

**Medical Plans
for County of
Orange
Employees
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
- Your 2021 Plan Options
 - Blue Shield
 - Optum
- Wellness Break
 - Kaiser
 - Cigna
- Wellness Break
- Questions



Agenda!

October 23 – November 13, 2020
Open Enrollment 2021



MyOC Benefits™

Open Enrollment 2021



My OC Benefits™

- During Open Enrollment you can:
 - 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



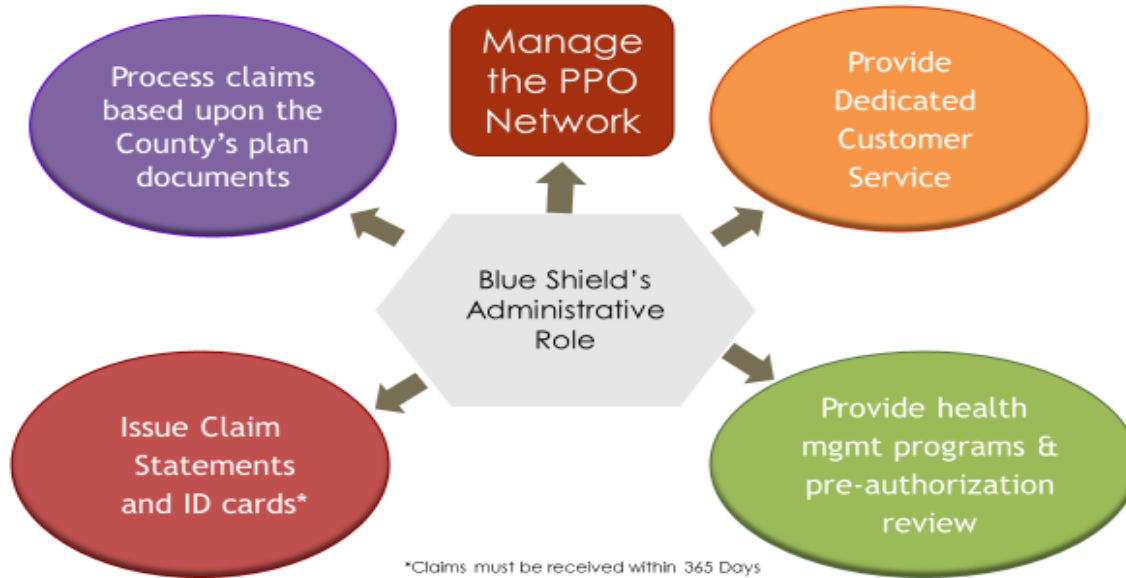
blue of california

Open Enrollment 2021
County of Orange

Blue Shield- PPO Plan Administrator



My OC Benefits™





Traveling, or reside outside of California?



Coverage outside of California
BlueCard[®] Network

To find a provider, go to
blueshieldca.com



click on **Find a Doctor**



select the **Providers Outside of the USA**



or, call BlueCard Access at
(800) 810-BLUE (2583)

Wellwise PPO Plan



My OC Benefits™

	Preferred providers	Non-preferred providers**
Annual deductible	\$500 per member/ \$1,000 per family	\$750 per member/ \$1,500 per family
Calendar-year out-of-pocket maximum	\$2,500 per member/ \$5,000 per family	\$5,000 per member/ \$10,000 per family
Office visits	10%	30%
Preventive Care	No charge: Plan pays 100% for services listed in Health Plan Document	Plan pays 100% of usual, reasonable, and customary amount for services listed in Health Plan Document
Inpatient Care	10%	30%
Ambulatory Surgery Center	10%	30% (plan max of \$1,500 per day)
Diagnostic lab & Radiology	10%	30%
Emergency room	10%	10%
Prescription Drugs	Covered by OptumRx	
Chiropractic/acupuncture services*	10%	30%

This chart is intended to provide a high level summary of plan benefits. The 2020 Wellwise Retiree Health Plan Document should be consulted for a complete description of plan benefits and coverage

*25 visits for Chiropractic and 25 visits for Acupuncture services per calendar year

**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

Sharewell PPO Plan



My OC Benefits™

	Preferred providers	Non-preferred providers**
Annual deductible	\$5,000 per family	
Calendar-year out-of-pocket maximum	\$6,000 per family	\$12,000 per family
Office visits	10%	30%
Preventive Care	No charge: Plan pays 100% for services listed in Health Plan Document	Plan pays 100% of usual, reasonable, and customary charge for services listed in Health Plan Document
Inpatient Care	10%	30%
Ambulatory Surgery Center	10%	30% (plan max of \$1,500 per day)
Diagnostic lab & Radiology	10%	30%
Emergency room	10%	10%
Drug coinsurance	Covered by OptumRx	
Chiropractic/acupuncture services*	10%	30%

This chart is intended to provide a high level summary of plan benefits. The 2020 Sharewell Retiree Health Plan Document should be consulted for a complete description of plan benefits and coverage

*25 visits for Chiropractic and 25 visits for Acupuncture services per calendar year

**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

blueshieldca.com

A simpler digital experience for you



My OC Benefits™

The desktop dashboard for user Jane includes the following sections:

- Welcome, Jane!** (Member ID: 8E2AB-09-0000) with 3 Unread Messages.
- Claims This Year** (From Jan 1, 2017): A donut chart showing \$2,100 in Blue Shield Paid, \$1,128 in Network Savings, and \$900 in User Paid. A "View Claims" button is present.
- Popular Tasks** grid with icons for: View ID Card, Download Form, Treatment Cost Estimator, Remote Family Access, Get Profile, and Wellness Assessment.
- Get Help** section with "Health Condition?" and "Urgent Care" options.
- My Physician** section with a "Manage Health Team" button.
- Your Recent Medical Claims** section with a "Download" button and a "FILTER" option.
- Recent Claims List:**

Date	Physician	Status
May 17	JOHNATHAN Brown, Adam MD Sutter Med Foundat...	Pending May 18
May 17	JOHNATHAN Huang, Jillian MD	

The "Your Medical Benefits" page features a navigation menu with icons for Medical, Dental, Vision, and Pharmacy. Below the navigation, it displays "Your Medical Benefits" with sub-links for Custom Benefits, General Exclusions, and Benefit Maximums. A section titled "Expand All Benefit Categories" lists the following categories with expandable arrows:

- Access+ Self Referral
- Chiropractic and Acupuncture
- Dental Medical Treatment
- Diabetes Care
- Emergencies & Urgent Care
- Family Planning
- Home Care
- Hospital Care

Imagine this:



My OC Benefits™

“My daughter cut her leg and she might need stitches.”

Make a free call to NurseHelp 24/7SM

Online chat:

- How to take medications safely
- Men's, women's, & children's health general questions
- Topics to discuss with your doctor
- Illness prevention guidance
- Nutrition and fitness tips

Telephone:

- Minor injuries
- Common illnesses
- Help to understand diagnoses and chronic conditions
- Choosing appropriate medical care (911/ER, physician office visit, urgent care center, home care)
- Self-care tips and treatment options

Imagine this:



My OC Benefits™

“I feel like I have the flu, but I don’t want to wait in the ER on a Friday night.”

Contact Teladoc



Step 1 Contact Teladoc

Log in to your Teladoc account or call Teladoc, 24/7/365, to request a phone or online video consultation for primary care services.



Step 2 Talk with a doctor

A board-certified doctor reviews your Electronic Health Record (EHR) and consults with you, just like an in-person visit.



Step 3 Resolve the issue

The doctor recommends a treatment for your medical issue. If a prescription is needed, it’s sent electronically to the pharmacy of your choice.



Step 4 Settle up

- \$45 consultation fee until deductible is met then \$4.50 copay.



Step 5 Smile

Your medical issue gets resolved, and you save time and money!

<10 Minutes
Average
Wait Time

Imagine this:



My OC Benefits™

“I’m at a conference but in my hotel bed with a bad sore throat. I want to see a doctor.”

House calls, hotel calls—a doctor when and where you need one for urgent, primary, and preventive care

- Book a doctor on demand to come to you (home, office, or hotel) via phone, web, or mobile
- Access for all Blue Shield PPO members in select service areas in California
- More convenient than a visit to the Emergency Room
- Cost is typically the same as a visit to your doctor
- Available 8 a.m. to 8 p.m., 365 days a year



Retail clinics expand your options



My OC Benefits™



Convenient, affordable, non-emergency health care for PPO plan members at CVS MinuteClinics and Target Clinics across California

- Seven-day a week access—no appointment needed
- Same copay as an office visit (*after deductible's been met*)
- Treatment for non-emergency conditions such as allergies, minor wounds, abrasions, joint sprains, infections (ear, nose, throat, and bladder), bronchitis, coughs, flu-like symptoms, and more
- Staffed by board-certified nurse practitioners

“How can I get the most out of my healthcare dollars?”



My OC Benefits™

- Treatment Cost Estimator – Compare Provider Costs (PPO)
- Stand Alone Ambulatory Surgical Centers will save you vs accessing a hospital surgical Center
- Urgent Care centers can be cost saving and time saving vs utilizing the ER
- Take advantage of preventive care services
- Wellness Discount Programs
- Utilize Health Advocacy programs to help manage chronic diseases

Treatment cost estimator (TCE)

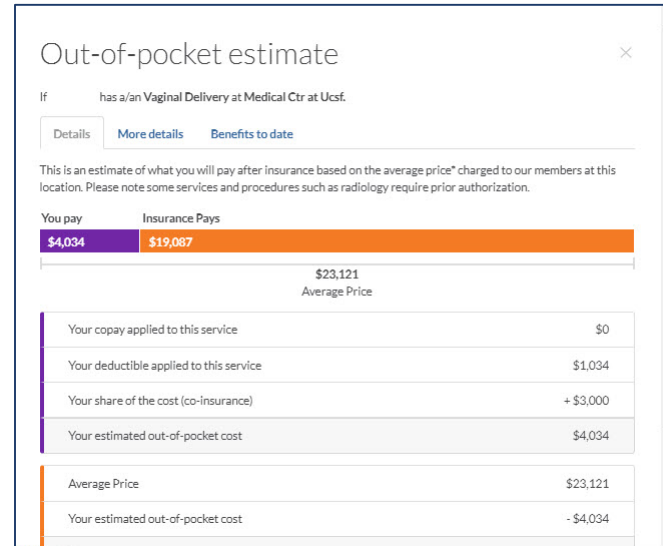


My OC Benefits™

Helps members understand what to expect over the course of a treatment in time and dollars.

Members can:

- Estimate total treatment cost and out-of-pocket expenses for more than 1,600 common medical treatments and services
- Compare treatment options and alternatives with total costs for each phase of care
- Compare detailed out-of-pocket costs for treatments and procedures at different facilities and in different locations
- View the number of Blue Shield members treated
- Identify Blue Distinction Centers
- blueshieldca.com/tce



**Blue
Distinction®
Center**

Blue Distinction Centers® are hospitals and providers recognized for their proven expertise in delivering specialty care.

Ambulatory surgery and urgent care centers save you time and money



My OC Benefits™



Network ambulatory surgery centers (ASCs) may cost you less for outpatient procedures than a network hospital.

Urgent care centers can be a cost- and time-saving alternative to the ER.

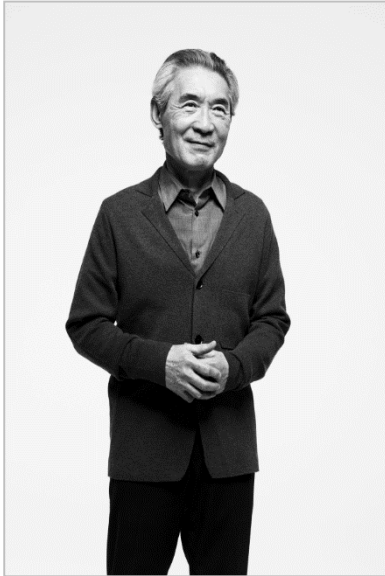


Compare your OOP costs by checking your *Evidence of Coverage* (EOC), *Certificate of Insurance* (COI) or call the customer service number listed on the back of your member ID card.

Take advantage of covered screenings



My OC Benefits™



Take advantage of covered annual screenings at no charge, including:

- Routine physical exam
- Immunizations/screenings according to age schedule

Covered health screenings can help you:

- Understand what your health risks are
- Develop a plan to maintain and improve your health
- Detect illness early and halt disease progression

Wellness discount programs



My OC Benefits™

Alternative care

Save on alternative healthcare services from participating practitioners.

25% or more off usual and customary fees for:

- Acupuncture
- Massage therapy
- Chiropractic services

Discounts also available for health and wellness products like vitamins and supplements.

Fitness and exercise

Enroll in one of the most flexible gym membership programs to stay committed to your health goals.

- Work out at any facility within our wide network of more than 10,000 national fitness locations.
- Work out as often as you need while tracking progress to your goals online.

Weight management programs

Lose those extra pounds and keep them off with nationally recognized lifestyle change programs.

- Enroll in weight management programs at no additional charge through our **Wellvolution® Diabetes Prevention Program**.
- Save on **Weight Watchers** with special rates on three- and 12-month subscriptions. Monthly pass is also available for unlimited local meetings each month, plus free eTools.

Vision discounts

Save on eye services at participating providers whether or not you have vision care benefits.

- Discount Provider Network** – Save 20% on eye exams, frames and lenses, contacts, and more.
- MESVision Optics** – Competitive prices on contacts, glasses and eye care accessories.
- QualSight LASIK** – Save on LASIK surgery at more than 45 surgery centers in California.
- NVISION Laser Eye Centers** – Get a 15% discount for laser services.



Programs designed to help you better support your health:

Nurse support, education and self-management tools for members with:



- Asthma
- Diabetes
- Coronary artery disease
- Heart failure
- Chronic obstructive pulmonary disease



Health Advocate- Registered Nurses who provide clinical Advice and support:



- Provide answers on treatment options, hospitalization or dealing with a diagnosis or chronic illness
- Identify potential healthcare needs, may recommend participation in a Disease Management program
- Participation is optional and confidential
- For information, contact the Health Advocate team by calling 1-866-596-7557 or email them at healthadvocate@blueshieldca.com

We are here to help you:



My OC Benefits™

Blue Shield of California Plan Administrators

- Benefits, preferred providers, hospital information
- www.blueshieldca.com/oc
- Phone: 1-888-235-1767

Still have questions?

Book a 1 on 1 consultation through Calendly

https://calendly.com/bsc_jn/county-of-orange-retiree-1-on-1-blue-shield-optum



OUR MISSION

Helping people live healthier lives and helping make the health system work better for everyone



Wellwise

- Deductible: None
- 20% Tier 1: Generic drugs (*mostly*)
- 25% Tier 2: Preferred Brand drugs
- 30% Tier 3: Non-Preferred Brand drugs
- Specialty: \$150 maximum coinsurance
 - ❖ Restricted to a 30 days supply

Sharewell

- Deductible: \$5,000
 - ❖ Combined medical & pharmacy
 - ❖ Members pay 100% coinsurance until the annual deductible amount is satisfied
- 20% Tier 1: Generic drugs (*mostly*)
- 20% Tier 2: Preferred Brand drugs
- 20% Tier 3: Non-Preferred Brand drugs
- Specialty: 20% coinsurance
 - ❖ All specialty drugs must be fulfilled by Optum Specialty Pharmacy **1-855-427-4682**
 - ❖ Restricted to a 30 days supply

Important Note: If you choose a brand drug when a generic drug equivalent is available, then you will pay 20% of the generic drug cost plus the cost differential between the generic drug and brand drug cost. The cost differential does not accumulate towards the out-of-pocket maximum amount.



Wellwise

- Members have a separate pharmacy only annual out-of-pocket maximum (OOPM) limit.
 - Individual Amount: \$4,100
 - Family Amount: \$8,200

Sharewell

- Members have a combined medical and pharmacy annual out-of-pocket maximum (OOPM) limit.
 - Network Amount: \$6,000 / Family
 - Non-Network Amount: \$12,000 / Family

Important Note: Members will pay the applicable coinsurance, based on the medication's formulary placement as shown on the previous slide, up until their annual out-of-pocket maximum limit.

Once the annual out-of-pocket maximum is satisfied, the plan will pay the eligible covered costs of medications for the remainder of the year.



- Generic drugs have the same active ingredient as brand drugs and can help you save money because in many cases, they cost less than brand drugs.

Pricing sample for a 3-month (90 days supply);
actual savings may vary

	Generic Drug	Brand Drug
Total Drug Cost	\$25	\$100
Cost Differential	N/A	\$75 <i>(\$100 brand drug cost minus the \$25 generic drug cost)</i>
Plan Pays	\$20	\$20
Member Pays	\$5 <i>(20% of the generic drug cost)</i>	\$80 <i>(20% of the generic drug cost [\$5] PLUS cost differential [\$75])</i>

Important Note: You are not required to use a generic drug, but if you choose to utilize a brand drug when a generic equivalent is available, you could pay significantly more for your medication. The cost differential does not accumulate towards the out-of-pocket maximum amount and is not an eligible covered cost of the plan.

Prescription Reimbursement Requests



My OC Benefits™

- Effective **January 1, 2021** OptumRx will process all prescription reimbursement requests for County of Orange PPO Plans.
- Types of manual claims reimbursement requests available:
 - Direct member claims
 - Manual coordination of benefits (COB) claims
 - Out-of-Network claims
 - Foreign claims
- **Important Note:** Manual claims are subject to formulary and utilization management rules and guidelines located within your benefit plan documents.
- Claim forms are located on the OptumRx Consumer Portal: www.optumrx.com



- While evaluating your benefit plan options for the coming year, feel free to log into the Portal or Open Enrollment Website to research details on the following:
 - Contact Information
 - Home Delivery Program details
 - Pharmacy Network
 - Prescription Drug Coverage and Pricing
 - How-to Videos
 - Request forms
- Current Members: www.optumrx.com
- Prospective Members: https://www.optumrx.com/oe_countyoforange/landing
- Our dedicated OptumRx customer service representatives are available to answer your questions 24-hours a day, seven days a week.
- Current Members: 1-800-573-3583
- Prospective Members: 1-844-880-0759

OptumRx Consumer

Wellness Break

With Chelsae Miles from StayWell



MyOC Benefits™



Find your healthy place

With care designed
to help you thrive



One of the nation's largest health plans



My OC Benefits™

Kaiser Permanente has a mission to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.



12.4 million members nationwide



Founded in **1945** — practicing medicine for 75 years



39 hospitals and **7** **14** medical offices



Top performer in **26** effectiveness-of-care measures in the U.S.*



Serving **8** states and the District of Columbia

*Kaiser Permanente 2019 HEDIS® scores. Benchmarks provided by the National Committee for Quality Assurance (NCQA) Quality Compass® and represent all lines of business.

It's easier to find your healthy place with connected care

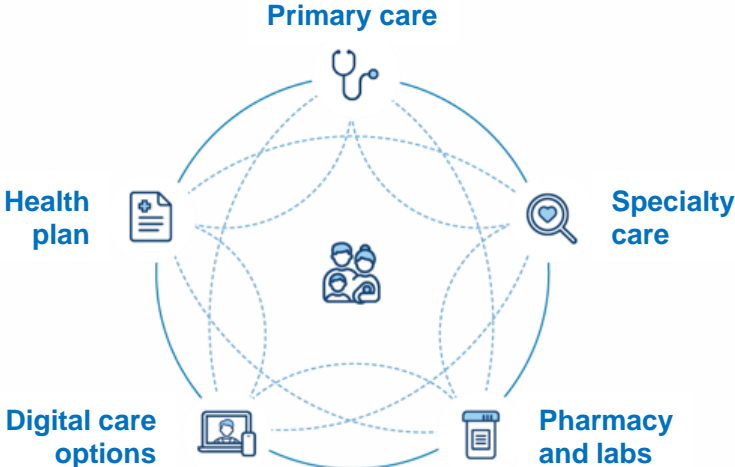


My OC Benefits™

We combine care and coverage:

- **Doctors**
- **Hospitals**
- **Health plan**

Care feels easier and faster and is centered around you.



Convenient ways to get care



My OC Benefits™

You have flexible options to get care beyond the doctor's office — and you can manage your care anytime with the Kaiser Permanente app or at kp.org.



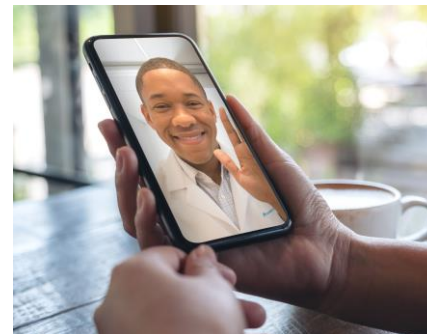
Getting care

- Talk with a Kaiser Permanente clinician by video or phone for the same high-quality care as an in-person visit.¹
- Get 24/7 medical advice by phone or online.
- E-visits
- Email your doctor's office with nonurgent questions.²



Managing care²

- Schedule or cancel routine appointments.
- Order most prescription refills.
- Check your medical records and pay bills.



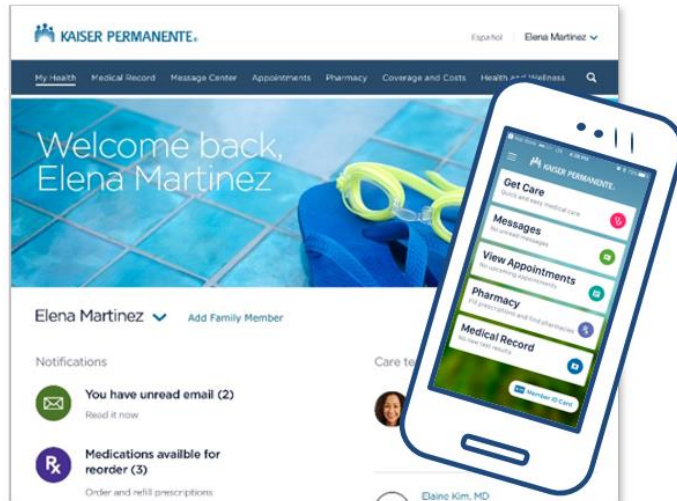
More than 80% of care visits during the COVID-19 outbreak have been phone appointments or video visits.

1. When appropriate and available. 2. Available when you get care from Kaiser Permanente facilities.



Online and mobile capabilities

At **kp.org** or with the Kaiser Permanente app, you can conveniently stay on top of your care 24/7¹:



- Schedule and cancel routine appointments
- Refill most prescriptions
- View most lab test results
- Email your doctor's office with nonurgent questions
- Manage your coverage and estimate costs²
- View and pay bills
- Manage a family member's health care³
- Print vaccination records for school, sports, or camp

¹Available when you get care at Kaiser Permanente facilities.

²These tools are not yet available on smartphones and tablets.

³Due to privacy laws, certain features may not be available when they are being accessed on behalf of a child 18 or younger, and your child's physician may be prevented from disclosing certain information to you without your child's consent.

Quality care with you at the center



My OC Benefits™

Your doctor will build a care plan based on your needs and work with your care team to deliver high-quality, personalized care.



Preventive care to keep you healthy



Specialty care when you need it



Support for ongoing conditions

Get care in your language — with multilingual doctors and phone interpretation in more than 150 languages.





Your thoughts and feelings affect your overall well-being. We're committed to helping you achieve and maintain optimal health for your mind, body, and spirit.

- Get support for a wide range of conditions, like anxiety, depression, substance use disorder, and autism spectrum disorders.
- Find care with psychiatrists, psychologists, marriage and family therapists, and more.
- Make an appointment for therapy within Kaiser Permanente without a referral.
- Access a wide range of online self-care resources at any time to help you relieve stress, improve sleep, practice mindfulness, and more.



Learn more at kp.org/mentalhealth.

Specialty care you can trust



My OC Benefits™

No matter what life throws your way, you can count on us. Get access to quality care from top doctors across a wide range of specialties. Here are a few areas where we lead the way.



Cancer care

Hearing that you have a cancer diagnosis can be overwhelming. But no member — or doctor — goes it alone. A multidisciplinary team works with you and your family to determine the best approach to your treatment.

Learn more at kp.org/cancercare.



Cardiac care

No 2 hearts are alike. There are many types of heart disease, and different people need different types of care. You and your doctor will make decisions about your care together, and you'll have guidance and support at every step.

Learn more at kp.org/cardiaccare.

Care while traveling



My OC Benefits™

- If you get hurt or sick while traveling, you're covered for emergency and urgent care anywhere in the world.
- Get urgent care at MinuteClinic in select CVS when you're traveling outside a Kaiser Permanente area.
- We can also help you before you leave town by checking to see if you need a vaccination, refilling eligible prescriptions, and more. Just call us or go online:



24/7 Away from Home Travel Line:
951-268-3900*



kp.org/travel

Kaiser Permanente facilities and MinuteClinic locations



*This number can be dialed inside and outside the United States. Before the phone number, dial "001" for landlines and "+1" for mobile lines if you're outside the United States. Long-distance charges may apply, and we can't accept collect calls. The phone line is closed on major holidays (New Year's Day, Easter, Memorial Day, July Fourth, Labor Day, Thanksgiving, and Christmas). It closes early the day before a holiday at 10 p.m. Pacific time (PT), and it reopens the day after a holiday at 4 a.m. PT.



Target Clinics - SCAL



- Staffed with Kaiser Permanente nurse practitioners and licensed vocational nurses
- More than 85 different services available
- Integrated with members' electronic health record
- Website: kptargetclinic.org



26 Target Clinics currently open

35 Target Clinics by 2021

- | | | | | |
|----------------|-----------------|------------------|-----------------------|-------------------------|
| ▪ Apple Valley | ▪ Fontana | ▪ Mission Valley | ▪ Riverside Arlington | ▪ South |
| ▪ Burbank | ▪ Hawthorne | ▪ Montclair | ▪ Rosemead | ▪ West Fullerton |
| ▪ Chula Vista | ▪ Hemet | ▪ Norco | ▪ Santa Clarita East | ▪ Westlake Village |
| ▪ Compton | ▪ Inglewood | ▪ Northridge | ▪ Santee | |
| ▪ Eagle Rock | ▪ Irvine | ▪ Palm Desert | ▪ Vista | |
| ▪ Encinitas | ▪ Menifee | ▪ Pico Rivera | ▪ West Covina | |



Up next — plan benefits and the latest information
on locations near you

Summary of Benefits – Traditional HMO, #101633



My OC Benefits™

This table shows an example of some of your group's benefits.

Yearly deductible	None
Maximum yearly out-of-pocket costs	\$1,500 individual/\$3,000 family
Covered service	You pay
Preventive care	No charge
Doctor's office visit	\$20 copay
Telephone and Video visits	No charge
Lab tests and radiology	No charge
Outpatient surgery	\$20 copay
Hospitalization	\$100 copay
Emergency care	\$50 copay
Prescribed medications (up to 100-day supply)	\$10 copay (generic medication)/\$30 copay (brand-name medication)
Eyewear (every 24 months)	\$100 frame allowance
Chiropractic Services	\$15 copay / up to 30 visits per calendar year

*This is a summary of some benefits and their copays and coinsurance. For specific information about your covered health plan benefits, limitations, and exclusions, including those not listed in this summary, please see your *Evidence of Coverage*.

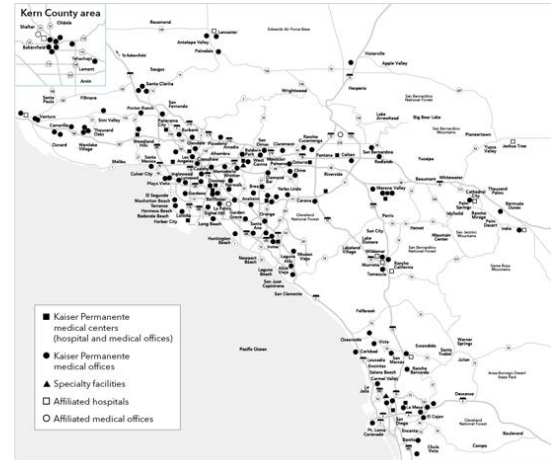
New locations in Southern California



My OC Benefits™

Recently opened or scheduled to open soon

- Aliso Creek Medical Offices
- Clairemont Mesa Medical Offices
- Covina Medical Offices
- Downey Medical Offices
- Hesperia Medical Offices



- 15 medical centers
- 125 medical offices
- 10 affiliated hospitals
- 4 affiliated medical offices

A better experience from the start



My OC Benefits™

We guide you through each step of joining Kaiser Permanente, so you can start getting the care you need from day one.

Personalized onboarding



A welcome call and member book to get you started

3 easy steps to a healthy change



Choose your new doctor



Transition your care and prescriptions seamlessly



Get care on your schedule



Learn more at kp.org/newmember.

Want to learn more?



My OC Benefits™

Choosing a health plan is a big decision — so we're here to answer any of your questions.



Ask about the essentials

- Where to get care
- Specialty care services
- Support for ongoing conditions



Or about our extra perks

- Video visits* and other convenient ways to access care
- Apps, podcasts, and other self-care resources available to you at no cost
- How our doctors, hospitals, and health plan work together to make your life easier



Call **1-800-324-9208** (TTY 711), Monday through Friday, 7 a.m. to 6 p.m. Pacific time.

*When appropriate and available.

Questions?



My OC Benefits™

- Prospective Members call **1-800-324-9208 (TTY 711)**, Monday through Friday, 7 a.m. to 6 p.m. Pacific time for questions on where to get care, our specialty services, or support for ongoing chronic conditions.
- New Members can visit: **kp.org/newmembers** to learn more about our onboarding process.
- **Member Service Call Center at 1-800-464-4000 or TTY 711**
 - Open 7 days a week, 24 hours a day. Closed holidays.
 - Closed at 10pm the day after Thanksgiving, Christmas Eve, and New Year's Eve.
- Dedicated Microsite: <http://my.kp.org/oc>



YOUR PLAN OPTIONS

Cigna.com/countyoforange/enrollment

YOUR PLANS

THE SOUTHERN CALIFORNIA SELECT HMO PLAN



My OC Benefits™

Southern California Select Plan – Health Maintenance Organization (HMO)

- You and each member on the plan have the option to choose a primary care physician (PCP) from any one of the four provider groups in the Southern California Select Network,¹ including:
 1. Optum (formerly known as HealthCare Partners) in Los Angeles County
 2. St. Joseph Hoag Health in Orange County
 3. Scripps Health in San Diego County
 4. PrimeCare in Riverside and San Bernardino counties
- For your care to be covered, you must receive your care through your PCP who will coordinate your care to help keep your costs down and refer you to a specialist² when needed.
- You have coverage for emergency and urgent care at any time, at any facility.³
- You have access to medical virtual care (telehealth) services and can speak to a U.S.-based, board-certified provider via phone or video chat for the same out-of-pocket costs as a PCP visit.⁴

1. Plans may be limited geographically. Providers are located throughout the majority of the counties. 2. Specific providers such as OB/GYNs and behavioral providers can be seen without a referral. See your plan documents for details or call **800.244.6224**. 3. Emergency and urgent care services (as defined in the plan documents) are covered at the in-network benefit level. 4. Cigna provides access to virtual care through national telehealth providers as part of your plan. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers. This service is separate from your health plan's network and may not be available in all areas or under all plan types. A PCP referral is not required for this service.

QUALITY. PROXIMITY. LOCATION. CHOOSE A PCP FROM ANY ONE OF FOUR PROVIDER GROUPS¹



My OC Benefits™



St. Joseph Hoag Health™

Hoag · Mission · St. Joseph · St. Jude

Los Angeles County²

- 1,930+ providers, including 1,260+ specialists
- 53 urgent care centers and 30+ hospitals
- 40 outpatient locations
- 7 transitional medical clinics

Orange County²

- 1,790+ providers, including 1,290+ specialists
- 25+ urgent care centers
- 9 hospitals



PrimeCare

Part of OptumCare®

San Diego County²

- 2,000+ providers, including 1,670+ specialists
- 100+ medical and surgical specialties
- 3 urgent care centers and 6 hospitals³
- 14+ Scripps HealthExpress clinics

Riverside & San Bernardino counties²

- 1,000+ providers, including 720+ specialists
- 32 urgent care centers
- 18 hospitals⁴

1. Plans may be limited geographically. Providers are located throughout the majority of the counties. 2. Data as of March 2020 analyzing “unique” provider IDs. Provider counts represent contracted providers within the county and may vary. Counts are not a representation of contractually available providers, are subject to change and may vary based on factors including, but not limited to, location, referral patterns and capacity. PCP and specialist counts include pediatric providers. Not all providers may be in the Southern California Select Network. 3. Hospitals include Rady Children’s Hospital. 4. Hospitals include four specialty hospitals. Some specialists are located outside of Riverside and San Bernardino counties.

Your Plan

Southern California Cigna Choice HMO.



My OC Benefits™

Southern California Choice Plan Health Maintenance Organization (HMO)

- You are required to choose a primary care provider (PCP) in the Cigna HMO network
- Your PCP will provide or arrange for your routine care needs and refer you to an in-network specialist, when needed
- You have coverage for emergency and urgent care
- You may pay (consistency) an annual amount – a copay for services
- Once you meet an annual limit on your co-payments – out-of-pocket maximum – your plan pays 100% of covered costs

* Plans may be limited geographically. Providers are located throughout the majority of the counties.

** Specific providers like OB/GYN can be seen without a referral. See plan documents for details or call 800.244.6224.

***Emergency and urgent care as defined by your plan documents.



Planning for your medical costs



My OC Benefits™

	Cigna Choice HMO		Cigna Select HMO	
	Employee	Employee + Family	Employee	Employee + Family
Payroll deduction w/ Wellness	\$38.91	\$267.57	\$32.43	\$223.09
Deductible	\$0	\$0	\$0	\$0
Out-of-pocket maximum*	\$1,000	\$2,000	\$750	\$1,500
PCP/Specialist Copay	\$20/\$20 Copay		\$5/\$10 Copay	
Chiropractor	\$15 Copay/30 visits per year		\$10 Copay/Unlimited visits per year	
In-Patient	\$100 Copay		\$100 Copay	
Emergency Room	\$50 Copay		\$50 Copay	
Urgent Care	\$25 Copay		\$25 Copay	
Lifetime maximum	Unlimited	Unlimited	Unlimited	Unlimited

YOUR PHARMACY PLAN



My OC Benefits™

	Cigna Choice HMO		Cigna Select HMO	
In-network	Retail (30-day supply)	Home delivery (90-day supply)	Retail (30-day supply)	Home delivery (90-day supply)
Tier 1 (typically generics)	You pay \$10	You pay \$20	You pay \$10	You pay \$20
Tier 2 (typically preferred brand)	You pay \$30	You pay \$60	You pay \$30	You pay \$60
Tier 3 (typically non-preferred brand)	You pay \$50	You pay \$100	You pay \$50	You pay \$100

It doesn't matter which plan you have. You'll pay 100% for all out-of-network prescription medications.

This chart shows the amounts you'll pay for covered services after you meet your plan deductible. Not all health benefit plans are the same, but in general, to be eligible for coverage, a medication must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. **All plans have exclusions and limitations.** Please check your plan documents for costs and complete details of your plan's prescription medication coverage.

Important changes you need to know about.



My OC Benefits™

- > **Use the new ID card you'll get in the mail.** It has important information on it the pharmacy needs to access your benefits and process your prescription.
- > **Your next refill date may be different from what is listed on your current pill bottle.** The date will now be based on the timing of your last few fills.
- > **Accredo®** is our new specialty pharmacy for those managing a complex medical condition that requires a specialty medication.

Express Scripts Pharmacy® is our new home delivery pharmacy.

- > See “Express Scripts” on your pill bottles/order materials.
- > Express Scripts Pharmacy® will contact you (phone calls, emails and texts*) about your order.
- > You'll need to update your payment information.
- > Continue to use myCigna® app or website to manage your home delivery prescriptions – you'll be connected to Express Scripts' website.
- > Sign up for automatic refills and/or auto renewals.
- > You can't order home delivery prescriptions online or by phone on 1/1/2021 only.

* You can sign up to get emails and/or texts from Express Scripts Pharmacy. To get text messages, you'll have to sign up for Express Scripts' texting service. You can do this online or when you call 800.835.3784 to refill your prescription. Once you sign up, simply reply to their welcome text to get started. Standard text messaging rates apply.

Get the most out of your pharmacy benefits plan



My OC Benefits™

Use the myCigna® App or website. Plan info at your fingertips – 24/7.¹

Avoid surprises at the pharmacy

- Price a medication and search for lower-cost alternatives, if available²
- See which medications your plan covers
- Find a pharmacy in your plan's network
- Ask a pharmacist a question 24/7

Stay organized

- See your pharmacy claims
- Update your personal profile
- Set up your communication preferences

Home delivery

- Track your order
- Request refills

Use home delivery.³
Get medications delivered to your door, and more.

- **Fast, free, reliable shipping.** We provide free standard delivery to your home or work address.
- **Easy refills.** Fill up to a 90-day supply at one time, so you fill less often.
- **Free reminders.** We'll send you refill reminders to help make sure you don't miss a dose.

Use Accredo® to help manage a complex medical condition.³

- 24/7 access to hundreds of specialty-trained pharmacists and nurses experienced in complex conditions that require specialty medications.
- Access to a wide-range of personalized care services. This includes counseling and training on how to administer your medication.
- Refill your prescriptions by text.⁴
- Get real-time updates once they ship your order.

Cigna's pharmacists will help you stay on track.

Our pharmacists offer confidential help with prescription medication interactions and side effects. They can also help you find ways to lower your medication costs.

1. Your carrier's standard mobile phone and data usage charges apply. 2. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information. 3. Not all plans include home delivery or Accredo® as covered pharmacy options. Please log in to the myCigna App or website, or check your plan materials, to learn more about the pharmacies in your plan's network. 4. The ability to refill prescriptions by text is only available for certain medications. To get text messages, you'll have to sign up for Accredo's® texting service. You can do this when you call Accredo® to refill your prescription. Once you sign up, simply reply to their welcome text to get started. Standard text messaging rates apply.

The Cigna 90 Now program



My OC Benefits™

Making it easier to fill the medications you take on a regular basis

More choice, more convenience

With the Cigna 90 NowSM program, you can choose to fill your maintenance medications in either a **30-day** or **90-day** supply.

- **For 30-day supplies:** You can use any retail pharmacy in your plan's network. You have the option of switching to a 90-day supply at any time.
- **For 90-day (or 3-month) supplies:**¹ You can use an in-network retail pharmacy approved to fill 90-day prescriptions or home delivery.²

Filling a 90-day supply helps make life easier

- ✓ Make fewer trips to the pharmacy for refills
- ✓ Less likely to miss a dose³
- ✓ More likely to stay healthy³

1. You may be taking a medication that isn't actually available in a 90-day supply. Certain medications may only be packaged in lesser amounts. For example, three packages of a medication equal an 84-day supply. Even though it's not a "90-day supply," it's still considered a 90-day prescription. 2. Some plans may not include home delivery as a covered pharmacy option. Please log in to the myCigna App or website, or check your plan materials, to learn more about the pharmacies in your plan's network. 3. Internal Cigna analysis performed Jan 2019, utilizing 2018 Cigna National Book of Business average medication adherence (customer adherent > 80% PDC), 90-day supply vs. those who received a 30-day supply taking antidiabetics, RAS antagonists and statins.



Your Vision plan options

- You get access to one of the largest specialty networks of quality eye care.*
- You can choose your own eye doctor, but you'll get the most savings when you stay in the Cigna Vision network.
- If you choose to see an eye doctor who is out-of-network, you'll pay the full cost of the service at the time of the appointment, then submit a claim form to get reimbursed for covered charges.**
- You pay your plan copay(s), any amount over the plan allowances and costs for non-covered services.
- There's no claim paperwork necessary when you receive care in-network.
- You may find additional savings if your eye doctor participates in the Healthy Rewards Vision Network Savings Program.***

* Plan details may vary. Competitive landscape based on publicly available industry numbers found on company websites as of December 2017. Subject to change.

** Your Cigna Vision plan coverage is based on the plan chosen by your employer. Be sure to review your plan benefit summary for details on covered and non-covered services. Plan deductibles, coinsurance, copays and materials allowances may apply.

*** Discount is based on retail prices. **Healthy Rewards is a discount program and is NOT insurance.** You are required to pay the entire discounted charge.

Your Vision coverage



My OC Benefits™

	In-network*	Frequency
Exam copay or Exam allowance (Once per Frequency Period)	\$5 100%	12 months
Lenses copay	\$10	12 months
Single vision lenses Coverage after Lenses Copay	100%	12 months
Lined bifocals Coverage after Lenses Copay	100%	12 months
Lined trifocals Coverage after Lenses Copay	100%	12 months
Frame Retail Allowance (Once per Frequency Period)	\$45	12 months
Elective contact lenses and professional services	Not Covered	

Plan benefits may be subject to frequency limitations. Please review your Benefit Summary for details, plan exclusions and limitations.

Use virtual care 24/7



My OC Benefits™

Virtual care lets you get the care you need – including most prescriptions (when appropriate) – for a wide range of minor conditions.

Who: Board-certified doctors and pediatricians as well as licensed counselors and psychiatrists.

When: Medical conditions: 24/7/365 day or night, including weekends and holidays.

Behavioral health: schedule an appointment.

How: Phone or video.



Cigna provides access to virtual care through national telehealth providers as part of your plan. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers. This service is separate from your health plan's network and may not be available in all areas or under all plan types. A Primary Care Provider referral is not required for this service.

In general, to be covered by your plan, services must be medically necessary and used for the diagnosis or treatment of a covered condition. Not all prescription drugs are covered. Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. See your plan materials for costs and details of coverage, including other telehealth/telemedicine benefits that may be available under your specific health plan.

Cigna One Guide



My OC Benefits™

Cigna One Guide® service helps you make smarter, informed choices and get health-related recommendations based on what matters most to you. It's our highest level of support that combines the ease of a powerful app, the web and live service via phone or chat.

One Guide personal support, tools and reminders can help you stay healthy and save money.



During enrollment you can use a personal guide and the Cigna Easy Choice Tool – together or individually – to help you understand your plan options and provide personalized recommendations based on what matters most to you.

Once enrolled, you can access the Cigna One Guide features by downloading the enhanced myCigna® app, by phone or live chat by registering on myCigna.com.*

*The downloading and use of the myCigna App is subject to the terms and conditions of the app and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.



By phone – 888.806.5042

- Call anytime day or night for live customer service
- Ask for a Spanish-speaking representative or speak with us in your preferred language – interpreter service is available in more than 200 languages
- Speak with a nurse advocate* anytime, day or night through the 24-hour Health Information Line

myCigna – online or app

- Directory of doctors, hospitals, facilities with cost and quality information
- Useful tools to help you:
 - Review your coverage
 - Manage and track claims
 - Track account balances and deductibles, and sign up for email notifications
 - Find quality of care information for common procedures and treatments
 - Get Claims and Balances statements on demand to view claim history and account transactions
 - Price and compare medications



Now compatible with iPhone® X devices

The Apple® Face ID® feature for iPhone X devices is a new way to unlock and authenticate your myCigna® App. It's even more convenient than the Touch ID® tool, and makes authenticating fast and easy. Other iPhone users can still use Touch ID to log in to the app.***

*These nurse advocates hold current nursing licensure in a minimum of one state but are not practicing nursing or providing medical advice in any capacity as a health advocate. **Available for Cigna Choice Fund® health reimbursement account (HRA) and flexible spending account (FSA) plans only.

***Please refer to your phone's manufacturer for your phone's specific capabilities. The downloading and use of the myCigna App is subject to the terms and conditions of the app and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply. Apple, iPhone, Face ID and Touch ID are registered service marks or trademarks of Apple Inc.

Wellness Break

With Chelsae Miles from StayWell



MyOC Benefits™



**DON'T GET
SPOOKED
BY THE FLU.**
Get your flu
vaccine before
Halloween!

The County offers free flu shots to all employees.

You can also utilize your health Insurance for a free flu shot.

Visit the Employee Benefits website at www.ocgov.com for more information on your flu shot options.

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 or call the Benefits Service Center toll-free at 1-833-476-2347 a representative will assist you.

Contact Information



My OC Benefits™

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

Thank You for Attending



My OC Benefits™

**Reminder that open enrollment runs from
October 23rd through November 13th**