

**Personal.  
Connected.  
Accessible.**

**Open Enrollment 2021**



MyOC Benefits™

# About This Presentation



My OC Benefits™

- This is an overview of benefits available to you
- Plan documents and insurance policies for each plan provide detailed, legal information about your coverage
- If there is any difference between this presentation and the plan documents or insurance policies, plan documents and insurance policies will govern

# Agenda

- Open Enrollment 2021
- What's New
- 2021 Health Plan Rates
- OC Healthy Steps Wellness Program
- New Steps for Enrollment
- 2021 Health Plans
- Reimbursement Accounts
- What Else You Should Know



Agenda!

**October 23 – November 13, 2020**  
**Open Enrollment 2021**



MyOC Benefits™

# What is New for 2021?



My OC Benefits™

- You can access **My OC Benefits** through the County's Intranet, **IntraOC**, only using Chrome, Edge or Firefox. You can also log on by using **mybenefits.ocgov.com**
- New **Benefits Service Center** where you can call and get answers to your questions or have a representative take your elections
- **Manage Your Communication Preferences** – Setting your communications preferences, you can be notified by email or having notifications sent to your home address
- **Open Enrollment packages** - Due to the small percentage of actual changes at Open Enrollment and critical budget constraints, we will no longer be printing and mailing an entire Open Enrollment package to all employees at their homes. We will be transitioning this year to limited home mailings, communication via global email, information posted on-line and where the employee updates their communications preferences, to home or email addresses
- **Quick Reference Guide** – Will help you navigate My OC Benefits from your smartphone, tablet or computer

# My OC Benefits



My OC Benefits™

## Take a Tour of My OC Benefits™

### Your Personalized Dashboard

Like the dashboard of your car, everything you need to get you where you need to go starts here.

You're never far from home. Go back any time to start over.

### You've Got Mail

The **My OC Benefits™** Message Center is the place you'll receive alerts and messages about your benefits. To access your private and secure Message Center, click the orange circle at the top right of the home page. The Message Center has two folders:

- **Alerts:** These are action items and reminders sent from the **Benefits Service Center** to you. You'll receive an email at your preferred address when you have an alert to view. Depending on the circumstance, those without an email address may receive an alert by mail. Be sure to update your profile with your preferred email address.
- **Secure Mailbox:** Here's where you'll find follow-up chat or **Benefits Service Center** responses. These messages are personalized for you. If you've chosen email as your communication preference, you'll receive an email whenever you have a message to view.

### All About You

Your personal profile contains your dependent and beneficiary information. Verify that your dependents and beneficiaries, if applicable, are up to date. If not, follow the prompts to add them as needed. You can manage your communication preferences too — postal or electronic mail — as well as update your phone and email address.

### Let's Chat

There are two ways to connect virtually from **My OC Benefits™** with the **Benefits Service Center**. Lisa is your virtual assistant. Lisa is ready to address most common questions, and she has lots of answers. Ask Lisa by clicking the green "Need Help?" button.

If Lisa can't answer your question, you can initiate a live chat with a **Benefits Service Center** representative by selecting "Contact Us" in the lower section of the page. Representatives are available between 8 a.m. and 6 p.m. Pacific Time, Monday through Friday.



Want more than a high-level look? Select either of these.

Carrier plan details, SBCs and more.

Get all the details about your health plan coverage.

### Life Changes

If you have a **Qualified Life Event** or **QLE** (e.g., you get married, have a baby or adopt a child), select the "Life Changes" link on the home page. You'll be guided to enter any necessary information. Once you have, you can submit your changes. You can make changes at any time during the year as long as it's within 30 days of the QLE, with some exceptions. You can make any other changes to your coverage during the County of Orange Open Enrollment period held each fall.



**Please note:** This is just an example of what you might see on your **My OC Benefits™** home page. Retirees can see a sample of their home page on the next page. The information you see on the site is particular to you, including your current coverage and whether you're a County employee, a retiree or covered under COBRA.



Quick Reference Guide, located at the bottom of the home screen



Your Defined  
Contribution Plan

Save For Your Future (County of  
Orange Defined Contribution Plan)



Taking a Leave of  
Absence?

View a Helpful Checklist

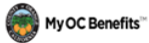


Quick Reference Guide

Learn About My OC Benefits™



## Setting Your Communication Preferences



Health & Insurance ▾ Life Changes

### Manage Communications

Choose how you want to be contacted about your benefits. For the fastest service, consider email and text messaging.

#### Preferred Contact Information

Text <sup>1</sup>	-Not on File-	<a href="#">Change</a>
Email	Jane.Doe@alight.com	<a href="#">Change</a>
Postal Mail	101 Main Street Villa Park, CA 92861 United States of America	<a href="#">Change</a>

#### Delivery Preference

You can choose to receive information by email, postal mail, or text messaging.

Communication	Delivery	
<b>Benefits Information</b> <ul style="list-style-type: none"><li>Timely notifications</li><li>Confirmations</li><li>Plan information and account statements</li></ul>	Email	<a href="#">Change</a>

**Delivery Preference**  
See why you might c  
delivery or postal m

[Learn More](#)

## Delivery Preference

You can choose to receive information by email or postal mail.

Communication

Delivery

#### Benefits Information

- Timely notifications
- Confirmations
- Plan information and account statements

Email

Postal Mail

[Complete List](#)

**Note:** Some information may still be delivered by postal mail.





# What is New for 2021?



My OC Benefits™

- Visit My OC Benefits starting October 7 to view the Prepare to Make Your Benefits Choices page
  - Check health plan rates, Summary of Benefits and Coverages (SBC's), compare health plans, access online tools
  - Plan Information page – review helpful plan resources
    - What to Know Guide
    - Waiving Health Coverage
  - Review the 2021 Open Enrollment presentation
  - View short educational videos that make understanding benefits easier
- You can elect to “Waive” your health coverage for 2021

# My OC Benefits



My OC Benefits™

Prepare to make your benefit choices.

Open Enrollment begins October 23, 2020.

Prepare before you enroll





## Prepare to Make Your Benefits Choices page

### Get Ready to Enroll

Come back to enroll between Oct 23–Nov 13, 2020

Jane Doe , Open Enrollment is just around the corner.



#### Learn About Your Benefits

See information on all your offered plans.

[Learn More](#)



#### You can choose to waive your Health Plan

Read what you need to know before making this choice.

[Read before you waive](#)



#### Reminder - Save Money with a Health Care Reimbursement Account

Learn how to pay for eligible health expenses on a before tax-basis to reduce your taxable income.

[How to save money](#)

### Review Your Benefit Options

- Review your current benefits.
- Compare the health plans available to you.
- Consider enrolling in HCRA/DCRA.
- If eligible, think about your OBP options.

[Compare Plans](#)



# Open Enrollment 2021



My OC Benefits™

- During Open Enrollment can you:
  - Change your benefits coverage
  - Add and/or remove dependents
  - Enroll in Reimbursement Accounts for 2021
    - For 2021 you can contribute \$2,750.00 to HCRA
    - HCRA Rollover amount increased to \$550 if you re-enroll

# Open Enrollment 2021



My OC Benefits™

## Health Plan Rates for 2021...

- Cigna Choice and Select HMO plans will be increasing by 4% percent which is much lower than local trend of 6.7%
- Kaiser 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%
- Both 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



## OC Healthy Steps Credit

- If you completed your 2 Steps between June 1, 2020 and August 21, 2020:
  - Wellness Credit will apply to biweekly payroll deduction effective January 1, 2021
  - Go to the StayWell website to verify your wellness credit. If you feel this is not correct, speak to StayWell directly for assistance
  - Appeals will be accepted through January 12, 2021. Without either documentation verifying completion or valid extenuating circumstances, the appeal will be denied

# New Steps for Enrollment



My OC Benefits™



**mybenefits.ocgov.com**

**Make your elections**

October 23 through November 13, 2020

# Benefit Center – Your Source for Open Enrollment



My OC Benefits™

## My OC Benefits™

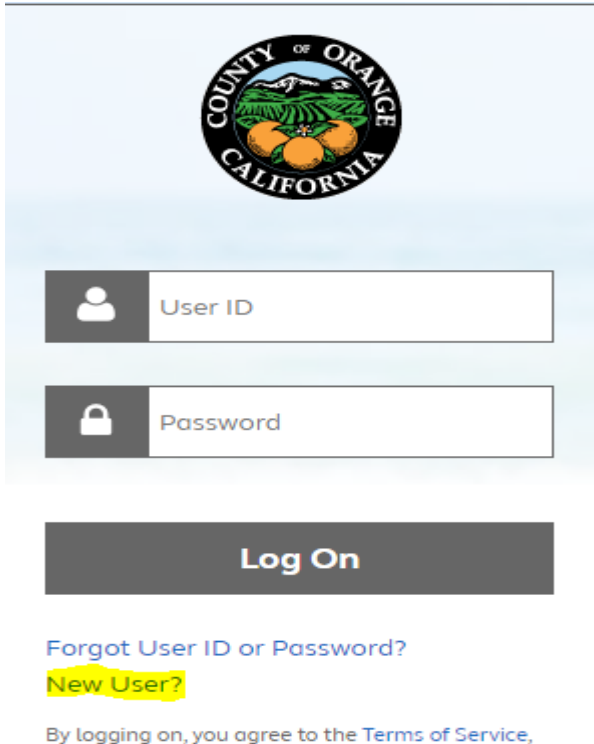
- Employees logging in at work can select the “**My OC Benefits™**” link on **IntraOC**. If this is your first time using this single sign on, you are not required to do anything else
- **First Time logging in to My OC Benefits™?**
  - At the login page, select “New User?” Enter the last four digits of your Social Security Number (SSN) and your date of birth (mm-dd-yyyy)
  - Next, follow the prompts to create your user ID and password. You can also set up a PIN to use when you call the Benefits Service Center for information or to help you enroll
  - Go to [mybenefits.ocgov.com](https://mybenefits.ocgov.com) from anywhere you have Internet access. Remember only using Chrome, Edge or Firefox. Enter your user ID and password, and you’re in!



# Benefit Center – Your Source for Open Enrollment



My OC Benefits™

A screenshot of the My OC Benefits login page. At the top center is the County of Orange logo. Below it are two input fields: "User ID" with a person icon and "Password" with a lock icon. A dark grey "Log On" button is positioned below the fields. Underneath the button, there is a link for "Forgot User ID or Password?" and a link for "New User?". At the bottom, a small text line reads "By logging on, you agree to the Terms of Service,".

- At the login page, 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 to help you enroll.

# Benefit Center – Your Source for Open Enrollment



My OC Benefits™

There are two additional ways to connect virtually from **My OC Benefits™ Benefits Service Center**

- “Lisa” is your virtual assistant. Lisa is ready to address most common questions, and she has lots of answers. Ask Lisa by clicking the green **“Need Help?”** button in the lower right corner of your screen
- If Lisa can’t answer your question, you can initiate a live chat with a Benefits Service Center representative by selecting “Contact Us” in the lower section of your screen. Representatives are available between 8 a.m. and 8 p.m. only during Open Enrollment Pacific Time, Monday through Friday PT. Normal business hours are 8 a.m. to 6 p.m. PT
- Go paperless: Register your email for your Secure Mailbox and mobile phone for text messaging



## Benefits Service Center

- Call 1-833-476-2347 and be ready with the PIN you created when you first logged in to **My OC Benefits™** or when you called the **Benefits Service Center** the first time
- Representatives are available from 8 a.m. to 6 p.m. Monday through Friday PT
  - During Open Enrollment hours are extended to 8 p.m.
- If there's a wait, you can schedule a call-back at a time convenient for you

## Accessing your benefits on the go with the **Mobile App**

- To access **My OC Benefits™**, go to your favorite app store, search for "Upoint Mobile HR," and download the app. For final set up, refer to the Quick Reference Guide

# Added a New Dependent?



My OC Benefits™

If you add a new dependent and you do not meet the deadline of December 31, 2020 to provide all required documents:

- Dependents will not be on your coverage as of **January 1, 2021** even if you have received a health plan ID card
- Dependent **cannot** be enrolled until next Open Enrollment except for Qualified Life Event
- There will be no refund of the dependent premiums you pay during the period of ineligibility
- You must pay for any medical expenses for dependents not covered as of January 1, 2021



## County Couples - Employee Married to Employee (EME)

As part of our ongoing administration and to comply with plan, MOU, and IRS requirements to only cover eligible dependents, all County Couple's will be required to do an annual attestation that they are still legally married and provide updated documentation if requested.

- To enroll for the first time as a County Couple, both employees must enroll by either speaking to a representative at the Benefits Service Center or you can both enroll on **My OC Benefits**
- Any change to existing County Couple arrangement, switching or dissolving would be completed by a representative only
- Any dependent added to an account where the dependent is a current County dependent (two County employees not enrolled as County Couple) – can be process online or by a representative

# County Couples



My OC Benefits™

- If you missed completing the County Couples, (EME) Attestation that was prior to Open Enrollment, you can complete the County Couples process during Open Enrollment
  - If both employees do not complete the attestation during Open Enrollment on or before November 13, 2020 and do not provide the requested documentation by December 31, 2021 you and your spouse will be enrolled in separate plans for the plan year 2021
- If you need assistance, look for the County Couples flyer located online on the Plan Information page
- You both can call the Benefits Service Center and have a representative assistance you

# 2021 Health Plan Options



MyOC Benefits™

# Waive Health Coverage Option



My OC Benefits™

You can **waive** County health coverage effective January 1, 2021

- You must **complete** an attestation that you will maintain continuous health coverage when not enrolled in a County plan
- You will be sent a solicitation to provide proof of your other coverage

Things to Consider:

- You can enroll in Sharewell Choice and coordinate your benefits with other coverage you may have. Your Sharewell plan is your primary coverage and you will be eligible for the biweekly payroll credit
- You can waive County health coverage and your other coverage will be primary. You will not be eligible for the biweekly payroll credit



# Waive Health Coverage Option



My OC Benefits™

You may enroll back into County health coverage:

- At the next Open Enrollment
- If or when you experience a Qualified Life event, QLE that will allow such a change

**Note:** It will be your responsibility to re-elect “Waive” coverage for the upcoming plan year during each Open Enrollment period

- If you do not make an election or actively waive your coverage, you will be automatically enrolled in a County health plan:
  - Full time – enrolled in Wellwise Choice PPO employee only
  - Part time – enrolled in Sharewell Choice PPO employee only

# Wellwise Choice & Sharewell Choice PPO Plan Highlights



My OC Benefits™

- Medical claims administered by Blue Shield of California with pharmacy claims administered by OptumRx
- Member pays annual deductible, then coinsurance for covered services
- Pays benefits according to County's Health Plan Documents (365-day claims filing limit)
- Issues Explanations of Benefits (EOB), ID cards Annual deductible, coinsurance
- Pre-certification required for scheduled hospitalizations
- Covered urgent and emergency care while traveling

# Wellwise Choice & Sharewell Choice PPO Plan Highlights



My OC Benefits™

Access to Blue Shield's largest provider network and the flexibility to choose any doctor or specialist.

- **PPO network:** [www.blueshieldca.com/oc](http://www.blueshieldca.com/oc)
- Providers Outside of the USA call BlueCard Access at (800) 810-BLUE (2583)
- Visit any physician or hospital in the PPO network, or go outside the network for a higher share of cost

# Wellwise Choice & Sharewell Choice PPO Plan Highlights



My OC Benefits™

## Out of Network Medical Claims

- The PLAN pays seventy percent (70%) of the Usual, Reasonable and Customary (URC) amount (after the Non-Network Deductible).
- The Covered Person pays:
  - The Non-Network Deductible, plus...
  - 30% of the URC amount, plus...
  - Any amounts the Non-Network provider charges that exceed URC
- Any amounts over the URC amount do not apply to the annual deductible or out of pocket maximum
- URC is the maximum charge that the PLAN will reimburse for an eligible medical care expense received from a Non-Network Provider.
- URC is determined from a collective data base of actual charges in the geographical area in which the services are delivered.

**PPO network:** [www.blueshieldca.com/oc](http://www.blueshieldca.com/oc)

# Wellwise Choice & Sharewell Choice PPO Plan Highlights



My OC Benefits™

- Provides case management and disease management programs
- NurseHelp 24/7
- Teladoc 24/7 phone/video doctor visits for low coinsurance once deductible is met
- Heal™ doctor house calls on-demand
- Access to retail health clinics (CVS Minute Clinics)
- Digitally enabled wellness programs and member support, including treatment cost estimator

# Wellwise Choice PPO Plan Coverage



My OC Benefits™

Amounts shown are what YOU pay.

Medical Expense Benefits	In-Network	Out-of-Network**
Annual Deductible (Individual/Family)*	\$500/\$1,000	\$750/\$1,500
Annual Out-of-Pocket Maximum (Individual/Family)	\$2,500/\$5,000	\$5,000/\$10,000
	Premiums/balanced-billed charges/not covered health care do not apply towards maximum	
Primary Care Office Visit	10% coinsurance	30% coinsurance
Specialist Office Visit (no referrals required)	10% coinsurance	30% coinsurance
Preventive Care	No charge: Plan pays 100%	Plan pays 100% of usual, reasonable, and customary amount

# Wellwise Choice PPO Plan Coverage cont.



My OC Benefits™

Amounts shown are what YOU pay.

Medical Expense Benefits	In-Network	Out-of-Network**
<b>Hospitalization</b>	(Pre-certification required for scheduled admission)	
– Physician and Surgical Services	10% coinsurance	30% coinsurance
– Semi-private Room & Board	10% coinsurance	30% coinsurance
<b>Emergency Room Visit</b>		
– Facility Charge/ Physician Services	10% coinsurance	10% coinsurance (Must meet definition of “Emergency Service”; otherwise 30%)
<b>Amounts shown are what YOU pay.</b>	<b>**Members are responsible for charges above the allowed amount for any out of network services, including but not limited to out of network physician at in-network facility and emergency room physicians</b> Open Enrollment 2021	

# Sharewell Choice PPO Plan Coverage



My OC Benefits™

Amounts shown are what YOU pay.

	In-Network	Out-of-Network
<b>Annual Family Deductible</b>	\$5,000	\$5,000
<b>Annual Out-of-Pocket Maximum</b>	\$6,000	\$12,000
	Premiums/balanced-billed charges/not covered health care do not apply towards maximum	
<b>Primary Care Office Visit</b>	10% coinsurance	30% coinsurance
<b>Specialist Office Visit</b> (no referrals required)	10% coinsurance	30% coinsurance
<b>Preventive Care</b>	No charge: Plan pays 100%	Plan pays 100% of usual, reasonable, and customary amount
<b>Hospitalization</b>	(Pre-certification required for scheduled admission)	
– Physician and Surgical Services	10% coinsurance	30% coinsurance
– Semi-private Room & Board	10% coinsurance	30% coinsurance
<b>Emergency Room Visit</b>		
– Facility Charge/Physician Services	10% coinsurance	10% coinsurance (Must meet definition of “Emergency Service”; otherwise 30%)

**Important Notes:** The Sharewell PPO has a payroll premium credit instead of a deduction. If you enroll in this plan because you have other coverage and lose that coverage during the plan year, you cannot change health plans until the next Open Enrollment period or if you experience a QLE.



# Wellwise Choice & Sharewell Choice Pharmacy Benefit Program



My OC Benefits™

- Administered by OptumRx
- Must use network retail pharmacies or mail-order program
- Locate network pharmacies on the website or by calling customer service
- Use your medical ID card at any network pharmacy
- Participant will pay extra cost (cost differential) when they choose a brand-name drug when a generic equivalent exists
- Drugs listed on the formulary are covered, exclusions do apply

# Wellwise Choice & Sharewell Choice Pharmacy Benefits



My OC Benefits™

## Covered Medications

- A Formulary is a list of drugs covered by the Plan and can be found on the OptumRx website
- The Formulary plan is designed to garner cost savings to members by encouraging use of clinically appropriate, less expensive products
- Some products are excluded and therefore not be covered by the plan at all. Every therapeutic class (condition) will have a clinically effective covered medication available
- Excluded products may include:
  - High cost brand name drugs with generic alternatives
  - High cost generic drugs with lower cost alternatives
  - Non-FDA approved products
  - High cost pain patches and creams
  - Products with questionable effectiveness
  - Compound kits/bulk chemicals
- If you or your prescriber believe that it is Medically Necessary for you to take the excluded product, a Prior Authorization request can be submitted to OptumRx for consideration

# Sharewell Choice & Wellwise Choice Pharmacy Benefits



My OC Benefits™

## Pharmacy Utilization Management Programs

- Step Therapy Edits apply to certain medications
  - Trying a less expensive alternative before a more expensive medication can be covered
- Prior Authorization will be required for certain medications
  - Getting the plan's approval before a medication can be covered
  - This ensures safety & appropriate use of medications
- Quantity limits will apply to certain medications
  - Based on FDA & manufacturer dosing recommendations
  - Ensures safety & appropriate use of medications

# Wellwise Choice & Sharewell Choice Pharmacy Benefit Program



My OC Benefits™

## Brand-Name Drugs with Generic Equivalents

You are not required to use a generic. However, if you choose to use a brand-name drug when a generic equivalent is available, you could pay significantly more, including the difference in cost between the generic and brand-name. This cost differential is not applied towards the Out of Pocket Limit and is not an eligible covered cost of the Plan.

### Pricing Example for 3-month supply (actual pricing will vary):

	Generic drug	Brand-name drug
Total Drug Cost:	\$25	\$100
Cost Differential:	-	\$75 (\$100 brand name cost minus \$25 generic cost)
Plan Pays:	\$20	\$20
You Pay:	\$5 (20% of generic cost)	\$80 (20% of generic cost [\$5] <i>plus</i> cost differential [\$75])

# Wellwise Choice Pharmacy Benefits



My OC Benefits™

- Members have a separate **pharmacy-only** annual Out of Pocket limit of: \$4,100/\$8,200 (Individual/Family)
- Members must use a participating in-network pharmacy for point of sale claims<sup>1</sup>

	In-Network	Out-of-Network
<b>Prescription Drugs</b>	Coinsurance	
Tier 1 – mostly Generic	20%	Not covered
Tier 2 - Preferred brand <sup>2</sup>	25%	Not covered
Tier 3 - Non-preferred brand <sup>2</sup>	30%	Not covered
Specialty Medications <sup>2</sup>	Applicable coinsurance above, with \$150 maximum per month	Not covered

<sup>1</sup> All paper claim requests including out-of-network and foreign claims are subject to the formulary, utilization management rules and the guidelines set forth in County of Orange's plan documents.

<sup>2</sup>Participant also pays extra cost (cost differential) when they choose a brand-name drug when a generic equivalent exists.

# Sharewell Choice Pharmacy Benefits



My OC Benefits™

- Members must use a participating in-network pharmacy for point of sale claims<sup>1</sup>
- Members must use the OptumRx Specialty Pharmacy. Specialty medications filled at a network retail pharmacy will not be covered

<b>Prescription Drugs</b>	<b>In-Network Member's Coinsurance</b>	<b>Out-of-Network</b>
Tier 1 – Mostly generic	20%, after \$5,000 deductible	Not covered
Tier 2 – Preferred Brand <sup>2</sup>	20%, after \$5,000 deductible	Not covered
Tier 3 – Non-Preferred Brand <sup>2</sup>	20%, after \$5,000 deductible	Not covered
Specialty Medications <sup>2</sup>	20%, after \$5,000 deductible	Not covered

<sup>1</sup> All paper claim requests including out-of-network and foreign claims are subject to the formulary, utilization management rules and the guidelines set forth in County of Orange's plan documents

<sup>2</sup> Participant also pays extra cost (cost differential) when they choose a brand-name drug when a generic equivalent exists.



## Important Medicare Information for Sharewell Members

*If you or your covered dependent is age 65 or older, or otherwise eligible for Medicare...*

- The Sharewell Choice PPO health plan is non-creditable
- You have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage
- You should consider enrolling in a Medicare Pt D plan to provide you that extra pharmacy coverage and to avoid penalties when you do retire

# Sharewell & Wellwise Choice PPO Plan Contact Information



My OC Benefits™

## Medical Claims Administrator Blue Shield of California

### Current and Prospective:

1-888-235-1767

[www.blueshieldca.com/oc](http://www.blueshieldca.com/oc)

## Pharmacy Claims Administrator OptumRx

### Current Members:

1-800-573-3583

[www.optumrx.com](http://www.optumrx.com)

### Prospective Members:

1-844-880-0759

[https://www.optumrx.com/oe\\_countyoforange/landing](https://www.optumrx.com/oe_countyoforange/landing)



# Cigna Choice, Cigna Select & Kaiser Choice HMO Plans Highlights



My OC Benefits™

- Must receive all health care services from HMO providers (except in emergency)
- Preventive care at no cost
- Copayments only – no deductible or coinsurance
- No claim forms to file
- Managed care programs

# HMO Comparison Chart



	Cigna Select HMO	Cigna Choice HMO	Kaiser Choice HMO
Service Providers	<ul style="list-style-type: none"> <li>HealthCare Partners in Los Angeles County</li> <li>St. Joseph Hoag Health in Orange County</li> <li>Scripps Health in San Diego County</li> <li>PrimeCare in Riverside and San Bernardino counties</li> </ul>	Contractual arrangements with medical groups/private practice physicians/ hospitals	Kaiser-owned health facilities Kaiser physicians/specialists/hospitals
Vision	Limited vision plan through Cigna Vision Plan	Limited vision plan through Cigna Vision Plan	Limited vision plan through Kaiser
Prescription Coverage	Generic: \$10 co-pay/ prescription (30 days)	Generic: \$10 co-pay/ prescription (30 days)	Generic: \$10 co-pay/ prescription for 1 to 100 days
	Preferred brand: \$30 co-pay per prescription (30 days)	Preferred brand: \$30 co-pay per prescription (30 days)	Preferred brand: \$30/prescription for 1 to 100 days
Mail-order Drug Program (Maintenance Rx)	Up to 90 day supply: 2x co-pay	Up to 90 day supply: 2x co-pay	Up to 100 day supply: Normal co-pay

# HMO Comparison Chart



My OC Benefits™

	Cigna Select HMO	Cigna Choice HMO	Kaiser Choice HMO
<b>Annual Deductible</b>	\$0	\$0	\$0
<b>Annual Out-of-Pocket Maximum</b> (Individual/Family)	\$750/\$1,500 Premiums/balanced-billed charges/ health care that is not covered doesn't apply towards maximum	\$1,000/\$2,000 Premiums/balanced-billed charges/ health care that is not covered doesn't apply towards maximum	\$1,500/\$3,000 Premiums/balanced-billed charges/ health care that is not covered doesn't apply towards maximum
<b>Primary Care Office Visit</b>	\$5 copay/visit	\$20 copay/visit	\$20 copay/visit
<b>Specialist Office Visit</b> (referrals required)	\$10 copay/visit	\$20 copay/visit	\$20 copay/visit
<b>Preventive Care</b>	No charge: Plan pays 100%	No charge: Plan pays 100%	No charge: Plan pays 100%
<b>Hospitalization</b>			
– Physician and Surgical Services	No charge: Plan pays 100%	No charge: Plan pays 100%	No charge: Plan pays 100%
– Semi-private Room & Board	\$100 copay/admission	\$100 copay/admission	\$100 copay/admission
<b>Emergency Room Visit</b>			
– Emergency Transportation	No charge: Plan pays 100%	No charge: Plan pays 100%	No charge: Plan pays 100%
– Emergency Room Services	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted)	\$50 per visit

# Chiropractic Care for HMO Plans



My OC Benefits™

Provided through American Specialty Health Plans (ASHP)

- Over 1,800 credentialed chiropractors
- Must see ASHP provider for coverage
- Call provider directly to schedule appointment
- Cigna Choice and Kaiser Choice
  - Pay a \$15 copay for each visit; up to 30 visits per year
- Cigna Select
  - Pay a \$10 copay for each visit; unlimited visits
- For directory, call **1-800-678-9133** or visit ASHP website:  
[www.ashcompanies.com](http://www.ashcompanies.com)

# Summary of Benefits and Coverage (SBC)



My OC Benefits™

SBCs = Summary of health plan coverage, limitations and exclusions

- Easily compare health plan benefits
- You received an SBC of the plan you are currently enrolled in
- For SBCs for other County health plans:
  - Download from Plan Information Page on **My OC Benefits™**
  - Download from Employee Benefits website

# Reimbursement Accounts



My OC Benefits™

## Health Care and Dependent Care Reimbursement Accounts



# Overview of Reimbursement Accounts



My OC Benefits™

- Use for eligible health care or dependent day care expenses
  - Health Care Reimbursement Account (HCRA)
  - Dependent Care Reimbursement Account (DCRA)
- Contribute to accounts bi-weekly, tax free
- Use funds in DCRA accounts by year-end or lose them
- HCRA annual maximum limit increased to \$2,750 for 2021
- HCRA allows \$550 roll-over to next plan year
- To participate, **must enroll for 2021** during OE
- Administered by Smart Choice
- Access the Smart Choice website through **My OC Benefits™**

# Overview of Reimbursement Accounts



My OC Benefits™

Sign into your benefits account at: [mybenefits.ocgov.com](https://mybenefits.ocgov.com)

- Select “Reimbursement Accounts” in the top center of the home page:



- Once you enter your Smart-Choice Account, you can view your account balance, submit and view claim status, validate eligible expenses, set up direct deposit and establish your notification preferences. You can also find helpful tools, updates, and information for account management



# How Much You Can Contribute



My OC Benefits™

	Health Care Reimbursement Account (HCRA)	Dependent Care Reimbursement Account (DCRA)
Minimum Contribution	\$1 per pay period (\$26 Annually)	\$1 per pay period (\$26 Annually)
Annual Maximum Contribution	<b>\$2,750</b>	\$5,000 (single or married filing joint tax returns)  \$2,500 (married filing separate tax returns)
Rollover limit	<b>\$550</b> rollover from one plan year to the next (no impact on next year's maximum)	N/A (expenses must incurred before Dec. 31)

# Health Care Reimbursement Account



My OC Benefits™

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 elect HCRA for plan year 2021 and separate from the County for any reason prior to December 31, 2021:

- You will forfeit any unused reimbursement funds still available at the time of separation unless you elect HCRA through COBRA.
- If you do not take COBRA you can only file claims up through your last day of employment.
- If you participate in HCRA take an unpaid leave of absence, your pre-tax contributions will end and you will not be able to submit reimbursement claims 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 unpaid leave of absence.

# Eligible/Ineligible HCRA Expenses



My OC Benefits™

## Eligible Expenses

- Health plan deductibles, copays
- Expenses above health plan limits
- Non-covered medical, dental, vision, prescription drug expenses
- Smoking-cessation programs/drugs
- Orthodontia
- Eyeglasses, contact lenses
- Chiropractic care

## Ineligible Expenses

- Over-the-counter drugs used to treat health condition or relieve pain, unless prescribed by doctor
- Health club dues
- Cosmetic surgery, unless medically necessary
- Cosmetic dental procedures (e.g., teeth whitening)
- Wages for household help, even if necessary or recommended due to physical limitations



## Eligible health care expenses:

- HCRA debit card
  - Will make using HCRA easier, more convenient
  - If first time electing, will receive card before January 1, 2021
  - If currently enrolled in HCRA and plan to re-enroll, keep using your HCRA debit card up through the expiration date on the card
  - No waiting for reimbursement
  - **Keep receipts**

# Dependent Care Reimbursement Account



My OC Benefits™

## Important points to consider:

- If you participate in DCRA, remember any change to your childcare provider/situation that results in a change in cost of 10% or more is a Qualifying Life Event
- If you participate in DCRA and take a leave of absence, IRS guidelines require the County to stop your contributions to the account, unless you provide certification of your own disability. If you want to re-enroll when you return from leave, you must elect to do so
- As you plan how much to contribute, keep in mind that services for a dependent child's care are reimbursable until his or her 13th birthday. However, you may submit reimbursement claims for allowable services through the end of the year. Your child's 13th birthday is not a QLE that will allow you to change your election mid-year

# Eligible/Ineligible DCRA Expenses



My OC Benefits™

## Eligible Expenses

- Care required so you and spouse can work or attend school full-time
- Childcare (age 12 or younger)
- Care for elderly parents or other dependents incapable of self-care who live with you and qualify as dependents
- Care at nursery school or dependent care center

## Ineligible Expenses

- Expenses claimed for Federal Child Care Tax Credit
- Amounts paid for food or schooling that are not for necessary care
- Overnight camps
- Care provided by your spouse, relative you can claim as a dependent, or child under age 19
- Transportation to/from care location

# Things To Consider Before Choosing a Reimbursement Account



My OC Benefits™

What will your health and dependent care **out-of-pocket expenses** be this year? What about next year?

What's best for you:  
**Dependent Care Reimbursement Account or Tax Credit?**

**Retiring** next year?

Can only file for expenses incurred up to your last day of work

You must re-enroll in HCRA for 2021 or you will forfeit any funds left over in 2020 account

# IRS Restrictions on Reimbursement Accounts



My OC Benefits™

- Contributing to both an HSA and HCRA can result in tax implications, please consult your tax advisor
- DCRA funds **cannot** be used for health care expenses, and vice versa
- Funds **cannot** be transferred between HCRA and DCRA, and vice versa
- Contributions can't be changed mid-year, except for Qualified Life Events





- What Else You Should Know

# Open Enrollment Reminders



My OC Benefits™

If you experience a Qualified Life Event before December 31, 2020:

- If you experience a QLE, birth of child, marriage or divorce, you can review handy checklists found on **My OC Benefits™**. Click on “Life Changes”, located on the home page
- You will be required to make separate elections to reflect this QLE for the remainder of your 2020 coverage and/or for your 2021 coverage
- To make elections for 2020 and/or 2021, you can go online or by contacting the **Benefits Service Center** and speak to a representative
- Please remember, if adding a newly eligible dependent(s), you have 60 days from the date of your QLE to submit your dependent verification required documentation

# Open Enrollment Reminders



My OC Benefits™

- Open Enrollment closes on Friday, November 13, 2020.
  - After Open Enrollment closes, you will see your elections in Future Coverage, or the Confirmation of Benefits you printed out or had emailed to you. If that coverage is still not what you need, you will have from November 14 through November 25, 2020 to make any corrections
- 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
- If you are eligible to receive the County provided Optional Benefit Plan and you do not make an election to allocate the funds, you will receive the taxable cash lump sum on January 8, 2021

# Open Enrollment Reminders



My OC Benefits™

- If adding a newly eligible dependent(s) during Open Enrollment, submit required documentation on or before **December 31, 2020**
  - Without required documentation, dependent(s) will not be covered in 2021
- Remember to log on to **mybenefits.ocgov.com** to set your Communication preferences, to receive important information via the USPS or email. You will have a secure mailbox 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'll receive an email whenever you have a message to view
- Keep your address Current: To update your mailing address contact your Human Resource Services Agency



- Quick Reference Guide
- What to Know Guide
- Dependent Eligibility Definitions and Required Documents flyer
- 2021 Health Plan Rates
- Waiving County Health Coverage Flyer
- County Couples Flyer
- Leave of Absence Checklist
- Summary of Benefits and Coverage (SBC)
- Notice of Privacy Practices
- Creditable and Non-Creditable Coverage letter

# Health Plan ID Cards



My OC Benefits™

- If you choose a new health plan for 2021 or will be enrolled in one of the Cigna HMO plans, you will receive a new health plan ID card
- Your new ID card will be mailed to your home before January 1, 2021
- If you don't receive card, contact the health plan
- Contact Benefits Service Center if you need coverage verification



# Benefits Center: Your Source for Open Enrollment



My OC Benefits™

Online: **My OC Benefits™**

at **mybenefits.ocgov.com** or County of Orange Intranet, **IntraOC**

Benefits Service Center:

Call **1-833-476-2347**, 8 a.m. to 6 p.m. PT, M – F, except holidays

- Only during Open Enrollment reps are available 8 a.m. - 8 p.m. PT, M-F



Visit [www.ocgov.com/gov/hr/eb](http://www.ocgov.com/gov/hr/eb) for:

- General County of Orange benefits information
- Webinar link to learn more about Open Enrollment
- 2021 health plan rates
- What to Know Guide
- Summary of Benefits and Coverage (SBC)
- County Open Enrollment communications
- Health plan contact information
- OC Healthy Steps information



# Other Contact Information



My OC Benefits™

Benefit	Provider	Online	By Phone
Benefits Center Administration		<a href="https://mybenefits.ocgov.com">mybenefits.ocgov.com</a>	<b>1-833-476-2347</b>
Employee Benefits		<a href="https://www.ocgov.com/gov/hr/eb">www.ocgov.com/gov/hr/eb</a>	<b>1-714-834-6282</b>
Wellwise Choice PPO & Sharewell Choice PPO	Blue Shield of California	<a href="https://www.blueshieldca.com/oc">www.blueshieldca.com/oc</a>	<b>1-888-235-1767</b>
Prescription Drugs (Wellwise & Sharewell Choice PPO)	OptumRx	<a href="https://www.optumrx.com">www.optumrx.com</a>	<b>1-800-573-3583</b>
Kaiser Choice HMO	Kaiser	<a href="https://www.kp.org/ca/oc">www.kp.org/ca/oc</a>	<b>1-800-464-4000</b>
Chiropractic Care	ASHP	<a href="https://www.ashcompanies.com">www.ashcompanies.com</a>	<b>1-800-678-9133</b>
Cigna Choice & Cigna Select HMO	Cigna	<a href="https://www.cigna.com/countyoforange">www.cigna.com/countyoforange</a>	<b>1-800-244-6224</b>
Reimbursement Accounts	Smart Choice	<a href="https://mybenefits.ocgov.com">mybenefits.ocgov.com</a>	<b>1-833-476-2347</b>

# Questions?



My OC Benefits™

If you have any questions and need assistance you can log on to the My OC Benefits at [mybenefits.ocgov.com](https://mybenefits.ocgov.com) or call the Benefits Service Center toll-free at 1-833-476-2347 a representative will assist you