







# 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 actual eligible service hours
- ▶ Buyback for service after August 1, 1993 not applied to eligibility for grant

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## Health Plan Choices

- ▶ Types of coverage
- ▶ Things to consider
- ▶ Effective dates

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# Types of Health Plan Choices

- ▶ Types of coverage
  - ▷ Offers seven different Retiree Health Plan
  - ▷ Service area/residence
    - HMO: Defined by zip code **within the state of California**
    - PPO: No service area limitations
    - Private Fee for Service (PFFS): No service area limitations

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## Things to Consider

- ▶ Coverage — how much you pay for services
- ▶ Premiums — how much you pay each month
- ▶ Choice of providers
  - HMO, PPO, PFFS
  - Access to HMO, PPO, or PFFS providers while traveling
- ▶ Deferred retirement — Must enroll in Retiree Medical Program within 30 Days of Activating Pension Check.

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# Health Plan Options

▶ **Your 2008 Health Plan options for Non-Medicare Eligible (Subscriber and/or dependents):**

1. Premier Wellwise PPO
2. Premier Sharewell PPO
3. Exclusive Care Select PPO
4. CIGNA HMO
5. Kaiser HMO
6. Blue Cross Traditional HMO
7. Blue Cross Select HMO

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## Health Plan Options

- ▶ **Your 2008 Health Plan options if all are Medicare A & B Eligible (subscriber and dependents):**
  - ▶ 1. Premier Wellwise PPO
  - ▶ 2. Premier Sharewell PPO
  - ▶ 3. Exclusive Care Select PPO
  - ▶ 4. CIGNA HMO
  - ▶ 5. Kaiser Senior Advantage HMO
  - ▶ 6. Blue Cross SmartValue Custom PFFS
  - ▶ 7. Blue Cross SmartValue Standard PFFS

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# Health Plan Options

- ▶ **For 2008 Mixed Medicare A&B Health Plan options (one participant is Medicare A & B Eligible and one is not Medicare Eligible):**
  1. Premier Wellwise PPO
  2. Premier Sharewell PPO
  3. Exclusive Care Select PPO
  4. CIGNA HMO
  5. Kaiser HMO & Sr. Advantage HMO
  6. Blue Cross SmartValue Custom PFFS & Traditional HMO
  7. Blue Cross SmartValue Custom PFFS & Select HMO

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## Premier Wellwise - PPO

- ▶ Freedom of Choice
- ▶ “In-Network”- Blue Shield PPO Network (90% / 10%)
- ▶ In-Network Providers can be verified by calling Blue Shield 1-888-235-1767 or logging on the their Website at [www.blueshieldca.com/oc](http://www.blueshieldca.com/oc), click on doctor directory
- ▶ “Out-of-Network” (70% / 30%)
- ▶ Prescription Drug Program through Walgreens (WHI)
- ▶ Calendar year deductibles (in-network/out-of-network)
- ▶ Individual Lifetime maximum \$3 million
- ▶ Required to submit claim forms for reimbursement of medical expenses

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## Premier Sharewell - PPO

- ▶ Freedom of Choice
- ▶ Annual \$5,000 Deductible per family
- ▶ “In-Network”- Blue Shield PPO Network (90% / 10%)
- ▶ In-Network Providers can be verified by calling Blue Shield 1-888-235-1767 or logging on the their Website at [www.blueshieldca.com/oc](http://www.blueshieldca.com/oc), click on doctor directory
- ▶ “Out-of-Network” (80% / 20%)
- ▶ Individual Lifetime maximum \$1 million
- ▶ Required to submit claim forms for reimbursement of medical expenses

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## Health Maintenance Organizations - HMO

- ▶ Managed Care Programs
  - ▶ Preventative, diagnostic & comprehensive major medical coverage included
  - ▶ Co-pays for health services & prescriptions
  - ▶ No claim form
  - ▶ No annual deductible to satisfy
  - ▶ No lifetime maximums
  - ▶ You must receive all health care services from HMO provider
  - ▶ “Emergency” care from non-HMO provider is covered
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## CIGNA HMO

- ▶ CIGNA has contractual arrangements with medical groups, private practice physicians and hospitals
- ▶ Select a Primary Care Physician to coordinate care
- ▶ Prescription co-payments:
  - ▶ Tier 1 Level: Co-pay \$10 for generic drugs
  - ▶ Tier 2 Level: Co-pay \$20 for brand name drugs
  - ▶ Tier 3 Level: Co-pay \$40 for prescriptions not covered under Tier 1 or Tier 2

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## Kaiser HMO

- ▶ Health facilities are Kaiser-owned and physicians and specialist are Kaiser employees
- ▶ Prescription co-payments:
  - Tier 1 Level: Co-pay \$10 for generic drugs
  - Tier 2 Level: Co-pay \$20 for brand name drugs

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## Blue Cross – Select HMO

- ▶ • Office Visit Copay- \$15 Per Visit,
- ▶ • Office Visit Copay Specialist- \$30 Per Visit
- ▶ • Lab & Radiology Services- 100% Coverage
- ▶ • 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    | \$25 | \$50 |
| ▶ • Non-Formulary Drug | \$40 | \$80 |



# Blue Cross - Private Fee For Service Plans

What is a Private Fee For Service Plan?

- **What is a Medicare Advantage PFFS Plan?**
- It is a Medicare Advantage plan that is offered to those retirees, over 65 who are eligible for Medicare Part A & B
- Blue Cross has a contract with the Centers for Medicare and Medicaid (CMS) to provide health care for its members
- The PFFS program does not utilize a contracted network



## Blue Cross - Private Fee For Service Plans

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- You may receive care services from any licensed doctor you choose. As long as your doctor participates in Original Medicare and is willing to accept the terms and conditions of SmartValue. With direct access to doctors and specialists, your course of treatment can be decided by those you trust most.
- Additional benefits and services not traditionally covered by original Medicare
- Freedom to travel and have comprehensive benefits world-wide



## Health Plan Options

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- ▶ **Your 2008 Health Plan options depend on your and your dependents Medicare Status and/or your address.**
- ▶ **HMO's are only available in eligible California zip code areas**



## Health Plan Effective Dates

- ▶ Active employee coverage ends on the last day of the month in which you separate from the County
- ▶ 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

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## Enrollment Process

▶ **Step 1** (continued):

▶ If you wait too long...

- The Benefits Center may not receive your retirement information in time to send you an enrollment packet before you terminate employment with the County
- If you need medical care before your retiree coverage takes effect, you may have to elect and pay for COBRA coverage

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## Enrollment Process

- ▶ **Step 2: Elect your retiree health plan coverage** within 30 days from the date on your Benefits Enrollment Summary
- ▶ To enroll
  - ▷ Use the Benefits Center Web Site, or
  - ▷ Call the Benefits Resources Line
- ▶ If you make no new elections, you receive automatic coverage as shown on your Benefits Enrollment Summary

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## Enrollment Process

- ▶ **Step 3: Review your *two* confirmation statements and report any errors to elections you've made within 10 business days**
  - ▷ First statement follows enrollment
    - Coverage changes are *pending until you actually retire*
  - ▷ Second statement follows separation/retirement date
    - Coverage changes are *activated*

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## Enrollment Process

### ▶ **Step 4: Pay your share of the premiums**

- ▶ Initially you are billed for your retiree health plan premium (if applicable)
- ▶ Between 60 – 90 days after you retire automatic pension deductions will occur on your monthly pension check.

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## Health Plan ID Cards

- ▶ If you switch to a different health plan
  - ▷ New health plan ID cards are mailed within 30 days of second confirmation statement
  - ▷ If you do not receive your ID cards, contact the health plan
  - ▷ If you need to use your medical or prescription drug benefits before your ID card arrives, call the Benefit Resource Line to have your coverage verified with your provider or pharmacy

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## Enrollment Process

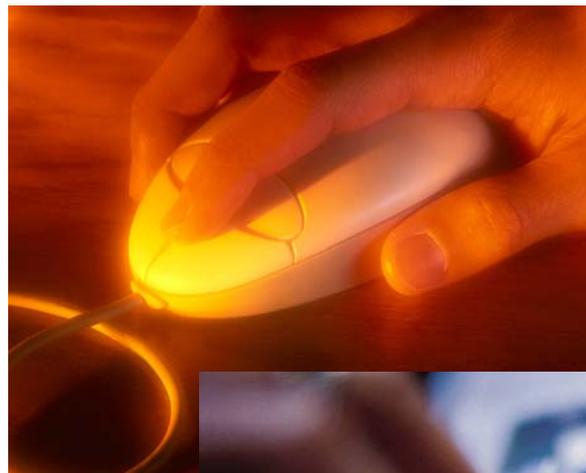
- ▶ Start early for a smooth transition
- ▶ 30-day enrollment period
  - ▷ From the date on your Benefits Enrollment Summary
  - ▷ A one-time-only opportunity to enroll based on eligibility
- ▶ If you decline/terminate coverage, you cannot enroll in a County health plan the future

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It's Up to You!



# Click: To Enroll Online

[www.benefitsweb.com/countyoforange.html](http://www.benefitsweb.com/countyoforange.html)

24 hours a day, 7 days a week

- ▶ Go to the Benefits Center Web Site from any computer with Internet access
- ▶ Type the Web Site address into your Web browser and press “Enter” on your keyboard

The screenshot shows the 'Pathways to Your Benefits' website. The header includes the logo and the text 'Pathways to Your Benefits'. Below the header, there is a 'Welcome to the Site...' section with a 'Login' button. The main content area is divided into two columns. The left column contains text about requesting a PIN reminder and assistance. The right column contains a login form with fields for 'SSN:' and 'PIN:', and buttons for 'Login' and 'Clear'. There is also a 'Forgot Your PIN?' link. At the bottom, there is a copyright notice and links for 'Terms of Use', 'Privacy Policy', and 'System Requirements'.

pathways



## Click: To Enroll Online

- ▶ After you **save** your changes, your Benefits Confirmation Statement will appear on your screen
  - ▷ Review your benefit elections for 2008
  - ▷ Make sure you see a confirmation number
  - ▷ Print a copy for your records
- ▶ You will also receive a Benefits Confirmation Statement by mail within 7 to 10 business days

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# Health & Welfare

Pathways

Address <https://test2.benefitsweb.com/benefitsweb/html/HW/home.jsp> Go

Home | FAQs | Documents & Forms | Contact Us | Inbox | Log Out Search GO

## Pathways to Your Benefits

The County of Orange | Employee Benefits

Personal Information | **Health & Welfare** | Work/Life Events

XXX-XX-9254 December 11, 2006

Home > Health & Welfare

**Coverage Details**

**Change Coverage**

**Planning Tools**

**Resource Materials**

**I want to ...**

[Review Plan Guidelines](#)

[Compare available health plans](#)

[Download and print claim forms and other benefit forms](#)

[Find a plan administrator to determine if a provider is in my network](#)

[Find contact information for plan administrators and other groups](#)

### Health & Welfare



**Coverage Overview**

Benefit	Your Current Choices	Effective Date	Your Bi-weekly Cost/(Credit)	
			Before-Tax	After-Tax
Health Plan	Kaiser Permanente HMO, Yourself Only	01/01/2006	\$6.59	\$0.00
Dependent Care Reimbursement Account	No Coverage, \$0.00 Annual	01/01/2006		
1% Retiree Medical Contribution Plan	Covered	01/01/2006		
Your Total Bi-weekly Cost/(Credit)			\$6.59	\$0.00

**Understanding Your Health and Welfare Benefits**  
The Health and Welfare Benefits program provides you and your eligible dependents with a broad range of coverages.

During Open Enrollment, you will have the opportunity to make changes to your benefits for the upcoming plan year.

**Open Events Summary**

[Open Enrollment](#)  
Status: [Review Only](#)  
Event Date: Effective Jan 1, 2007

[Intent to Retire](#)  
Status: [Elections Unchanged](#)  
Event Date: Jan 5, 2007  
Enrollment Deadline: Jan 24, 2007  
(44 days remaining)

**Learn More**

[When can I make changes to current coverage?](#)

[What tools are available to me?](#)

[Need to speak with a Benefits Specialist?](#)





# Health & Welfare

Pathways  
to  
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Benefits

pathways > > > Home | FAQs | Documents & Forms | Contact Us | Inbox | Log Out Search GO

Pathways to Your Benefits  
The County of Orange | Employee Benefits

Personal Information Health & Welfare Work/Life Events

XXX-XX-9254 December 11, 2006

Home > Health & Welfare > Change Coverage > Intent to Retire > Confirmation Statement

**Confirmation Statement | Intent to Retire**  
Enrollment Deadline: Jan 24, 2007 (44 days remaining) Confirmation Number: 06328135344  
Confirmed on: Dec 11, 2006 02:22 PM EST

[Printer Friendly Version](#)

**CONFIRMATION STATEMENT**  
This screen confirms the coverage you will receive as a result of this event. If you do not change your elections, this coverage will remain in effect. **You may refer to the Confirmation Number above for future inquiries, if necessary.**

*Please print and retain this information for your records.*

**Reminder:** If you haven't yet made new benefit elections as a result of this event (or if you want to change the elections you just made), you have until the enrollment deadline to do so. After the enrollment deadline, you will not be able to make changes until the next Open Enrollment period, unless you first experience another Qualified Life Event.

(If you need to make any corrections, return to the "Make Coverage Elections" step before the enrollment deadline.)

**Follow These Steps**

1. [Learn About This Event](#)
2. [Make Coverage Elections](#)
3. [Confirmation Statement](#)
4. [Next Steps](#)
5. [Other Things To Consider](#)

**Coverage Overview**

Benefit	Your Current Choices	Effective Date	Your Bi-weekly Cost/(Credit)	
			Before-Tax	After-Tax





# Work/Life Events

pathways

The screenshot shows a web browser window with the address bar displaying "pathways". The page header includes navigation links: Home | FAQs | Documents & Forms | Contact Us | Inbox | Log Out, and a search box with a "GO" button. The main heading is "Pathways to Your Benefits" with the subtitle "The County of Orange | Employee Benefits". A navigation bar highlights "Work/Life Events" among other categories like "Personal Information" and "Health & Welfare". The user ID "xxx-xx-9254" and the date "December 11, 2006" are displayed. The main content area is titled "Work/Life Events" and includes a sub-heading "Understanding Work/Life Events" with a paragraph explaining that a qualifying event allows for changes to benefit elections. It also notes that decisions require careful consideration and provides links for previewing changes and finding answers to frequently asked questions. On the right, an "Open Events Summary" table lists two events: one with status "Review Only" and another with status "Complete". A "Learn More" section lists several topics for further exploration, such as "What is a qualifying life event?" and "What are the qualifications for a Domestic Partnership?".







# Select-a-Plan Tool

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Select-a-Plan

pathways

Pathways to Your Benefits

Decision Center » Preference Module

The County of Orange | Employee Benefits

Modeled Coverage Level: Yourself Only

**Preference Module** **EXIT**

Overview | Select Coverage Level | **Select Attributes** | Importance of Difference | Tradeoffs | Results

### Attribute Selection

Please check which of the following attributes (characteristics) are important to you when making a health plan choice. You may select as many as you would like (the more you select, the longer the exercise will take). There must be at least four (4) attributes checked for the tool to work.

Your results will only be as good as the accuracy of your responses. Be sure to choose all the attributes that are important to you.

Click on any attribute to see its definition.

- Cost**
  - [Per pay period contribution](#)
  - [Annual deductible](#)
  - [Annual out-of-pocket maximum on all expenses](#)
  - [Inpatient hospitalization](#)
    - [Initial inpatient hospitalization treatment cost](#)
    - [Inpatient hospital services coverage](#)
  - [Your cost per emergency room visit](#)
  - [Outpatient surgery](#)
    - [Initial outpatient surgery services cost](#)
    - [Outpatient surgery services coverage](#)
  - [Your cost per doctor's office visit](#)
  - [Your cost per specialist visit](#)
  - [Retail prescription drugs](#)
    - [Your cost per retail brand name prescription](#)
    - [Your cost per retail generic prescription](#)
- Access**
  - [Covered benefits are available outside the plan's provider network](#)
  - [Ability to self-refer to a specialist](#)
  - [PCP selection required in advance of receiving care](#)
- Covered Benefits**
  - [Routine physical checkups](#)
  - [Vision care coverage by the health plan](#)
  - [Coverage of alternative therapies](#)



# Select-a-Plan Tool

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Select-a-Plan

Pathways to Your Benefits

Decision Center » Medical Cost Calculator

Modeled Coverage Level: **Yourself Only**

**Medical Cost Calculator**

Overview | Select Coverage Level | **Estimate Usage** | Results

**Estimate Use**

Select the number of times you expect to incur charges for each of the items below during the plan year. Complete this process for yourself and each of your dependents.

To change the number of dependents, click on the tab at the top of the estimation table.

Individual to Estimate: **Self**

Type of Medical Service	Estimated Cost	Estimate Use:		Subtotal Cost of Services	
		Self		Self	All Individuals
<b>Routine Services</b>					
<a href="#">Office visit for established patient</a>	\$ 66	0		\$0	\$0
<a href="#">Specialist visit</a>	\$ 96	0		\$0	\$0
<a href="#">X-ray</a>	\$ 67	0		\$0	\$0
<a href="#">Lab</a>	\$ 45	0		\$0	\$0
<b>Preventive Services</b>					
<a href="#">Routine physical exam</a>	\$ 133	0		\$0	\$0
<b>Non-Routine Services</b>					
<a href="#">Emergency room visit</a>	\$ 93	0		\$0	\$0
<a href="#">Inpatient hospitalization</a>	\$ 17651	0		\$0	\$0
<a href="#">Outpatient surgery</a>	\$ 2224	0		\$0	\$0
<b>Prescription Drugs</b>					
<a href="#">Retail prescription drug (brand, 30 day)</a>	\$ 65	0		\$0	\$0
<a href="#">Retail prescription drug (generic, 30 day)</a>	\$ 20	0		\$0	\$0
<a href="#">Add / Remove Medical Services</a>		<a href="#">Reset to Defaults</a>		<a href="#">Reset to Zero</a>	
<b>Estimated Total Cost for Services</b>				\$0	\$0



# Select-a-Plan Tool

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[Select-a-Plan](#)

**Pathways to Your Benefits**

Decision Center » Comparison Module Modeled Coverage Level: Yourself Only  [EXIT](#)

**Comparison Module**

Overview | Select Coverage Level | **Select Plans** | Select Attributes | View Results

### Select health plans for Comparison

To look at plan details for a single health plan, simply click on "View Details" below the plan's name. In addition, you may compare the plans' details side-by-side by selecting the check box next to each plan and then pressing the "Next" button.

Sort by: Name | [Preference Score](#)

<input type="checkbox"/> <b>CIGNA Health Plan HMO</b> Select <a href="#">View Details</a>   <a href="#">Web Site</a>  Phone: 800-244-6224	<b>Preference Score</b>  <b>Calculator Out-of-Pocket Cost not yet determined</b>
<input type="checkbox"/> <b>Kaiser Health Plan HMO</b> Select <a href="#">View Details</a>   <a href="#">Web Site</a>  Phone: 800-464-4000	<b>Preference Score</b>  <b>Calculator Out-of-Pocket Cost not yet determined</b>
<input type="checkbox"/> <b>Premier Sharewell PPO</b> Select <a href="#">View Details</a>   <a href="#">Web Site</a>  Phone: 888-350-5608	<b>Preference Score</b>  <b>Calculator Out-of-Pocket Cost not yet determined</b>







## 2008 Retiree Medical Grant

- ▶ Retiree and dependent spouse must be enrolled in Medicare Part A (if eligible at no cost) and Part B to receive the Grant. Must self-identify if Part B only.
- ▶ For 2008, \$17.17 per month 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.
- ▶ 50% reduction in monthly grant when you become eligible for Medicare Parts A & B.
- ▶ Everyone is eligible for Medicare Part B

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## Monthly Grant

- ▶ For County health plan premiums
- ▶ For retiree and spouse Medicare Part B premiums
- ▶ Medicare Part B reimbursement only option
- ▶ Tax-free benefit, therefore cannot exceed health plan and Medicare premiums

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# Monthly Grant Amount

- ▶ 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 will have 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.
- ▶ Effective 1/1/2008 maximum annual grant increase/decrease: capped at 3%.
- ▶ Effective 1/1/2008 split pool rates to apply
- ▶ 50% reduction in monthly grant when you become eligible for Medicare Parts A & B.
  - ▷ Health plan premiums will be reduced when you become Medicare eligible.

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## Grant and Survivors

- ▶ Benefits for survivors of covered retirees
  - ▷ 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
  - ▷ Must receive an OCERS pension check

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## Net Health Plan Premium

- ▶ Full health plan premium less grant amount determines your monthly net premium cost
- ▶ Premium rates and grants may change (annually and upon reaching age 65 or becoming Medicare eligible)
- ▶ Effective 1/1/2008 all retirees will have split pool rates
  - ▷ Split pool rates are rates for retirees as an individual group and not combined with active employee rates.

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# Retirees and Medicare

- ▶ Medicare enrollment **required** for retirees and covered spouses age 65 and older
  - ▶ Medicare Part A: Required if you are eligible for it at no cost
  - ▶ Medicare Part B: Required and everyone is eligible for Part B
- ▶ Medicare enrollment is required if you are employed and covered by your employer's health plan
- ▶ Enroll in Medicare
  - ▶ 90 days prior to retirement (if already age 65), or
  - ▶ 90 days prior to 65th birthday
  - ▶ Provide Medicare documentation to Benefits Center
- ▶ If you don't...
  - ▶ Medical grant suspended
  - ▶ You pay higher premiums until proof of Medicare enrollment is received by the Benefits Center
  - ▶ May be responsible for any adjustments related to health plan premiums and Grant if you lose Medicare Part B eligibility or if you do not self-identify as Part B only.

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## A Word about Medicare Part D Prescription Drug Coverage

- ▶ If you or any of your dependents are eligible for Medicare, you have probably received information from Medicare and various prescription drug plans about enrolling in the Medicare prescription drug coverage
  - ▶ **Creditable Coverage letters will be mailed to eligible participants by the Benefits Center to your home address.**
  - ▶ Premier Wellwise, CIGNA, Exclusive Care Select, Blue Cross HMO plan members should not enroll in a Medicare prescription drug plan because their County prescription drug coverage is better than Medicare's
  - ▶ Kaiser Senior Advantage or Blue Cross Private Fee for Service (PFFS) plan members do not have to enroll in a Medicare prescription drug plan because the health plan will automatically enroll you in these benefits. Enrollment in Medicare Part D may make you ineligible for these health plans
  - ▶ Medicare-eligible Premier Sharewell members *should consider enrolling* in a Medicare prescription drug plan because Medicare Part D provides additional prescription drug benefits and to avoid potential late enrollment penalties

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# Medicare

- ▶ Medicare is primary
  - ▷ Claims must be submitted to Medicare first
- ▶ County of Orange Health Plan is secondary
  - ▷ Send Medicare “Explanation of Benefits” and itemized bill to Claims Administrator

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# Medicare and Retiree Health Plans

Primary Health Plans

- ▶ Medicare is always Primary with all health plans but is not assigned to health plan if enrolled in:
  - Premier Wellwise PPO
  - Premier Sharewell PPO
  - Exclusive Care Select PPO
  - CIGNA HMO
  
- ▶ Medicare must be assigned to health plan if enrolled in:
  - Kaiser Senior Advantage HMO,
  - Blue Cross SmartValue Custom PFFS
  - Blue Cross SmartValue Standard PFFS



## Medicare and Kaiser

- ▶ A Kaiser Permanente Senior Advantage (KPSA) Enrollment form is included with your first benefits confirmation statement
- ▶ If you need an additional KPSA enrollment form, contact Benefits Resource Line
- ▶ If you want Kaiser coverage, complete the form and return it to the address on the form
- ▶ If you fail to complete and return your enrollment form, you will be defaulted into the Premier Wellwise Health Plan
- ▶ Kaiser will inform you of approval or denial

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## Medicare and Private Fee for Service Plans

- ▶ Your election via the Web Site or speaking to a Benefits Specialist will enroll you into this plan.
- ▶ If Blue Cross contacts you by phone in regards to your enrollment, please respond timely.
- ▶ No enrollment form is necessary, done electronically

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# County of Orange Benefits Center

- ▶ [www.benefitsweb.com/countyoforange.html](http://www.benefitsweb.com/countyoforange.html)
- ▶ Benefits Resource Line: 1-866-325-2345
- ▶ FAX: 1-973-837-3330
- ▶ Mailing address:  
PO Box 436  
Little Falls, NJ 07424

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## Benefits Billing Services

▶ [www.ceridian-benefits.com](http://www.ceridian-benefits.com)

▶ Phone: 1-800-995-9935

▶ Mailing address:

P. O. Box 534011

St. Petersburg, FL 33747-4011

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## Premier Wellwise & Premier Sharewell Plans

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- ▶ Blue Shield of California Plan Administrators
  - ▷ Benefits, preferred providers, hospital information
  - ▷ [www.blueshieldca.com/oc](http://www.blueshieldca.com/oc)
  - ▷ Phone: 1-888-235-1767
- ▶ Walgreens (WHI)
  - ▷ Prescription drug information
  - ▷ [www.mywhi.com](http://www.mywhi.com)
  - ▷ Phone: 1-800-573-3583



# Exclusive Care Select PPO Plan

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▷ [www.exclusivecare.com](http://www.exclusivecare.com)

▷ Phone: 1-800-962-1133



## Private-Fee-For-Service Plan (PFFS)

- ▶ Blue Cross (SmartValue Custom Plan & SmartValue Standard Plan)

- ▷ [www.bluecrossca.com/countyoforange](http://www.bluecrossca.com/countyoforange)

- ▷ Phone: 1-877-326-2201

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## HMO Plans

- ▶ CIGNA
  - ▶ [www.cigna.com/countyoforange](http://www.cigna.com/countyoforange)
  - ▶ Customer service: 1-800-244-6224
- ▶ Kaiser
  - ▶ [www.kaiserpermanente.org](http://www.kaiserpermanente.org)
  - ▶ Customer service: 1-800-464-4000
- ▶ VSP
  - ▶ Vision plan
  - ▶ [www.vsp.com](http://www.vsp.com)
  - ▶ Phone: 1-800-877-7195
- ▶ ASHP
  - ▶ Chiropractic
  - ▶ [www.ashcompanies.com](http://www.ashcompanies.com)
  - ▶ Phone: 1-800-678-9133

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## HMO Plans

- ▶ Blue Cross HMO Health Plans (Traditional & Select)

- ▷ [www.bluecrossca.com/countyoforange](http://www.bluecrossca.com/countyoforange)

- ▷ Phone: 1-800-700-2541

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## **OCERS (Orange County Employee Retirement System)**

- ▲ 1-714-558-6200 or
- ▲ 1-888-570-6277

## **REAOC (Retired Employees Assoc of Orange County)**

1-714-840-3995

## **Social Security Administration**

1-800-772-1213

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# Employee Benefits Web Site

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**[www.oc.ca.gov/hr/employeebenefits](http://www.oc.ca.gov/hr/employeebenefits)**

- ▶ For general information about your County of Orange benefits

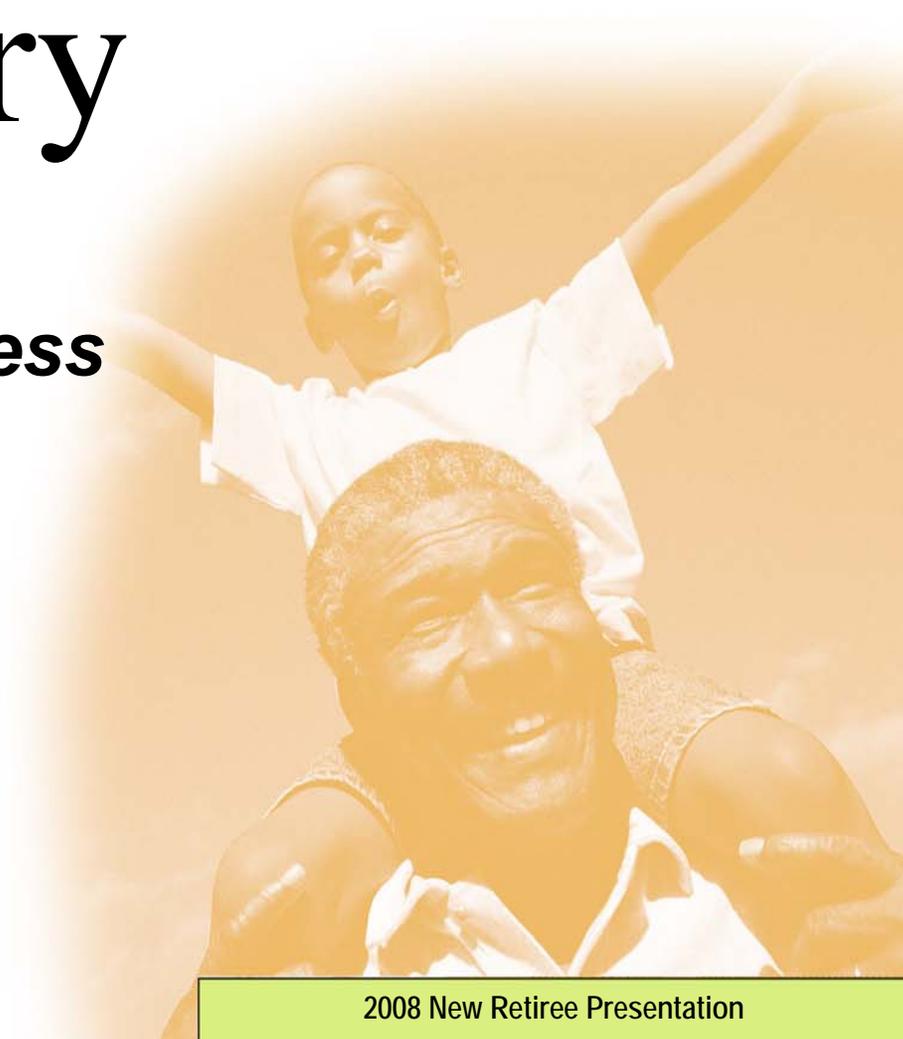


*The County of Orange* | **Employee Benefits**

# Summary

## ***Enrollment Process***

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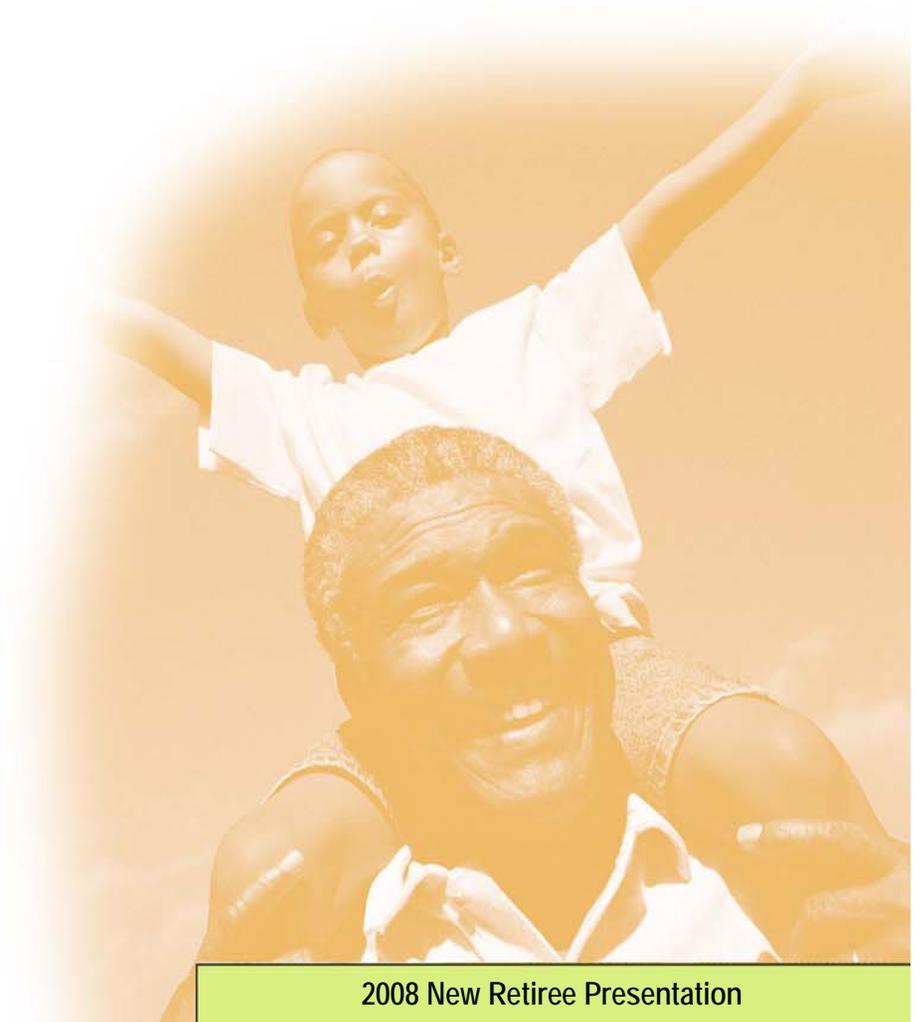




*The County of Orange* | **Employee Benefits**

# Questions?

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2008 New Retiree Presentation