

2025



My OC Benefits™

NEW RETIREE ORIENTATION

HRS | EMPLOYEE BENEFITS



Personal. Connected. Accessible.

AGENDA

1. Benefits Overview

2. Retiree Medical Plan

3. Eligibility Requirements

4. Medical Grant & HRA

5. Retirees & Medicare

6. Health Plan Options

7. Enrollment Process

8. Considerations

9. Additional Resources

10. Q&A Session



County of Orange Retiree Medical Plan

- Benefits are subject to the formal plan document adopted by the Board of Supervisors
- The benefits are not vested and are subject to change
- The fifth Amended and Restated County of Orange Retiree Medical Plan document can be viewed at:

hrs.ocgov.com/retiree.benefits





Retiree Medical Benefits

Eligibility Requirements for County Employees

01

**At least 50 by
retirement date**



02

**Receive Monthly
Pension from OCERS**





Retiree Medical Grant

- A monthly benefit that reduces the cost of your County Retiree Health Plan Premium
- And, if eligible, reimburses you for what you pay Social Security for Medicare Part A and B
- Monthly amount is based on how many continuous years you worked for the County within eligible classifications

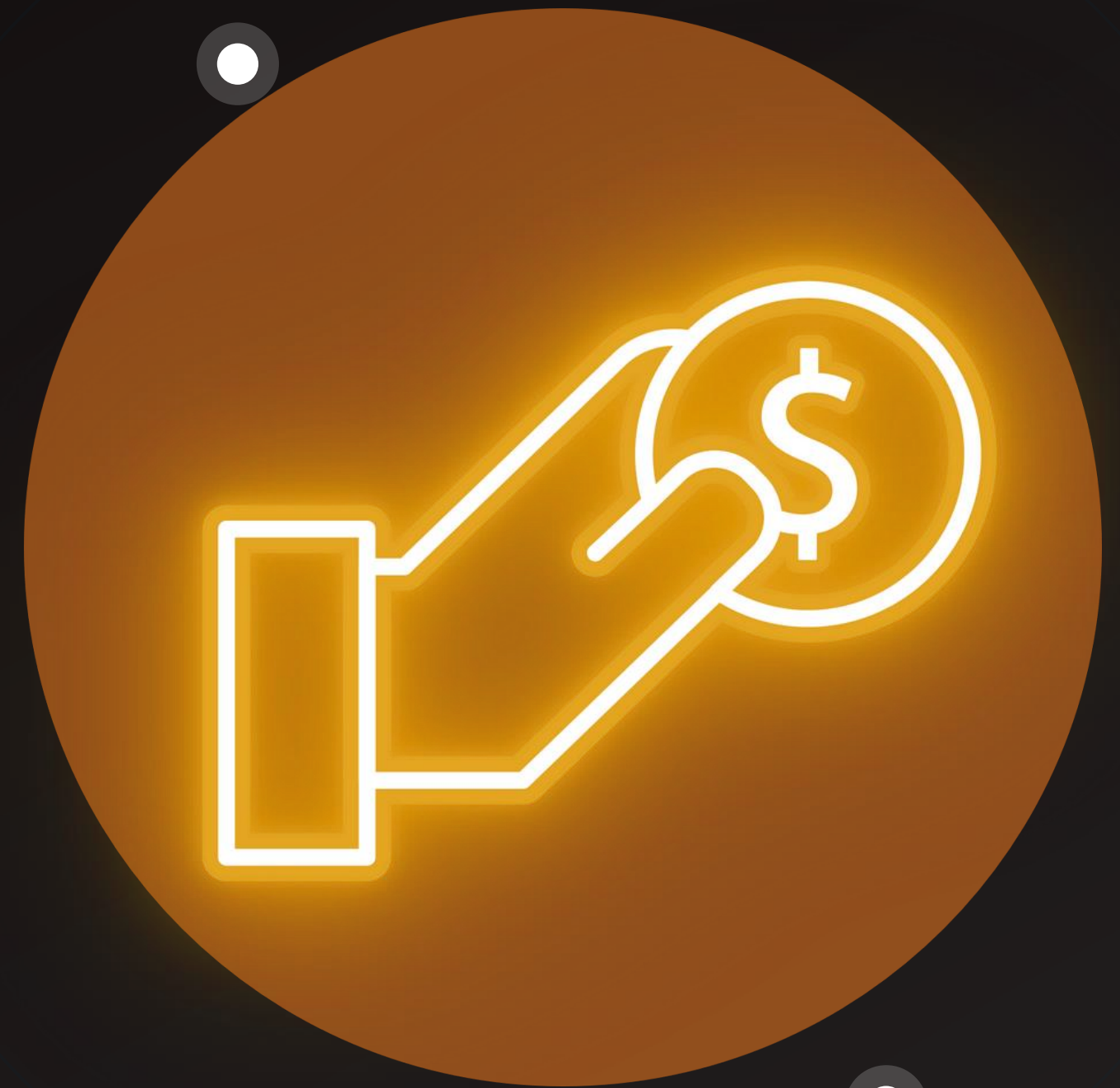




Medical Grant Eligibility

- County Employees who froze their grant and retire on/after 6/16/23*

*Eligibility Workers and Court Attorneys are ineligible





Medical Grant Usage



01

County Health Plan Premiums

Applied to premium first

02

Medicare Part B Reimbursement

For Up to What you Pay for Part B

- Need to verify annually or resets to \$104.90



Tax Free Benefit

Grant received cannot exceed your combined County health plan and Part B Premiums



Health Reimbursement Arrangement

- Medical expense reimbursement program that helps you pay for future health care costs, after separating from County service
- Balance can be invested and may grow over time
- Not tied to a County health plan



HRA Reimbursement Eligibility



Post-tax Health Care Premiums

COBRA Premiums
County Retiree Health Plan Premiums
Medicare Premiums



Out-of-Pocket Medical Expenses

Co-pays
Prescription Medication



Direct Deposit

For quicker access to reimbursements
Auto set-up reimbursement for recurring expenses



HRA Account Access

- Administered by Mission Square

missionsq.org/orangecounty



Marcus Marshall

mmarshall@missionsq.org

(202) 759 - 7203





Net Health Plan Rates

Step 1 Deduct your Eligible Grant from your County Retiree Plan Premium of choice

Step 2 If Medicare eligible - remaining grant balance can be used for Part A, B, and IRMAA Reimbursement

Step 3 Have a remaining premium out-of-pocket expense? You can use your HRA!

Medicare Eligible

Humana Health Plan: \$218.85
Medical Grant: ~~\$634.25~~* 317.13
Part A: \$0 Part B: \$185

\$218.85 - \$317.13 = (\$98.28)

*50% Reduction Applied if Part A is free

Non-Medicare Eligible

Cigna Select Health Plan: \$981.13
Medical Grant: \$634.25

\$981.13 - \$634.25 = \$346.88



Medicare Eligible (Part A & B)

Humana Health Plan: \$218.85

Medical Grant: 317.13*

Part A: \$0 Part B: \$185

$\$218.85 - \$317.13 = (\$98.28)$

***50% Reduction since Part A is free**

Medicare Eligible (Part B Only)

Humana Health Plan: \$746.71

Medical Grant: \$634.25

Part A: \$285 Part B: \$185

$\$746.71 - \$634.25 = \$112.46$

Free Medicare Part A?



A

You need 40 qualifying quarters (10 years of Medicare contributions)

B

Don't have the 40 quarters? You may qualify under your spouse if they paid into Medicare

Still No?

You can still sign up for most of the County retiree plans. They'll have higher premiums, but your grant won't be reduced by 50%!



Peace Officers

Hired on/after 10/12/07 participate in County's HRA program



+ HRA Info

Contact AOCDS Benefits

714-285-9900

Grant Eligibility

Contact Employee Benefits

714-834-6282



Activate Benefits

Contact OCERS

(714) 558-6200

Must receive pension

Grant / HRA

If applicable, survivors grant is 50% of retiree grant

If applicable, can continue to utilize HRA

Survivors

Continued coverage for dependents covered by retiree's health plan at time of death





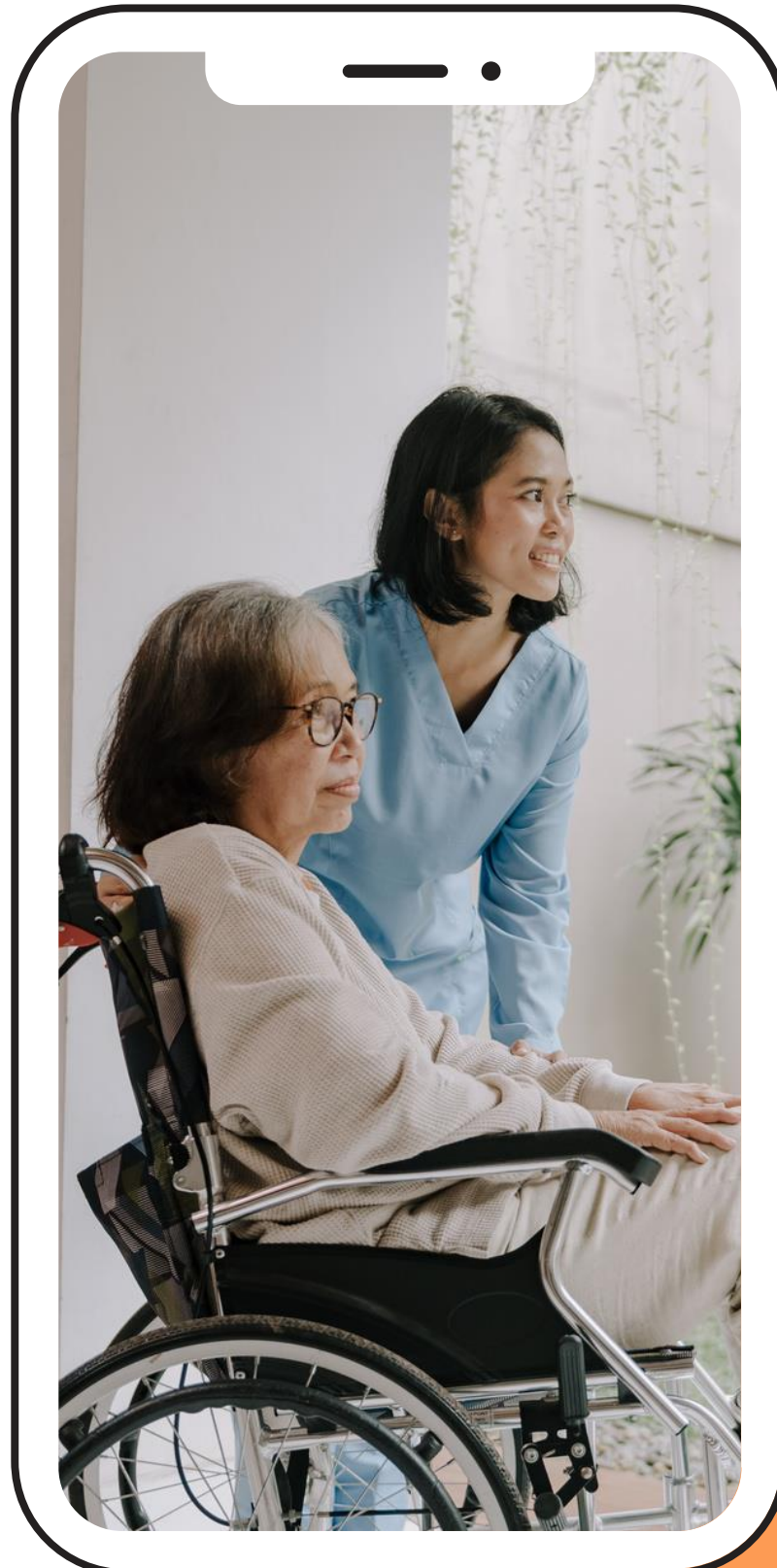
Medicare

- Federal health insurance available for most individuals aged 65 and older
- Part A covers inpatient care like hospital stays, care in a skilled nursing facility, hospice care (Required if free)
- Part B covers certain doctors' services, outpatient care, medical supplies, and preventive services (Required)





Medicare Advantage Plans



- Has all the benefits of Part A & B
- Offer better coverage with lower premiums and out-of-pocket maximum costs
- Our plans include part D and have no deductibles
- Include extra benefits bundled with the plan



Must pay for at least Part B





**CENTERS FOR MEDICARE
& MEDICAID SERVICES**

CMS Approval

CMS must approve enrollment in a Medicare Advantage Plan

Parts A, B & D

Enrollment requires the health plan to verify your coverage under Medicare Parts A, B, and D

Be Proactive

Respond to inquiries by the Medicare Advantage health plan and provide requested documentation to avoid enrollment delays



Medicare Assignment

By assigning your benefits to a health plan, the plan receives reimbursements directly from CMS

For additional information regarding co-pays and deductibles for these plans, review the Retiree Medicare Plan One Page Summaries

- Medicare Advantage Plans**
Assigned to Plan
- Wellwise Retiree PPO**
Assigned to Plan
- Sharewell Retiree PPO**
NOT Assigned to Plan



CMS DENIAL

What happens if CMS says no?

Sharewell Retiree PPO

If CMS denies you, you will be automatically enrolled into Sharewell



Doubly Assigned

Assigning your benefits to another plan can result in getting moved into a much more expensive health plan



Repayment

You may be responsible for payment of services received



You will receive an updated Confirmation of Benefits





Sharewell PPO

Medicare eligible individuals in Sharewell PPO (Active/ Retiree Plans) must enroll in Part D

Subject to Penalty

Medicare eligible Employees, retirees and dependents in Sharewell PPO will be subject to late enrollment penalties if not enrolled in Part D

PART D

Prescription Drug Coverage

Creditable and Non-Creditable coverage letters mailed to home address

Do **NOT** enroll in Part D plan unless you want Sharewell PPO



APPLY TIMELY

MEDICARE

**90
Days**

Prior to Retirement if Age 65

----OR----

Prior to 65th Birthday

**Bring
Form**

Request your Employment Information Form (CMS-L564) from Employee Benefits if you're retiring over the age of 65





YOUR RESPONSIBILITY

Enroll, maintain, continue payment of Part B & Part A (if applicable)

Failure to do so will negatively impact your enrollment in County Retiree Medical



- Applicable Grants Suspended
- Higher Non-Medicare Rates will apply
- May need to repay services received
- Loss of Medicare Advantage Health Plan

CONSEQUENCES





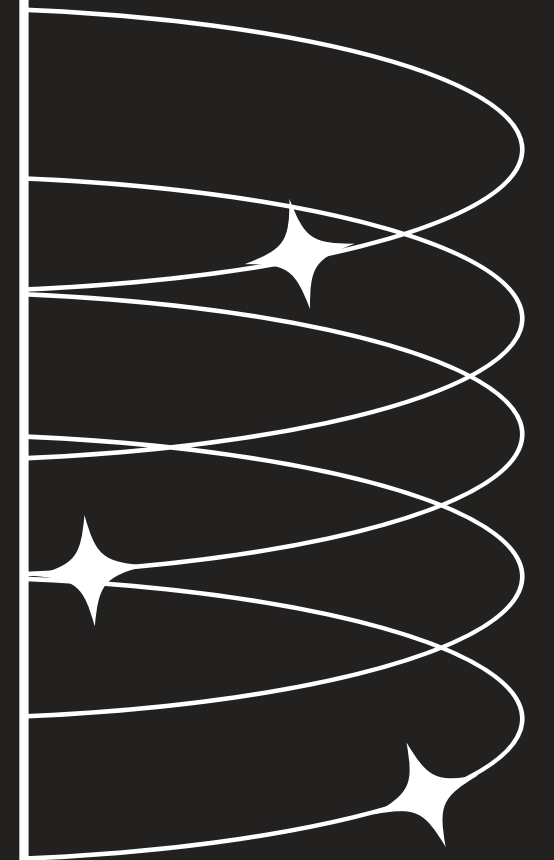
Reinstatement



Once you provide documentation to the Benefits Service Center....



- **Any applicable grant will be reinstated to the first of the month following**
- **Remain in defaulted health plan**
- **Responsible for any payment adjustments**





IRMAA

**Income-Related Monthly
Adjustment Amount**



Surcharge

Added to Part B & D
premiums to Medicare
beneficiaries earning
+\$97K annually

Questions??

Contact Social Security

1 - 800 - 772 - 1213



RETIREE INITIAL ENROLLMENT

30 Days To Make An Election

TEMPORARY
OPT OUT

PERMANENT
DISENROLLMENT

ENROLL IN A
COUNTY
RETIREE
HEALTH PLAN



TEMP OPT OUT



Suspend Enrollment

Temporarily Suspend Enrollment in
County Retiree Health Plan & Eligible
Grant

Submit Attestation

Must complete attestation form for
this election - failure to submit will
result in default coverage

Continuous Coverage

Maintain minimum essential coverage
under California state law, Federal law
and Medicare (if applicable)

One-Time Opt-in

Available at Open
Enrollment, Medicare
Age-in, or QLE



PERMANENT DISENROLLMENT



It's Permanent
Must agree to permanent disenrollment disclosure

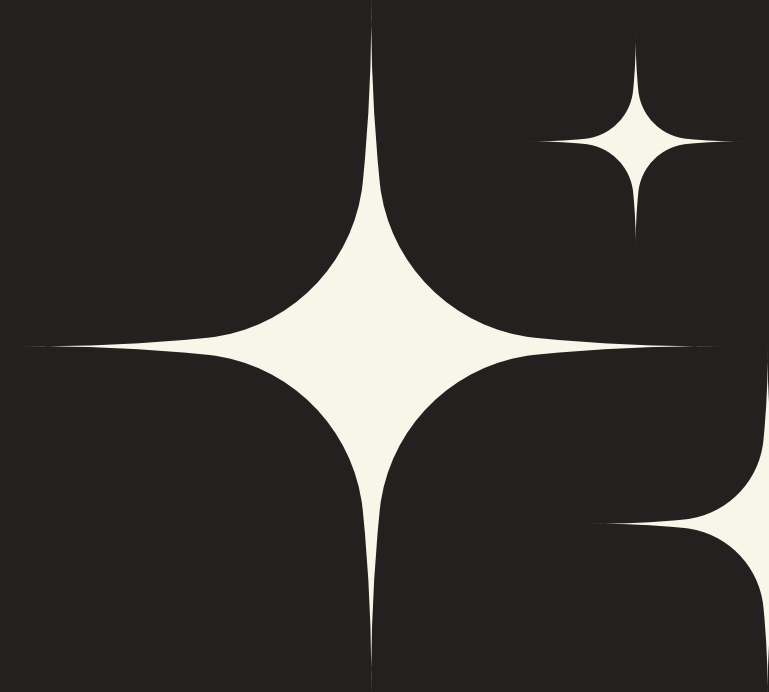
Medicare Eligible?
Eligible to Part B Reimbursement

Not Medicare Eligible?
Permanently lose any eligible grants



Must submit copy of Medicare Card & Part B Premium Statement before disenrollment effective date

Reimbursement issued on OCERS monthly pension



Enroll in County Retiree Health

●●● Non-Medicare Plans

Cigna Choice Retiree HMO

Cigna Select Retiree HMO

Kaiser Retiree HMO

Sharewell Retiree PPO

Wellwise Retiree PPO

●●● Medicare Plans

Humana Retiree
Medicare PPO

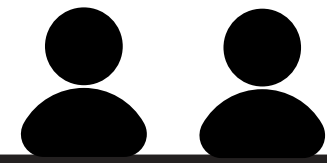
Kaiser Senior Advantage
HMO

SCAN Retiree Medicare
HMO

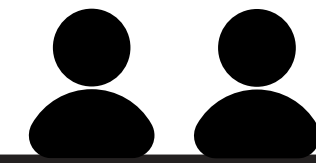
*** A & B Only ***

Sharewell Retiree PPO

Wellwise Retiree
Medicare PPO



Split Family



You and your covered dependents can be enrolled in different health plans based on Medicare eligibility

- Combine the cost of each plan for total monthly cost
- Any applicable medical grants will be subtracted from monthly total

Humana PPO + Cigna Select - Grant = Monthly Cost

\$189.60 + \$925.86 - \$317.13 = \$798.33





Up to 18 months

Losing COBRA coverage is considered a qualified life event (for those who opted out)

Rates?

Cheaper if non-Medicare eligible but no grant is applied

Pay through direct billing

COBRA

Extends continuation of your current employee coverage





ENROLLMENT PROCESS

90 Days

60 Days

30 Days

14 Days



Social Security

Apply for Medicare
Get your MBI# and
Effective Start Dates

OCERS

Speak to your
Retirement
Specialist and
submit your Intent
to Retire (ITR)

Benefits Service Center

1-2 weeks after your
ITR, they will send
your retiree
enrollment notice

Research & Enroll

Review Health Plan
Resources and
make an election

Review COB

Review
Confirmation of
Benefits as you will
have 14 days to
make any changes

Pay Plan Premiums

Pay Direct Bills (If
applicable)



Review & Enroll

Make your initial retiree enrollment elections within 30 days



My OC Benefits™

mybenefits.ocgov.com

24/7 Website Access



Benefits Service Center

1-833-476-2347

Monday - Friday: 8 AM - 6 PM PST

If you do not make an election, you will be enrolled in retiree default coverage

COUNTY MEDICARE PLANS

To make enrollment elections, you will need the following for yourself and/or your spouse

MBI

Medicare Beneficiary Identifier Number(s)

EFFECTIVE DATES

When your Part A and B will start

MEDICARE CARD

Copy of card required within 60 days of enrollment



14 days

You will have 14 days to make changes

Requested Documents

Read carefully for additional instructions or requirements



Failure to follow instructions can result in:

- Placement in other health plan
- Termination of any eligible Medical Grant

Review COB

Review your elections on your Confirmation of Benefits Notice





DEFAULTED

Missed your Medicare Documentation Deadline?

Default Plan ✨

First of the month following missed deadline, you will be enrolled into default plan at Non-Medicare Rates with suspended grant (if eligible)

Remain in Default Plan

Until next Open Enrollment or if you experience a qualified life event (QLE) ✨

Submitted Late? ✨

Medicare Rate and Grant (if eligible) reinstated first of the month following receipt of required documentation



Dependent Verification

You are required to provide documentation of eligibility for any newly added dependents

Failure to submit requested documentation within your deadline will result in termination of coverage for the dependent(s)

It is your responsibility to notify the Benefits Service Center within 30 calendar days when a dependent becomes eligible or ineligible for coverage





Initial Billing

Your pension takes 2 -3 months to get set up
Until then, you will be directly billed for your health premiums

2-3 MONTHS

The Grant if eligible is applied to offset premium

Invoice will advise you on amount due and corresponding due date

Once pension is set up, automatic pension deductions will occur as long as your pension can support the health premium amount



Otherwise you will continue on direct billing



Immediate Retirement

The Benefits Service Center may not recognize you as an “Intent to Retire” participant

The BSC can only see a notification of termination submitted by your HR

Contact BSC
Inform them of late notification to OCERS

May appear like you have
Lapse in Coverage

Immediate Need?
If you need services or medication, contact Employee Benefits



Health Plan ID Cards

Issued after you retire

Mailed within 30 days
of receiving your
Confirmation of
Benefits

Didn't receive them?



Contact your health plan directly
Cigna cards can be viewed on their app

Need Card Sooner?

If you need to use your medical or prescription drug benefits before your ID card arrives, call Benefits Service Center to have your coverage verified with provider or pharmacy



Supplemental Benefits

Like Vision and Dental are offered through Retiree Union



Call REAOC

Retired Employees
Association of Orange County

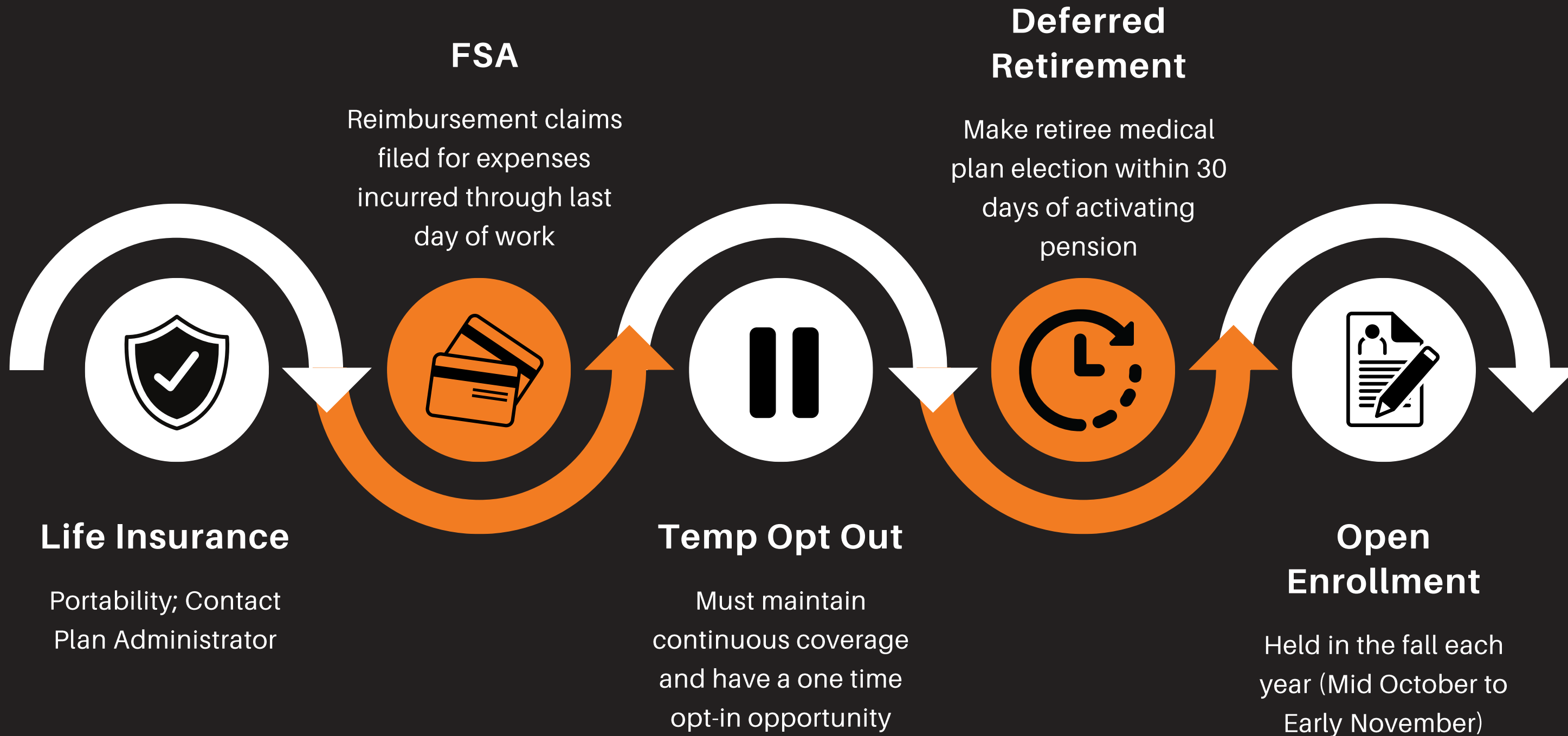
714-840-3995

Eligibility

Different plans available
based on different eligibility
criteria



CONSIDERATIONS



Keep your email & mailing address current with the Benefits Service Center and OCERS



Plan Information Summaries

SBCs & One Page Summaries

Plan Rates

Medicare & Non-Medicare Plans

ITR Summary

Intent to Retire Summary

RMP Document

Retiree Medical Plan Document

Plan Contacts

Health Plan & Retiree Vendor Contacts



Additional Resources



hrs.ocgov.com/retiree.benefits

mybenefits.ocgov.com





Benefits Service Center



1-833-476-2347 (Mon- Fri: 8 AM - 6 PM PST)



mybenefits.ocgov.com



Direct Billing Payment Address:

County of Orange Benefits Service Center

P.O. Box 1541

Carol Stream, IL 60132-1541





Employee Benefits



714-834-6282



askemployeebenefits@ocgov.com



hrs.ocgov.com/retiree.benefits



714-834-7088



400 W. Civic Center, Santa Ana, CA 92701



QUESTIONS??



HRS | Employee Benefits





Questions??

