA to set aside tax-free money to pay eligible dependent care expenses, such as day care for your child who is age 12 years or younger, or care for an elderly family member. This plan is not designed to reimburse you for your dependent's health care expenses. If you wish to enroll in a DCRA for 2021, the annual maximum you can allocate for the year is \$5,000.00. Please note: You will not be automatically enrolled in DCRA even if you were enrolled in it during the 2020 plan year.

If you participated in DCRA in 2020, you will lose any funds remaining in your account after the 2020 run-out period ends on March 31, 2021.

There is no rollover option for DCRA but you can submit claims for eligible services received during the 2020 plan year up through the end of the run-out period.

If you participate in DCRA and take a leave of absence, IRS guidelines require the County to stop your contributions to the account. If you want to re-enroll when you return from leave, you must elect to do so.

Both HCRA and DCRA are administered by Smart Choice. To access your account(s) you log on to [mybenefits.ocgov.com](https://mybenefits.ocgov.com), and look for your Reimbursement Accounts link.

**Optional Benefit Plan (OBP):** If you are eligible for this County benefit, you will need to make your selection by the last day of Open Enrollment. If you do not make an active election you will receive this benefit as taxable cash lump sum payout on your January 8, 2021, paycheck.

If you have supplemental benefits provided to you by the County of Orange, make sure you review and take the necessary action to make changes to those benefits before the deadline.

## Ready to Make Your 2021 Elections?

You will make your Open Enrollment election through **My OC Benefits™**. Access through IntraOC or use [mybenefits.ocgov.com](https://mybenefits.ocgov.com) with Chrome, Edge or Firefox; download the "UPoint Mobile HR" app; or contact the Benefits Service Center at **1-833-476-2347**. You can speak to a representative Monday through Friday, from 8 a.m. to 8 p.m.

## If You Take No Action ...

You do not need to make any changes, but we recommend that you review your current coverage to make sure you have what you need for you and your family. If you take no action, you will have the same health coverage for 2021 that you have now.

## Confirmation of Benefits

- Print your Confirmation of Benefits after you confirm your elections online. If you are enrolling through the Benefits Service Center, the Confirmation of Benefits will be mailed to you. If you have set your communication preference to email, check your secure mailbox online at [mybenefits.ocgov.com](https://mybenefits.ocgov.com).
- Review your Confirmation of Benefits for accuracy and special Instructions.

## Open Enrollment Correction Period

You will have 12 calendar days from the close of Open Enrollment, from November 14 to November 25, 2020, to report any change to your coverage. If you fail to notify the Benefits Service Center within the correction period, you will be unable to change your elections until the next Open Enrollment or until you experience a QLE. Make sure you check your email or mailbox for any follow-up actions from the Benefits Service Center.

## Address or Phone Number Changing?

It is important to keep your contact information updated. To change your mailing address, you must contact your Agency HRS department.



A man with a beard and tattoos, wearing a black and white striped long-sleeve shirt and grey cargo pants, is pushing a yellow wheelbarrow. A woman with long dark hair, wearing a white t-shirt, blue jeans, and white sneakers, is sitting in the wheelbarrow and smiling. They are in a garden with green plants and pink flowers. In the background, there is a white house with a dark roof and a window.

## A Qualified Life Event and Changing Your Benefits Elections

Generally, you may only change your benefit elections during Open Enrollment. However, you may change your benefit elections during the year if you experience a QLE, such as:

- New family members due to marriage or domestic partnership registration
  - Divorce or other loss of dependent eligibility
    - Birth or adoption
  - Moving outside of your plan's service area
- Any change to your childcare provider/situation that results in a change in cost of 10% or more

Benefit changes that are made due to a QLE during the fourth quarter of 2020 (October, November and December) cannot be made online; instead, you must call the Benefits Service Center to make these changes.

**All QLE changes must be made within 30 days of the event.**



## Important Dates

- October 7, 2020:** “Prepare to Make Your Benefit Choices” page is available
- October 23, 2020:** Open Enrollment begins
- November 13, 2020:** Open Enrollment ends
- November 14-25, 2020:** Correction period: Last chance to make any changes to your coverage
- December 31, 2020:** Dependent documentation due date
- January 1, 2021:** You should receive your new ID card if you elected a new health plan or if you will be enrolled in a Cigna HMO plan for 2021

