

**New Retiree Orientation
Year 2019**



Human Resource Services
Employee Benefits Division

Today's Agenda



- **Benefits Overview**
- **The County of Orange Retiree Medical Plan**
- **Who is Eligible**
- **Grant Guidelines**
- **Retirees and Medicare**
- **Health Plan Options**
- **Enrollment Process**
- **Things to Consider**
- **Resources and Help and More Information**
- **Questions and Answers**

Benefits Overview



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

The County of Orange Retiree Medical Plan



- ▶ Retiree medical benefits in the County of Orange are subject to the conditions set forth in the formal plan document adopted by the Board of Supervisors.
- ▶ The Plan Document is entitled the “Third Amended and Restated County of Orange Retiree Medical Plan,” adopted by the Board of Supervisors on June 23, 2009. The plan confirms that the benefits are not vested and are subject to change.
- ▶ A copy of the Third Amended and Restated County of Orange Retiree Medical Plan is available on the Employee Benefits website.

Who is Eligible for Medical?



- ▶ Current County of Orange employees who:
 - Are at least age 50 on your date of separation of service
 - Are enrolled in a County health plan when you separate
 - Will receive a monthly retirement check from OCERS during retirement

Grant Guidelines: Who is Eligible for a Grant?



- ▶ Current County of Orange employees who:
 - Meet the Medical requirements and have a minimum of 10 years of continuous eligible County service, if you have a normal retirement

*Eligibility Workers and County Attorneys are not eligible for the medical grant

The Grant and Peace Officers



- ▶ Peace Officers hired before October 12, 2007 who meet the minimum Grant eligibility requirements may be eligible to receive the Grant.
- ▶ Peace Officers hired prior to October 12, 2007 with a retirement date of October 12, 2007 or later may be eligible for both the Grant and the Health Reimbursement Arrangement (HRA) Program.
- ▶ Eligible Peace Officers hired on or after October 12, 2007 will participate in the County's Health Reimbursement Arrangement (HRA) Program.
- For more information contact AOCDS at 714-285-9900.

Grant Buyback Provisions



- ▶ Differs from OCERS.
 - Maximum one-year buyback of extra help time to qualify for the 10-year minimum service requirement; Grant based on 9 years.
 - Grant based on actual eligible service hours
 - Buyback for service after August 1, 1993 is not applied to eligibility for Grant.

2019 Retiree Medical Grant



- ▶ For 2019, the monthly grant is calculated at \$23.44 for each year of County service to a maximum of 25 years. The amount of your monthly Grant will depend upon a variety of factors.
- ▶ Grant may be used:
 - First, for payment of County health plan premiums
 - Second, for reimbursement of retiree and spouse Medicare Part B premiums (if not reimbursed elsewhere).
- ▶ Tax-free benefit, therefore the amount of the Grant received cannot exceed health plan and Medicare Part B premiums combined.
- ▶ Maximum annual Grant adjustment: capped at 3%.

Grant Adjustments



Age Adjustments*:

- ▶ Employees retiring before age 60 will have a 7.5% reduction in the monthly Grant for each year retiring before age 60.
- ▶ Employees retiring at age 60, no Grant adjustment.
- ▶ Employees retiring at age 61 or later will have a 7.5% increase in the monthly Grant for each year retiring at age 61 through age 70.

* Age adjustment does not apply to Peace Officers.

Monthly Grant Amount



Medicare Eligibility:

- ▶ 50% reduction in monthly Grant when you become eligible for Medicare Parts A & B.
- ▶ Health plan rates will be reduced (if documentation has been provided) when you become Medicare eligible.

Net Health Plan Rate



- ▶ Full health plan rate less Grant amount determines your monthly net cost.
- ▶ Rates and Grants may change (annually and upon reaching age 65 or becoming Medicare eligible).
- ▶ The County maintains the discretion to set the rates and make changes to the plans in the future.

Grant and Survivors



- ▶ Benefits for survivors of covered retirees.
 - Must contact Employee Benefits to activate survivor benefits
 - Continued coverage for dependents covered by retiree's health plan at the time of death
 - Survivor's Grant equal to 50% of retiree's Grant
 - Survivor must receive a monthly OCERS pension check

Retiree Married to Retiree or Retiree Married to Employee



- ▶ County Retiree married to County Retiree (**RMR**)
 - Same health plan — combined Grant; one retiree is subscriber and the other is the dependent

- ▶ County Retiree married to County Employee (**RME**)
 - Retiree is covered as employed spouse's dependent.
 - Employee pays bi-weekly health plan premiums & Grant suspended until your coverage as a dependent ends (e.g., the employed spouse retires), and you elect retiree coverage.

- ▶ Must elect to enroll as RMR/RME through Employee Benefits.

Retirees and Medicare



- ▶ Medicare enrollment *required* for retiree and covered spouse age 65 and older.
 - Medicare Part A: Required if you are eligible at no cost
 - Medicare Part B: Required; everyone is eligible for Part B
- ▶ Medicare enrollment is required even if you are employed and covered by your employer's health plan.
- ▶ Must self-identify to Employee Benefits if eligible for Part B only.

Retirees and Medicare



- ▶ Enroll in Medicare.
 - 90 days prior to retirement (if already age 65), or
 - 90 days prior to 65th birthday
 - Provide documentation of Medicare enrollment to Employee Benefits
 - Signed Medicare Verification form
 - Copy of Medicare Card showing an effective date in the current year
 - If Medicare effective in a previous year, also:
 - ✓ Statement of payment from Medicare; or
 - ✓ Letter from Medicare indicating you have current coverage.

Retirees and Medicare



- ▶ It is your responsibility to enroll, maintain and continue payment for your Medicare Part B and Part A (if at no cost). Otherwise, this will negatively impact your enrollment in the Retiree Medical Program.
 - Grant will be suspended
 - Higher Non-Medicare rates will apply
 - You may be responsible for repayment for services rendered
 - Could result in you no longer being eligible for your elected health plan (if Medicare Advantage).

Retirees and Medicare



- If you do not submit your Medicare documentation in a timely manner, and your Grant is suspended, once you do provide the documentation to the Employee Benefits, your Grant will not be restored retroactively.
- Your Grant will be reinstated the first of the month following receipt of the documentation.
- You may not be allowed to re-enroll in your selected health plan until Open Enrollment.
- You may be responsible for any adjustments related to health plan rates and Grant if you lose Medicare Part B eligibility or if you do not self-identify as Part B only.

Health Plan Options



- Your 2019 Health Plan options depend on you and your dependent's Medicare status and/or your address
- Coverage — how much you pay for services
- Premiums — how much you pay each month
- Choice of providers
 - HMO vs PPO
 - Access to HMO or PPO providers while traveling
 - Routine vs Emergency

Health Plan Options



- ▶ Types of coverage:
 - The County offers several different Retiree Health Plans
 - Service area/residence limitations
 - HMO: Defined by zip code **within the state of California**
 - No Service area/residence limitations
 - PPO

Health Plan Options



▶ 2019 Health Plan options for Non-Medicare Eligible (Subscriber and dependents):

- Wellwise Retiree PPO
- Sharewell Retiree PPO
- Kaiser HMO
- Anthem Blue Cross Traditional HMO
- Anthem Blue Cross Select HMO

Health Plan Options



▶ **2019 Health Plan options for Medicare Part B only
(Subscriber and/or dependents):**

- Wellwise Retiree PPO
- Sharewell Retiree PPO
- Kaiser Senior Advantage HMO
- Anthem Blue Cross Traditional HMO
- Anthem Blue Cross Select HMO

Health Plan Options



▶ **2019 Health Plan options if all are Medicare Parts A & B Eligible (subscriber and dependents):**

- Wellwise Retiree PPO
- Sharewell Retiree PPO
- SCAN HMO
- Kaiser Permanente Senior Advantage HMO
- Anthem Blue Cross Senior Secure HMO
- Anthem Blue Cross Custom PPO
- Anthem Blue Cross Standard PPO

Health Plan Options



▶ **2019 Mixed Medicare A&B Health Plan options (one participant is Medicare A & B Eligible and one is not Medicare Eligible):**

- Kaiser HMO & Kaiser Sr. Advantage HMO
- Anthem Blue Cross Senior Secure HMO & Anthem Blue Cross Traditional HMO
- Anthem Blue Cross Senior Secure HMO & Anthem Blue Cross Select HMO
- Anthem Blue Cross Custom PPO & Anthem Blue Cross Traditional HMO
- Wellwise Retiree PPO
- Sharewell Retiree PPO

Health Plan Options



- **Cigna HMO not offered to retirees**
- Active employees who are currently enrolled in the Cigna HMO health plan cannot continue their Cigna HMO health plan as a retiree.
- Your Benefits Enrollment Summary will provide you options and costs of health plans that will be available for you to choose.

Health Plan Options



- ▶ If you are currently enrolled in Cigna you will need to make an election; if you do not make an election –
 - Non-Medicare eligible retirees will be automatically enrolled into the Anthem Blue Traditional HMO plan. Anthem Blue Cross will also designate a Primary Care Physician for you. If you live outside the service area, you will be placed in the Wellwise Retiree PPO health plan.
 - Medicare eligible retirees will be automatically enrolled into the Wellwise Retiree PPO health plan.

Health Plan Options



Overview of Plans

Wellwise Retiree - PPO



- ▶ Freedom of Choice
- ▶ Network Providers can be verified by calling Blue Shield 1-888-235-1767 or logging on the their website at www.blueshieldca.com/oc, Find a Doctor.
- ▶ May be required to submit claim forms for payment or reimbursement of medical expenses from non-network providers.
- ▶ Prescription Drug Program administered by **OptumRX**.

Wellwise Retiree - PPO



	Network Providers	Non-Network Providers
Annual deductible	\$500 per member/ \$1,000 per family	\$750 per member/ \$1,500 per family
Annual out of pocket maximum	\$2,500 per member/ \$5,000 per family	\$5000 per member/ \$10,000 per family
Office visit	10%	30%
Preventive care	No charge for services listed in the plan document	No charge for services listed in the plan document
Inpatient hospital	10%	30%
Ambulatory Surgery Center	10%	30% (plan pays max of \$1,500/day)
Diagnostic lab & radiology	10%	30%
Emergency room	10%	10%
Prescription drugs	Covered by OptumRX	Covered by OptumRX

Wellwise Retiree Prescription Benefit



- ▶ Members will have a separate pharmacy-only annual Maximum-Out-of-Pocket (MOOP) limit.
 - **Individual level: \$4,100**
 - **Family Coverage: \$8,200**

Members will pay their coinsurance, based on the medication's formulary placement as shown on the next slide, up until their annual maximum out of pocket limit. Then, once the annual out of pocket maximum is met, the plan will pay 100% of the covered costs of your medications for the remainder of the year.

Wellwise Retiree Prescription Benefit



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

- ▶ Mail order drug program (maintenance Rx) (greater than 30 days).
- ▶ Obtain a 90-day supply of maintenance medications at select retail locations.

¹ Generic penalty may apply

Sharewell Retiree - PPO



- ▶ Freedom of Choice.
- ▶ Annual \$5,000 Deductible per family.
- ▶ Network Providers -verify by calling Blue Shield 1-888-235-1767 or at website at www.blueshieldca.com/oc, Find a Doctor.
- ▶ HSA Compliant (for Non-Medicare eligible).
- ▶ The \$6,000/\$12,000 out-of-pocket maximum is based on the amount paid out-of-pocket, including deductibles and coinsurances.

Sharewell Retiree - PPO



	Network Providers	Non-Network Providers
Annual deductible	\$5,000 per family	\$5,000 per family
Annual out of pocket maximum	\$6,000 per family	\$12,000 per family
Office visit	10%	30%
Preventive care	No charge for services	100% of Usual Reasonable Customary
Inpatient hospital	10%	30%
Ambulatory Surgery Center	10%	30% (plan pays max of \$1,500/day)
Diagnostic lab & radiology	10%	30%
Emergency room	10%	10%
Prescription drugs	20% coinsurance after deductible is met	20% coinsurance after deductible is met

Sharewell Retiree - PPO



- ▶ Prescription Drug Discounts.
- ▶ You can fill your prescription at Blue Shield Network pharmacies and you will be able to receive a discount.
- ▶ You can still use other non-Blue Shield Network pharmacies; however, you will not receive the discount and must submit your claims to Blue Shield for reimbursement.
- ▶ Your deductible must be met first for pharmacy benefit of 20% Coinsurance to apply.
- ▶ To locate an network pharmacy call 1-888-235-1767; or log onto www.blueshieldca.com/findapharmacy.

Wellwise Retiree & Sharewell Retiree PPO Non-Network benefit



- ▶ Outpatient Ambulatory Surgery Centers – limited to \$1,500 per day.
- ▶ Outpatient Dialysis – limited to \$600 per day.
- ▶ Bariatric surgery – must use Blue Shield network facilities.
- ▶ Knee & Hip Replacements & Transplants – encouraged to use Blue Shield network facilities.
- ▶ May be required to submit claim forms for medical expenses.

Health Maintenance Organizations – HMO's



- ▶ Managed Care Programs
- ▶ Preventative, diagnostic & comprehensive major medical coverage included
- ▶ Co-pays for health services & prescriptions
- ▶ No claim form
- ▶ No annual deductible to satisfy
- ▶ You must receive all health care services from HMO provider
- ▶ When obtaining urgent or emergency care outside of Service Area: You are asked to contact HMO as soon as you can

Kaiser HMO



- ▶ Health facilities are Kaiser-owned and physicians and specialist are Kaiser employees. In most cases you receive all of your care at one facility.
- ▶ Prescription co-payments:
 - Tier 1 Level: Co-pay \$10 for generic drugs
 - Tier 2 Level: Co-pay \$30 (non-Medicare)/\$35 (KPSA) for brand name drugs
- ▶ If currently enrolled in Kaiser, wish to stay with Kaiser and are Medicare Eligible, you must elect Kaiser Senior Advantage during the election period.

Kaiser Permanente Senior Advantage (KPSA)



- ▶ Kaiser and Centers for Medicare and Medicaid Services (CMS) will process your application
- ▶ Your election into KPSA is pending until your application has been received and approved by CMS
- ▶ While waiting for approval you will remain in your existing health plan and will pay those monthly rates, unless you are enrolled in Cigna
- ▶ If you are enrolled in Cigna as an active employee, you will go into Wellwise Retiree PPO while awaiting approval

Kaiser Permanente Senior Advantage (KPSA)



- ▶ If you are currently enrolled in Kaiser HMO and not approved, you will be automatically enrolled into the Wellwise Retiree PPO health plan effective the first of the month when your retiree coverage starts or you turn 65
- ▶ Employee Benefits will send you notification if you were approved or denied
- ▶ Enrolling into Kaiser Senior Advantage allows you to continue with your current Kaiser physician(s)

SCAN HMO



▶ Benefit Highlights:

- Must have Medicare Parts A&B and reside within the SCAN County Service Areas
- \$15 co-pay for Primary Care Physician/Specialist
- \$100 co-pay for Hospital Admission
- Unlimited Transportation
- Independent Living Power® (ILP)

▶ Prescription Drug Coverage, 30 Days/90 Days:

Generic Drug	\$10	\$20
Brand-Name Drug	\$20	\$40
Non-Preferred Brand	\$40	\$80

SCAN HMO



- ▶ Your enrollment into SCAN will be pending approval of CMS
- ▶ Employee Benefits will send you notification if you were approved or denied
- ▶ If you are not approved to be enrolled in SCAN, you will be automatically enrolled into the designated health plan outlined on your Benefits Enrollment Summary

Anthem Blue Cross Traditional HMO



- ▶ You have the full Blue Cross HMO Network to choose your Primary Care Physician from
- ▶ Office Visit Copay- \$20 Per Visit.
- ▶ Emergency Room Copay- \$50 Per Visit.
- ▶ Hospitalization Copay- \$100 Per Admission.
- ▶ Prescription Drug Coverage, 30 Days/90 Days:

Generic Drug	\$10	\$20
Brand-Name Drug	\$30	\$60
Non-Preferred Brand Drug	\$50	\$100

Anthem Blue Cross Select HMO



- ▶ Blue Cross HMO Network-offers a more select network to choose your Primary care physician from
- ▶ Office Visit Copay- \$20 Per Visit
- ▶ Office Visit Copay Specialist - \$40 Per Visit.
- ▶ Emergency Room Copay- \$100 Per Visit
- ▶ Hospitalization Copay- 100% Coverage
- ▶ Prescription Drug Coverage, 30 Days/90 Days
- ▶ Deductible - \$100 Applicable to Brand Name Drug

Generic Drug	\$10	\$20
Brand-Name Drug	\$30	\$60
Non-Preferred Brand Drug	\$50	\$100

Anthem Blue Cross Custom PPO



- ▶ Offers you more flexibility to see any provider.
- ▶ Same Benefits In or Out of Network.
- ▶ Office Visit Copay- \$20 Per Visit.
- ▶ Hospitalization Copay- \$15 Per Visit.
- ▶ Offers Select Generics at no cost.
- ▶ Prescription Drug Coverage:

	30 Days	90 Days
Generic Drug	\$10	\$20
Brand-Name Drug	\$30	\$60
Non-Preferred Brand Drug	\$50	\$100

Anthem Blue Cross Standard PPO



- ▶ Different benefits In and Out of network
- ▶ In Network Office Visit Copay- \$25 Per Visit.
- ▶ In Network Office Visit Copay Specialist- \$40 Per Visit.
- ▶ In Network Inpatient Hospitalization Copay - \$200, days 1 - 5.
- ▶ In Network Outpatient Hospitalization Copay - \$100
- ▶ Offers Select Generics at no cost.
- ▶ Prescription Drug Coverage, 30 Days/90 Days.
- ▶ Deductible- \$200 Applicable to Brand Name Drug.

	30 Days/90 Days	
Generic Drug	\$15	\$30
Brand Name Drug	\$45	\$90
Non-Preferred Brand Drug	\$45	\$90

Anthem Blue Cross Senior Secure HMO



▶ Out of the three Anthem Medicare Advantage plans this plan provides the richest benefits and includes:

- Eyeglasses/Contacts
- Extra Chiropractic

▶ Office Visit Copay Specialist- \$20 Per Visit.

▶ Medicare Covered Hospital Stays - \$100 Per Admission.

▶ Offers Select Generics at no cost.

▶ Prescription Drug Coverage:	30 Days/90 Days
Generic Drug	\$10 \$20
Brand-Name Drug	\$30 \$60
Non-Preferred Brand Drug	\$50 \$100

Medicare and Retiree Health Plans



- ▶ Medicare is primary with all health plans but, Medicare is not assigned to:
 - Wellwise Retiree PPO
 - Sharewell Retiree PPO

- ▶ Medicare must be assigned to:
 - Kaiser Senior Advantage HMO
 - SCAN HMO
 - Anthem Blue Cross Senior Secure HMO
 - Anthem Blue Cross Custom PPO
 - Anthem Blue Cross Standard PPO

Medicare Assignment



- ▶ With the exception of the Wellwise Retiree PPO plan and Sharewell Retiree PPO plan, all health plans offered to Medicare eligible retirees are Medicare Advantage plans.
- ▶ Medicare Advantage plans require that you “assign” your benefits to that health plan.
- ▶ The health plan receives reimbursement from CMS to provide benefits. You pay any deductibles or co-payments.

Medicare Assignment



- ▶ Failure to enroll in or maintain your Medicare coverage will impact your enrollment in a Medicare Advantage plan and will result in an increase in your monthly health plan rates and suspension of your Retiree Medical Grant (if applicable).
- ▶ Assigning your Medicare Parts A, B and D, to another plan (including an individual prescription drug plan) can result in enrollment into another County health plan at significantly higher rates.

Medicare Advantage Plan Process



- ▶ The Centers for Medicare and Medicaid Services (CMS) must approve enrollment in a Medicare Advantage plan.
- ▶ Enrollment requires the health plan to verify your coverage under Medicare Parts A, B and D, and your Medicare is assigned to the plan you select.
- ▶ If not approved timely, you will either remain in your current plan or be automatically enrolled into the Wellwise Retiree PPO, based on the reason for the CMS denial. Denials due to non-payment of Medicare Part B may result in suspension of your Grant and/or late enrollment penalties. You may also be responsible for payment of services accessed.

Medicare Advantage Enrollment and CMS Approval Required



- ▶ If CMS does not approve your enrollment, you will be placed into a designated plan to ensure you have continuous retiree health plan coverage.
- ▶ It is important you respond to any calls, questions or inquiries by the Medicare Advantage health plan and provide any requested documentation as soon as possible. Providing this information as soon as possible will help to eliminate delays in processing your enrollment.

Medicare and Wellwise & Sharewell Retiree PPO



- ▶ The **Wellwise Retiree PPO** plan and the **Sharewell Retiree PPO** plans will coordinate with Medicare.
- ▶ Medicare will pay as the primary plan, the County of Orange PPO plan will pay secondary to Medicare for retiree participants.
- ▶ The amount that Medicare allows will go toward meeting your deductible and out of pocket maximum.
- ▶ This type of plan is known as a Coordination of Benefits (COB) plan.

Medicare and Kaiser, SCAN, or Anthem Blue Cross



- ▶ Pending status:
 - If you select **Kaiser** - you will remain in your current plan if currently enrolled in the Kaiser HMO or Sharewell and pay applicable rates until approved based upon your Medicare status. All other plans will pend in Wellwise.
 - If you select **SCAN** – you may be placed in the Wellwise Retiree PPO health plan and pay applicable rates until approved based upon your Medicare status.
 - If you select an **Anthem Blue Cross plan** - you may be placed in the Wellwise Retiree PPO health plan and pay applicable rates until approved based upon your Medicare status.
- ▶ The Employee Benefits will inform you of approval or denial with Confirmation Statement.

Medicare Part D Prescription Drug Coverage



- ▶ Creditable Coverage letter - mailed to eligible participants by the Benefits Center to home addresses.
 - **Anthem Blue Cross Traditional, Select HMO, and Wellwise Retiree** plan members should not enroll in a Medicare prescription drug plan because their County prescription drug coverage is equal to or better than Medicare.
 - **Kaiser Senior Advantage, SCAN, and Anthem Blue Cross Medicare Advantage** plan members do not have to enroll in a Medicare prescription drug plan because the health plan will automatically enroll you in these benefits.

Medicare Part D Prescription Drug Coverage



- ▶ Non-Creditable Coverage letter - mailed to eligible participants by the Benefits Center to home addresses.
 - Medicare-eligible **Sharewell Retiree**, *we strongly recommend you enroll* in a Medicare prescription drug plan because Medicare Part D provides additional prescription drug benefits and to avoid possible late enrollment penalty should you decide to enroll in Medicare Part D later.
- ▶ Important: Do not sign up for Medicare Part D plan outside of your County health plan, except if you are enrolled in Sharewell Retiree.

Health Plan Effective Dates



- ▶ Active employee coverage ends on the last day of the month in which you remain an active employee.
- ▶ Retiree coverage starts on the first day of the month following your separation date.
- ▶ Example:
 - Last day of work: June 15
 - Active coverage ends June 30
 - Retiree coverage starts July 1

Enrollment Process



Step 1: Notify OCERS online of your retirement date 60 days before your last day at work.

- OCERS notifies Employee Benefits of upcoming retirements every week
- Employee Benefits
 - Calculates the amount of your grant(if applicable)
 - Sends you a retiree enrollment packet
 - Benefits Enrollment Guide
- ▶ Your packet will be sent 1 – 2 weeks after Employee Benefits receives your “intent to retire” information from OCERS.

Enrollment Process



Step 1 (continued):

- ▶ If you are currently employed and over 65, you should go to Social Security 60-90 days prior to your retirement date to ensure your Medicare is in place.
- ▶ You may be given a Verification of Employment form. Bring the form to the Employee Benefits Department for completion. Located in Hall of Administration, Room 137.
- ▶ By starting this process early, you will avoid delays and/or being denied enrollment into a Medicare Advantage health plan.

Enrollment Process



Step 2: Elect your retiree health plan coverage within 30 days from the date on your Benefits Enrollment Summary.

- ▶ Complete and return the enclosed enrollment form to Employee Benefits using one of the following methods:
 - ▶ Fax to 714-834-7088
 - ▶ Email to HR_EmployeeBenefits@ocgov.com
 - ▶ Mail or hand-deliver to Employee Benefits Department, 333 W. Santa Ana Blvd., Santa Ana, Ca 92701
- ▶ If you make no new elections, or if you elect a Medicare Advantage plan and your enrollment is not approved you will be enrolled in a default plan.
- ▶ If enrolling in Kaiser Senior Advantage, you must sign and return the required Medicare Advantage release form found in the Intent to Retire package to Employee Benefits

Enrollment Process



Dependent Eligibility

- ▶ You are required to provide documentation of eligibility for any newly added dependents:
 - Marriage certificates; and
 - Tax documents/Proof of Joint Debt (if applicable)
- ▶ If you do not submit documentation for a newly added dependent within 60 days of the date of the event which made your dependent eligible, your dependent will be removed from your coverage.
- ▶ It is your responsibility to notify the Employee Benefits within 30 days when a dependent becomes eligible or ineligible for coverage.

Enrollment Process



Medicare Documentation Requirements:

- ▶ If you and/or your dependent spouse are Medicare eligible, you are required to provide current documentation of Medicare enrollment at the time of your election
 - You must submit a copy of your Medicare Card showing an effective date in the current year
 - If Medicare eligible previously, provide documentation of Medicare enrollment in the form of a letter from Medicare showing current coverage with current year date, or statements showing payment of Medicare premiums within the current year

Enrollment Process



- ▶ If you fail to provide the required documentation, your Grant will be suspended and you will be required to pay the higher non-Medicare rates until the Employee Benefits receives such required documentation.
- ▶ Your Grant and rates will be reinstated the 1st of the month following the receipt of the required documentation: however, you may not be allowed to enroll in your selected plan (if Medicare Advantage).
- ▶ To review specific documentation requirements for each dependent type, please refer to the Employee Benefits Website or the form included in the Intent to Retire package.

Enrollment Process



Step 3: Review your confirmation statement and report any errors to elections you've made within 10 business days from date on Statement.

- Statement follows health plan selection
 - Coverage changes are pending until you actually retire

Enrollment Process



Confirmation Statement

- Review carefully for any additional instructions or requirements, such as submitting documentation of dependent eligibility or documentation of Medicare enrollment
- Failure to follow the instructions such as providing required documentation could result in termination of dependent coverage, or placement into a non-Medicare Advantage plan (if applicable) and/or termination of your Retiree Medical Grant, per plan rules

Enrollment Process



Step 4: Pay your share of the health plan rates

- Initially you are billed directly for your retiree health plan rates (if applicable)
- Benefits Center will send you an invoice that will advise you of the full amount due on or before the stated due date
- Between 60 – 90 days after you retire automatic pension deductions will occur on your monthly OCERS pension

Enrollment Process



Immediate Retirement

- Employee Benefits may not recognize you as an “Intent to Retire”; will only see termination notification input by Human Resources Services.
- Inform Employee Benefits of late notification to OCERS
- May have appearance of lapse in coverage
- If you need immediate services or a prescription drug filled, work with Employee Benefits
- Note: If you switch to an HMO plan upon retirement, you may be required to select Primary Care Physician.

Summary - Enrollment Process



- ▶ **Step 1:** Notify with OCERS 60 days before your last day at work.
 - If you and/or your spouse are Medicare eligible, make sure your Medicare is in place

- ▶ **Step 2:** Elect your retiree health plan coverage within 30 days from the date on your Benefits Enrollment Summary.

- ▶ **Step 3:** Review your confirmation statement and report any errors to elections you've made within 10 business days from the date on your statement.

- ▶ **Step 4:** Pay your share of the health plan rates (if applicable).

Health Plan ID Cards



- ▶ If you switch to a different health plan:
 - New health plan ID cards are mailed within 30 days of confirmation statement issued after you actually retire
 - If you do not receive your ID cards, contact the health plan directly
 - If you need to use your medical or prescription drug benefits before your ID card arrives, call Employee Benefits to have your coverage verified with your provider or pharmacy.

Things to Consider



- Life Insurance – portability of insurance; contact the plan administrator for more information
- Reimbursement Accounts – you may only file claims for expenses incurred through your last date of employment
- Deferred retirement — Must enroll in Retiree Medical Program within 30 days of activating OCERS Pension
- Keep your address current with the Benefits Center as well as OCERS
- Annual Open Enrollment is held during the Fall each year

Direct Bill



▶ <https://countyoforange.ielect.com>

▶ Email: eligibility@secova.com

▶ Phone: 1-800-858-7266

▶ Payment Mailing address:

County of Orange Benefit Center

3090 Bristol Street

Suite 200

Costa Mesa, CA 92626

Wellwise Retiree & Sharewell Retiree PPO Plans



- ▶ Blue Shield of California Plan Administrators
 - Benefits, preferred providers, hospital information
 - www.blueshieldca.com/oc
 - Phone: 1-888-235-1767

- ▶ OptumRx-Wellwise Retiree Plan Participants
 - Prescription drug information
 - Optumrx.com
 - Phone: 1-800-573-3583

Anthem Blue Cross Medicare Advantage Plans



- ▶ Anthem Blue Cross Custom PPO Plan & Standard PPO Plan
 - www.anthem.com/ca/countyoforange
 - First Impressions Phone: 1-877-411-1647

- ▶ Anthem Blue Cross Senior Secure HMO
 - www.anthem.com/ca/countyoforange
 - First Impressions Phone: 1-877-826-1831

SCAN Health Plan



▶ SCAN HMO Plan

- www.scanhealthplan.com/CountyofOrange
- First Touch Phone: 1-877-212-7654

Additional HMO Plans



- ▶ Kaiser: www.kp.org
Phone: 1-800-464-4000
 - ASHP (Chiropractic): www.ashcompanies.com
 - Phone: 1-800-678-9133

- ▶ Anthem Blue Cross HMO Health Plans
(Traditional & Select)
 - www.anthem.com/ca/countyoforange
First Impressions Phone: 1-888-831-2238

Employee Benefits Website



www.ocgov.com/gov/hr/eb

▶ For general information about your County of Orange retiree benefits:

- Retiree Enrollment Guide
- 2019 Retiree Health Plan Monthly Rates
- New Retiree Checklist
- Health Plan Contact Information
- Retiree Medical Plan Document

Employee Benefits



▶ **Employee Benefits Office**

**333 W Santa Ana Blvd, Room 137
Santa Ana, 92701**

Customer Service Message Line: 714-834-6282

Fax: 714-834-7088

Email: HR_Employeebenefits@ocgov.com

Questions?



Thank you for attending today!