

**Personal.
Connected.
Accessible.**

Retiree 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

Open Enrollment Agenda



My OC Benefits™

- Open Enrollment 2021
- What is New
- 2021 Health Plan Rates
- New Steps for Enrollment
- 2021 Retiree Medical Grant
- Important Information about Medicare
- 2021 Medical Plan Options
- What Else You Should Know

A close-up photograph of a hand holding a blue marker, writing the word "Agenda!" in a large, cursive script on a white surface. The word is underlined with a single stroke. The background is slightly blurred, showing what appears to be a person's face in the background.

Agenda!

October 23 – November 13, 2020
Open Enrollment 2021



MyOC Benefits™

What is New for 2021



My OC Benefits™

- New **mybenefits.ocgov.com** – To learn about and/or make your benefits elections
- New **Benefits Service Center** – To call and get answers to your questions or have a representative take your elections
- **Manage Your Communication Preferences** – By setting your communications preferences, you can be notified by email or having notifications sent to your home address
- **Open Enrollment packages** – Due to the small percentage of actual changes at Open Enrollment and critical budget constraints, we will no longer be printing and mailing an entire Open Enrollment package to all retirees at their homes but will be transitioning this year to limited home mailings, partnering with REAOC to post on their website, information posted on-line and where the retiree updated their communications preferences, to home mailing or email addresses
- **Quick Reference Guide** – Will help you navigate My OC Benefits from your smartphone, tablet or computer

My OC Benefits



My OC Benefits™

Take a Tour of My OC Benefits™

Your Personalized Dashboard

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

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

You've Got Mail

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

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

All About You

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

Let's Chat

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

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

Ask Lisa (How Would You Like?)

Hi, I'm Lisa. How can I help you today?

Get all the details about your health plan coverage.

Life Changes

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



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



Setting Your Communication Preferences

The screenshot shows the 'Manage Communications' page in the MyOC Benefits portal. At the top, there is a navigation bar with the MyOC Benefits logo, 'Health & Insurance', and 'Life Changes'. The main heading is 'Manage Communications', followed by a sub-heading 'Preferred Contact Information'. Below this, there are three rows of contact information, each with a 'Change' button: 'Text' (set to '-Not on File-'), 'Email' (set to 'Jane.Doe@alight.com'), and 'Postal Mail' (set to '101 Main Street, Villa Park, CA 92861, United States of America'). To the right, there is a 'Delivery Preference' section with a 'Learn More' link. At the bottom, there is a 'Delivery Preference' section with a table showing 'Benefits Information' and 'Email' selected for delivery, with a 'Change' button.

MyOC Benefits™ Health & Insurance Life Changes

Manage Communications

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

Preferred Contact Information

Text	-Not on File-	Change
Email	Jane.Doe@alight.com	Change
Postal Mail	101 Main Street Villa Park, CA 92861 United States of America	Change

Delivery Preference

See why you might choose delivery or postal mail. [Learn More](#)

Communication	Delivery
Benefits Information	<input checked="" type="radio"/> Email
<ul style="list-style-type: none">Timely notificationsConfirmationsPlan information and account statements	<input type="radio"/> Postal Mail

[Complete List](#)

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

Delivery Preference

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

The screenshot shows the 'Delivery Preference' page in the MyOC Benefits portal. It features a table with two columns: 'Communication' and 'Delivery'. Under 'Communication', there is a section for 'Benefits Information' with a list of items: 'Timely notifications', 'Confirmations', and 'Plan information and account statements'. Under 'Delivery', there are two radio button options: 'Email' (which is selected) and 'Postal Mail'. Below the table, there is a 'Complete List' link and a note: 'Note: Some information may still be delivered by postal mail.' At the bottom, there are two buttons: 'Save' and 'Cancel'.

Communication	Delivery
Benefits Information	<input checked="" type="radio"/> Email
<ul style="list-style-type: none">Timely notificationsConfirmationsPlan information and account statements	<input type="radio"/> Postal Mail

[Complete List](#)

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

Save Cancel

Open Enrollment 2021



My OC Benefits™

During Open Enrollment you can:

- Change your health plan coverage
- Add and/or remove dependents

If your coverage is working for you, take a moment to review your current coverage to ensure you have what you need in place for you and/or your family, consider all your options

What is New for 2021?



My OC Benefits™

- Visit **My OC Benefits**™ Prepare to Make Your Benefit Choices page as early as October 7
 - Check health plan rates and compare health plans, review the One Page Retiree Health Plan Summaries
 - View short educational videos that make understanding benefits easier
 - Plan Information page – review helpful plan resources
 - If you wish to confirm your 2021 Grant, (if applicable):
 - You can call the Benefits Service Center and speak to a representative as early as October 7 or
 - On the first day of Open Enrollment, October 23 you can verify online



Prepare to Make Your Benefits Choices page

The screenshot shows the My OC Benefits website interface. At the top left is the My OC Benefits logo. To its right are navigation links for 'Home' and 'Health & Insurance'. On the far right of the top bar are icons for a notification bell (with '2' notifications), a user profile, and a search icon. Below the navigation bar is a 'Print' button. The main content area features a 'Get Ready to Enroll' section with a sub-header 'Come back to enroll between Oct 23–Nov 13, 2020'. Below this, a message states 'John, Open Enrollment is just around the corner.' To the left is a yellow sticky note icon with 'TO DO...'. To the right is a blue pushpin icon next to the text 'Learn About Your Retiree Benefits' and 'See information on your offered plans.', with a 'Learn More' button below. Further down is a section titled 'Review Your Retiree Health Options' with a bulleted list: 'Review your current coverage', 'Review all retiree health plans and rates', and 'Open Enrollment begins October 23'. On the right side of the page, there are three stacked rectangular boxes: a green one with 'What's New for 2021?', a blue one with 'Helpful Tips About Benefits', and an orange one with '2021 Open Enrollment Presentation'. At the bottom right, there is a green 'Need Help?' button.



Plan Information

You can download and save a file on your computer for future reference or printing.

Note: You'll need a PDF reader.

[Expand All](#) | [Collapse All](#)

+ [Other Resources](#)

+ [Current year's General Retiree Benefit Information](#)

+ [Current year's Retiree Health Plan Information](#)

+ [Current year's Retiree Health Plan Rates](#)

+ [Dependent Eligibility](#)

2021 Health Plan Rates



My OC Benefits™

- In developing the 2021 rates, we review the health plans prior-year medical and prescription claims data taking into consideration plan enrollment and Medicare reimbursement and adjust it based on future projected claims and medical and pharmacy trend factors
- **Wellwise Retiree** Health Plan 2021 rates will decrease on average by 8% from 2020 rates but vary based on the retiree's Medicare status
- **Sharewell Retiree** Health Plan 2021 rates will be increasing by an average of 11.7% from 2020 rates and will vary based on the retiree's Medicare status

2021 Health Plan Rates



My OC Benefits™

- The 2021 rate changes for the insured retiree health plans vary from a decrease of 9.6% to an increase of 8% depending upon the specific health plan and coverage tier elected by the retiree
 - **Kaiser HMO** rates will have decreases from 4 to 9%
 - **SCAN HMO** is holding flat with no increase
 - **Anthem Blue Cross** plans will have rate increases from 1.4 to 8%

New Steps for Enrollment



MyOC Benefits™

How to Make your Elections



Mybenefits.ocgov.com

October 23 through November 13, 2020

Benefit Center – Your Source for Open Enrollment



My OC Benefits™

My OC Benefits™

- Go to mybenefits.ocgov.com only using Chrome, Edge or Firefox from anywhere you have Internet access. Enter your user ID and password, and you're in!

First Time on logging on to My OC Benefits™?

- At the login page, select "New User?" Enter the last four digits of your Social Security Number (SSN) and your date of birth (MM-DD-YYYY)
- Next, follow the prompts to create your user ID and password. You can also set up a PIN which you will use when you call the **Benefits Service Center** for information or to help you enroll
- Go paperless: Register your email for your Secure Mailbox and mobile phone for text messaging

Benefit Center – Your Source for Open Enrollment



My OC Benefits™

My OC Benefits™

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

- “Lisa” is your virtual assistant. Lisa is ready to address most common questions, and she has lots of answers. Ask Lisa by clicking the green **“Need Help?”** button in the lower right corner of the page
- If Lisa can’t answer your question, you can initiate a live chat with a Benefits Service Center representative by selecting “Contact Us” in the lower section of your screen

Benefit Service Center



My OC Benefits™

Benefits Service Center

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

Mobile App - Accessing your benefits on the go

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

Adding a New Dependent?



My OC Benefits™

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

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



County Couples – Employee Married Retiree (RME), Retiree Married to Retiree (RMR)

- To enroll for the first time as RME/RMR, both participants must enroll by either speaking to a representative at the Benefits Service Center or you can both enroll on My OC Benefits
- Any change to existing RME/RMR arrangement, switching or dissolving would be completed by a representative only
- Any dependent added to an account where the dependent is a current County dependent – can be process online or by a representative
- You are required to provide documentation if requested to complete this process.

2021 Retiree Medical Grant



My OC Benefits™

- 2021 Retiree Medical Grant: \$24.62/month for each year of County service, up to 25 years
 - May be adjusted based on retirement date and/or Medicare status
- Grant amount adjusted annually based on average increase or decrease in retiree health plan premiums
- Average increase for 2021: 2%

2021 Retiree Medical Grant



My OC Benefits™

- Grant will be automatically adjusted on your January 2021 OCERS pension check
- If your OCERS pension can't support your monthly health plan rate, you will receive a monthly direct billing invoice
- Retiree Medical Grant program is not a vested or guaranteed benefit
- Copy of Third Amended and Restated County of Orange Retiree Medical Plan is available on the Employee Benefits website

Important Information about Medicare



My OC Benefits™

For retirees and/or covered dependents who are not yet Medicare eligible:
When you and/or a covered dependent approaches age 65:

- You'll have different health plan options when you and/or your spouse become Medicare-eligible
- Activating your Medicare is key in this process, you will need your Medicare Identifier Number (MBI #) to make your elections
- Watch for the Attaining Medicare solicitation that will be sent to you 120 calendar days before your 65th birthday
- Attaining Medicare Summary is a great resource found on the Plan Information page online

Important Information about Medicare



My OC Benefits™

- When you turn age 65, it is your responsibility to enroll, maintain and continue payment for Medicare Part A (if at no cost) and Part B
- Otherwise:
 - Grant will be suspended
 - Higher non-Medicare rates will apply
 - You may be responsible for repayment for medical services received
 - You may lose eligibility for your elected health plan (if Medicare Advantage)

Medicare Enrollment Documentation Requirements



My OC Benefits™

County requires documentation of Medicare coverage for you and any eligible dependents once you become Medicare-eligible at age 65

- **New retirees age 65 or older or retirees turning age 65:**
 - Submit copy of Medicare card(s)
 - Proof of Medicare premium
 - Obtain from www.socialsecurity.gov

Medicare Part D Prescription Drug Coverage



My OC Benefits™

- Creditable and Non-Creditable Coverage letters were mailed by the Benefits Center to home addresses of eligible participants around October 7, 2020
- ***Do NOT enroll in any Medicare Part D plan outside your County health plan, unless you are enrolled in a Sharewell PPO plan***
 - It is strongly recommended that Medicare-eligible **Sharewell PPO** participants enroll in a Medicare Part D plan; otherwise you may be subject to late enrollment penalties if you enroll in another retiree health plan later

2021 Medicare Advantage Plan Options



My OC Benefits™

- Most Medicare Advantage plans required you and your covered dependents to have Medicare A&B
 - Anthem Blue Cross Senior Secure HMO
 - Anthem Blue Cross Custom and Standard PPOs
 - SCAN HMO
 - Kaiser Permanente Senior Advantage HMO
 - Kaiser will accept Medicare A&B or B only enrollees

Medicare Assignment



My OC Benefits™

- When you enroll in a Medicare Advantage plan, you “assign” your benefits to that plan and must use doctors and facilities in its network
- Plan receives reimbursement for paying benefits from Centers for Medicare and Medicaid Services (CMS)
- You pay any deductibles or copays
- If you are not comfortable with assigning your benefits, you can select either Wellwise Retiree or the Sharewell Retiree PPO plan

Never assign your Medicare benefits to another health plan (including an individual prescription drug plan). This could cause you to be enrolled in the Wellwise or Sharewell Retiree PPO plan with significantly higher premiums.

Medicare Advantage Plan Enrollment



My OC Benefits™

- CMS must approve your enrollment in the Medicare Advantage plan
- To enroll, Benefits Center website or a representative will collect your Medicare data
 - If not provided already, upload or mail copy of your and/or your dependents current Medicare ID cards
 - Must be continuously enrolled in Medicare Part A (if at no cost) and Part B
 - Proof of what you pay for Medicare Part B
- If not approved by CMS, you/your dependents will be automatically enrolled in Wellwise Retiree PPO until the following Open Enrollment
 - You can expect to receive an updated Confirmation of Benefits reflecting the plan you will be enrolled in for plan year 2021

Medicare Part B Reimbursement



My OC Benefits™

- Your Medicare Part B Reimbursement is capped to the lesser of either the maximum Grant monthly allocation or your Medicare Part B monthly cost
- If you currently receive a Medicare Part B Reimbursement, this will continue through the end of 2020
- Effective January 1, 2021, you will receive reimbursement for the hold harmless Medicare Part B premium based on the 2021 Medicare Part B Premium schedule as announced by the Centers for Medicare & Medicaid Services (CMS)
- However, if you are notified by the Social Security Administration that your cost will be different than the hold harmless Medicare Part B premium, then you will need to provide a copy of your statement to the Benefits Center in order to receive the higher Medicare Part B Reimbursement

Medicare Part B Reimbursement



My OC Benefits™

- If required documentation is provided to the Benefits Center on or before **December 31, 2020** you will receive the updated Part B Reimbursement amount on your February 2021 pension along with an adjustment for the January 2021 Part B Reimbursement (difference between the hold harmless Part B premium and what you are paying)
- If required documentation is provided to the Benefits Center on or after **January 1, 2021**, the updated Part B Reimbursement will be effective the first of the month following submission of required documentation.
- We will not go back retroactively and adjust your prior pension check

2021 Health Plan Options



My OC Benefits™



2021 Medicare Health Plan Options



My OC Benefits™

Medicare Part A & B (Subscriber & Dependents)

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

2021 Medicare Health Plan Options



My OC Benefits™

Medicare Part B-Only (Subscriber & Dependents)

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

2021 Mixed Medicare Health Plan Options



My OC Benefits™

Mixed Medicare Eligible

Participant with Medicare A&B	Participant without Medicare
Kaiser Senior Advantage HMO	Kaiser Traditional HMO
Anthem Blue Cross Senior Secure HMO	Anthem Blue Cross Traditional HMO
Anthem Blue Cross Custom PPO	Anthem Blue Cross Traditional PPO
Wellwise Retiree PPO	Wellwise Retiree PPO
Sharewell Retiree PPO	Sharewell Retiree PPO

2021 Mixed Medicare Health Plan Options



My OC Benefits™

Mixed Medicare Eligible

Participant with Medicare B Only	Participant without Medicare
Kaiser Senior Advantage HMO	Kaiser Traditional HMO
Anthem Blue Cross Traditional HMO	Anthem Blue Cross Traditional HMO
Anthem Blue Cross Select HMO	Anthem Blue Cross Select HMO
Wellwise Retiree PPO	Wellwise Retiree PPO
Sharewell Retiree PPO	Sharewell Retiree PPO

2021 Non-Medicare Health Plan Options



My OC Benefits™

Retiree Non-Medicare (Subscriber & Dependents)

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



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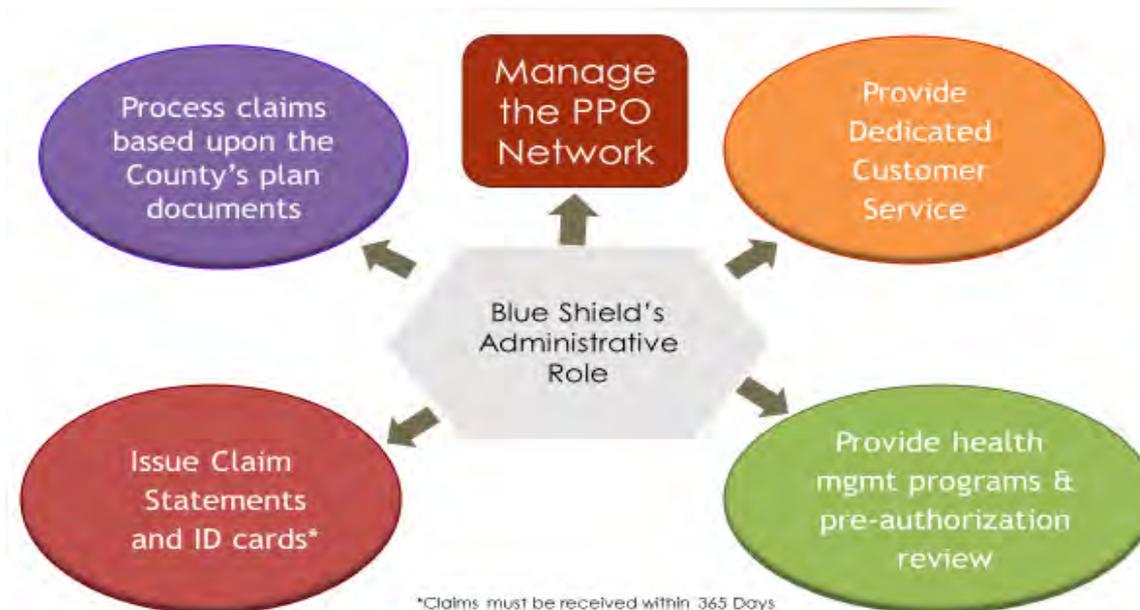


Open Enrollment 2021
County of Orange Retirees





Blue Shield - PPO Plan Administrator





PPO Plans - Wellwise Retiree and Sharewell Retiree

A good choice if **you'd like...**

Access to our largest provider network and the flexibility to choose any doctor or specialist.

- Visit any physician or hospital in the PPO network, or go outside the network for a higher share of cost
- NurseHelp 24/7
- Teladoc 24/7 phone/video doctor visits for low coinsurance (\$4.50) once deductible is met
- Heal™ doctor house calls on-demand
- Access to retail health clinics (CVS Minute Clinics)
- Digitally enabled wellness programs and member support, including treatment cost estimator
- Covered urgent and emergency care while traveling



BlueCard® Network

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 and Sharewell Retiree plans coordinate with Medicare



- Both 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.
- This type of plan is known as a Coordination of Benefits (COB) plan.
- The amount that Medicare allows will go toward meeting your deductible and out of pocket maximum



Wellwise Retiree PPO Plan

	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 (separate OOPM for prescription drugs)	\$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 Retiree PPO Plan

	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



blue shield california

Welcome, Jane!

Claims This Year

\$2,100	\$1,128	\$900
Base Deductible	Network Savings	Out of Pocket

Get Help

My Physician

Popular Tasks

Your Recent Medical Claims

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

blue shield california

MEDICAL DENTAL VISION PHARMACY

Your Medical Benefits

Custom Benefits General Exclusions Benefit Maximums

Expand All Benefit Categories

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



Imagine this:

“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:

“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:

“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



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?”

- 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

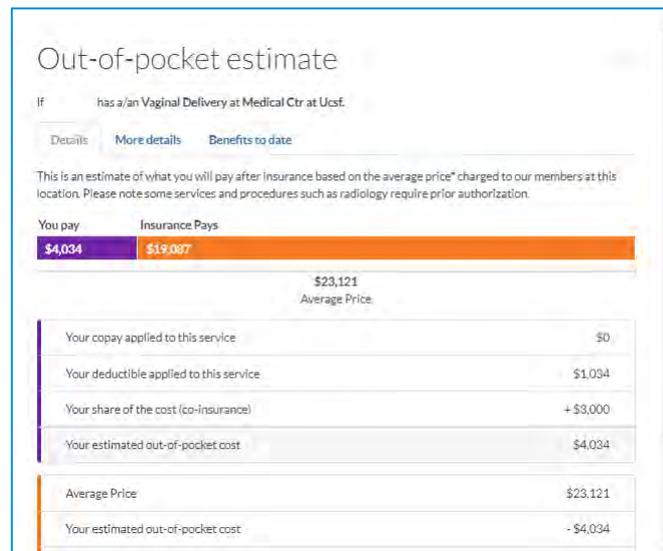


Treatment cost estimator (TCE)

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



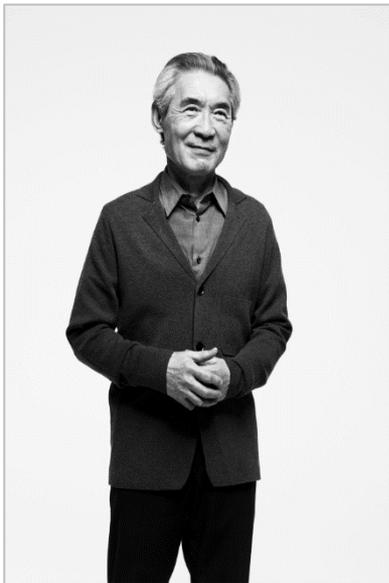
Network ambulatory surgery centers (ASCs) may cost you less for outpatient procedures than a network hospital.

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



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

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.



Support to manage your health



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



Support to manage your health



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:

- Blue Shield of California Plan Administrators
 - Benefits, preferred providers, hospital information
 - www.blueshieldca.com/oc
 - Phone: 1-888-235-1767
- OptumRx
- Prescription drug information
 - OptumRx.com
 - Phone: 1-800-573-3583

Expect More with OptumRx



OUR MISSION

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



2021 Open Enrollment – Coinsurance



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
 - ❖ 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.

2021 Open Enrollment – Out of Pocket Maximum



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.

2021 Open Enrollment – Formulary



A formulary is a preferred medication list designed to garner cost savings to members by:

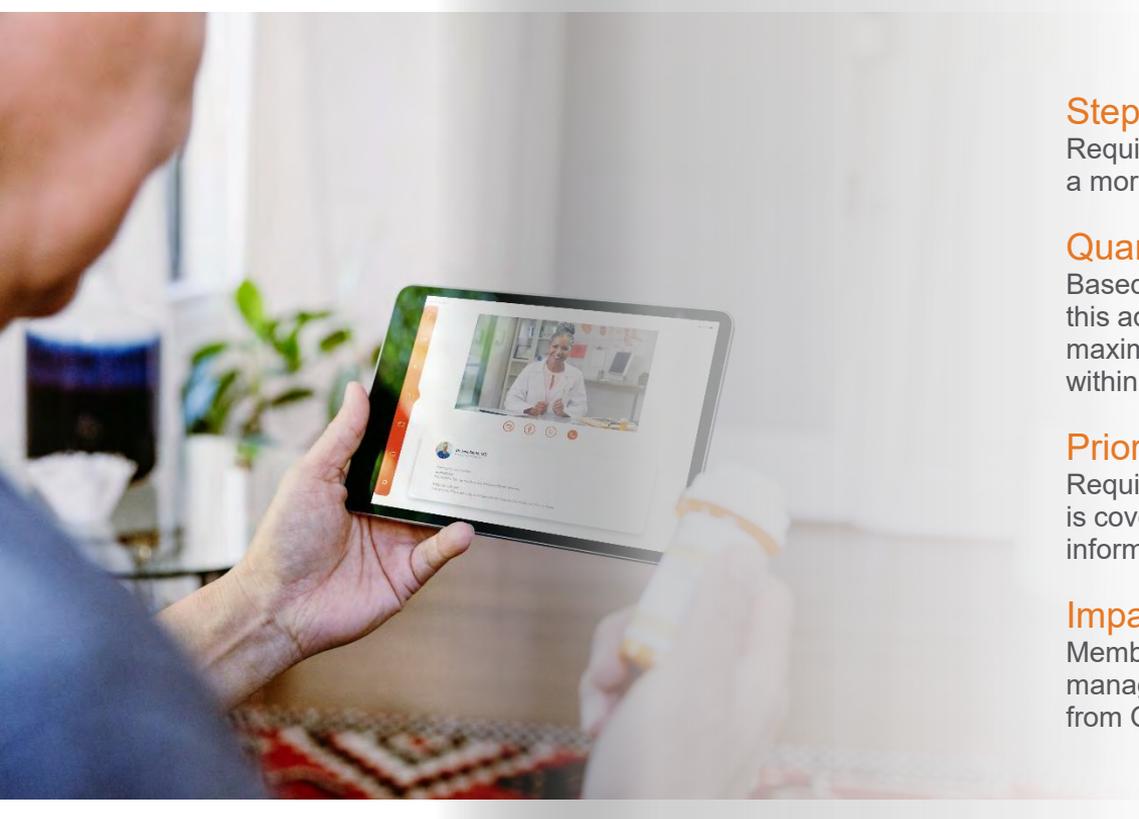
- Encouraging use of clinically appropriate, less expensive products
- Moving members to preferred alternatives in the same therapeutic class
 - ❖ Every therapeutic class (condition) will have a clinically effective covered medication available
- Excluding some products and making them not covered by the plan

For additional details regarding your specific formulary benefit plan; check drug coverage on the OptumRx Member Portal and/or Open Enrollment Website

Current Members: www.optumrx.com

Prospective Members: https://www.optumrx.com/oe_countyoforange/landing

2021 Open Enrollment – Utilization Management



Step Therapy:

Requires members to try less expensive alternatives before a more expensive medication is covered.

Quantity Limits:

Based on FDA and manufacturer dosing recommendations, this additional benefit coverage consideration establishes the maximum quantity of a drug that is covered per copayment, within in a specific timeframe or age limitations.

Prior Authorization:

Requires members to obtain approval before a medication is covered. Physicians must provide additional clinical information to verify benefit coverage.

Impact Notification:

Members who are impacted by formulary and/or utilization management changes will be notified in advance by letter from OptumRx.

2021 Open Enrollment – Brand w/ Generic Equivalent



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.

2021 Open Enrollment – Medication Synchronization



Medication Synchronization aligns prescription refill dates at the retail pharmacy for many common medications used to treat chronic conditions.

Retail pharmacists receive a point of service message for qualifying drugs directing them to:

- Override the early fill
- Prorate the member's cost share accordingly
- Align qualifying medications to the same refill date moving forward, reducing trips to and from the retail pharmacy

❖ *Participation in this program is optional*

2021 Open Enrollment – Enhanced Savings Program



Enhanced Savings Program is a free pharmacy discount service integrated into the existing funded benefit, providing members access to discounts on medications and diabetic supplies not covered by the plan and on over-the-counter (OTC) medications with a valid prescription.



Free Program



Same Card Used



Plan Integrated

Important Note: Medications filled through the Enhanced Savings Program will not apply towards your annual deductible and/or out-of-pocket maximum.



Benefits of PreCheck MyScript Today

With PreCheck MyScript	OptumRx PreCheck MyScript	Without PreCheck MyScript
Visibility to consumer-specific:		—
Cost share	✓	—
Lower cost alternatives	✓	—
PA, Step and UM programs	✓	—
Exclusions	✓	—
Within existing workflow	✓	—
Seamless prior authorization	✓	
	Empowering at the Point of Prescription	

2021 Open Enrollment – Retail Network



County of Orange participants will continue to have a broad pharmacy network of options.

OptumRx Home Delivery

Home delivery drug provider for maintenance medications and diabetic testing supplies. You may use this option for maintenance medications with a days supply in excess of 30 days.

Retail-90 Program

Provides the option for you to obtain a 90 days supply of maintenance medications at select retail locations.

- ❖ *Diabetic testing supplies are considered to be maintenance*



OptumRx Specialty Pharmacy



OptumRx offers specialty medication support through Optum Specialty Pharmacy. Optum Specialty Pharmacy provides the resources and personalized support to help you with your condition. We also offer in-home medication infusion support through Optum Infusion Pharmacy.



For more information, visit specialty.optumrx.com or call **1-855-427-4682**

OptumRx Consumer Portal



OptumRx Consumer Portal empowers members to become informed advocates of their own health

Household Access:

Ability to manage prescriptions on behalf of your family members

Drug Pricing:

View and compare drug coverage, pricing and lower cost alternatives for up to 5 pharmacies

My Medicine Cabinet:

Displays at-a-glance actions a member needs to take for all medication prescriptions on record

Order Status:

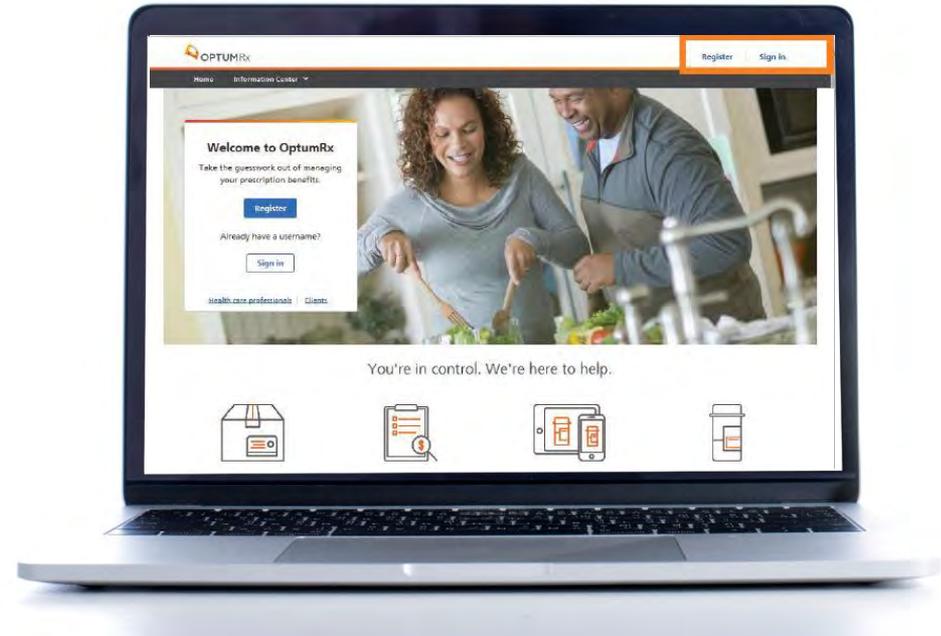
View and track order progress in real-time

Member Tools:

Provides easy access to the most commonly used member tools available throughout the site

Proactive Savings Messaging:

Advocates for the member by providing proactive ways to save



OptumRx App – Mobile Experience

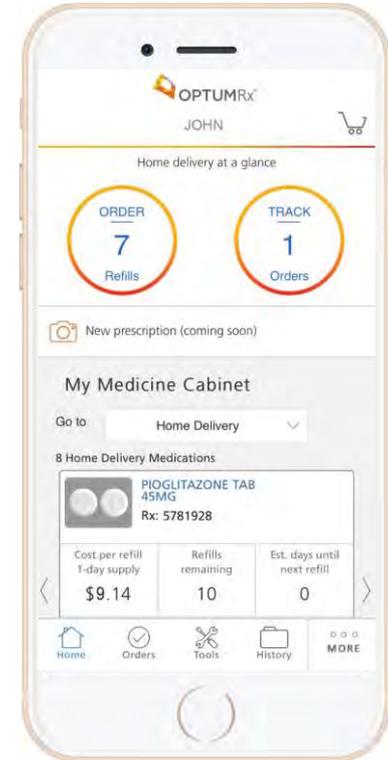


The OptumRx App makes the online pharmacy experience as simple as possible.

You can easily:

- Search drug prices at multiple pharmacies
- Locate a network pharmacy
- Manage medication reminders
- Track the status of your order in real-time
- Refill and/or renew prescriptions
- Transfer a retail prescription to home delivery
- View prescription claims history
- Set up refill reminders/push notifications

Download the OptumRx App now



Prescription Reimbursement Requests



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

OptumRx Web Access



While evaluating your benefit plan options for the coming year, feel free to log into the OptumRx Consumer 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

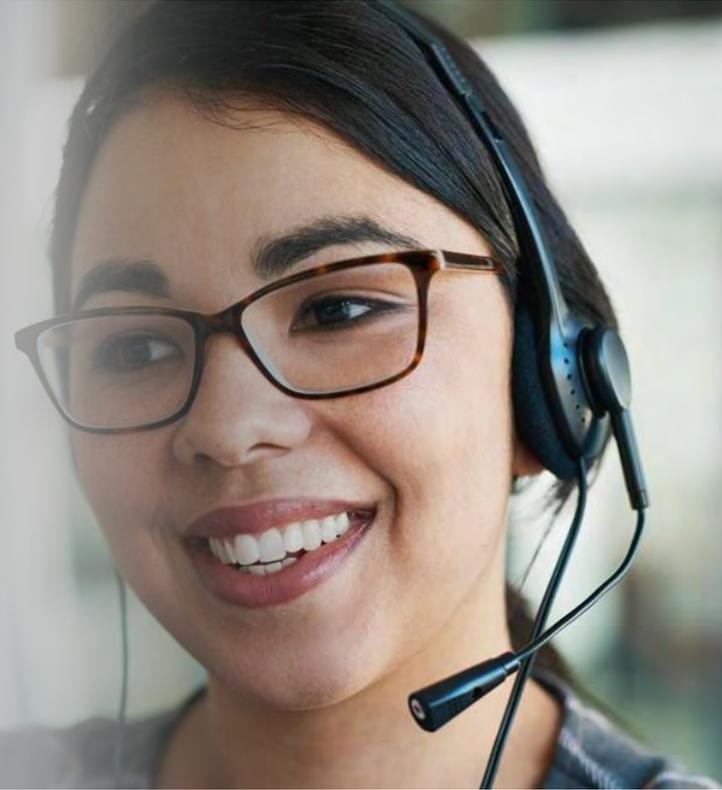
OptumRx Customer Service



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



2021 Open Enrollment
County of Orange Non-Medicare Retirees

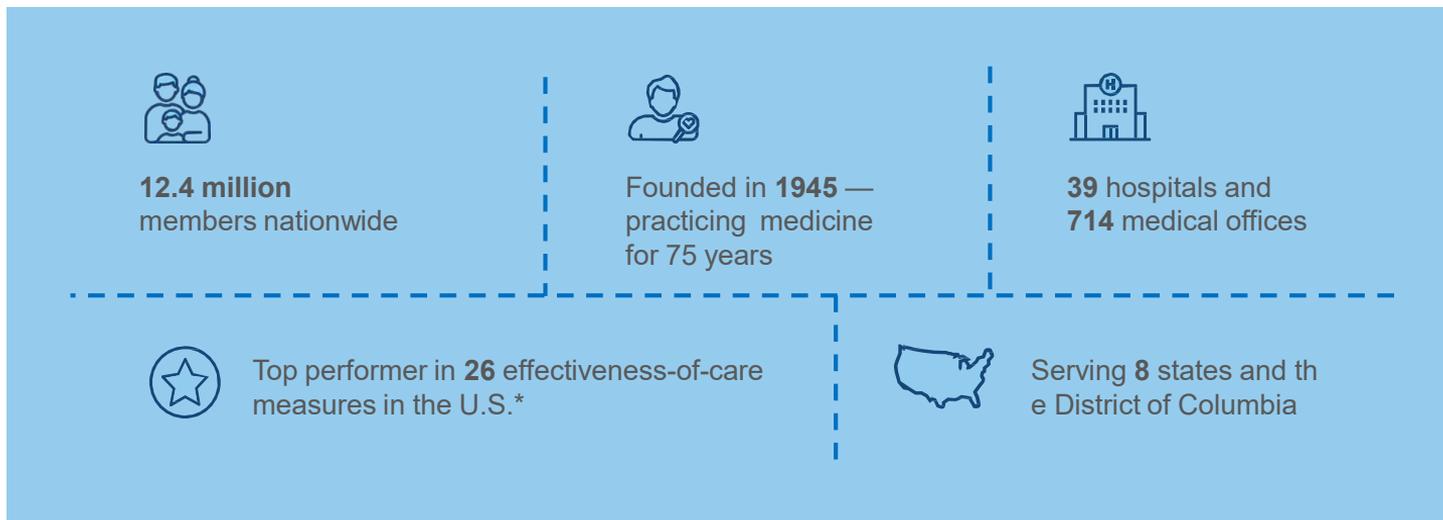
Find your healthy place

With care designed to
help you thrive



One of the nation's largest health plans

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.



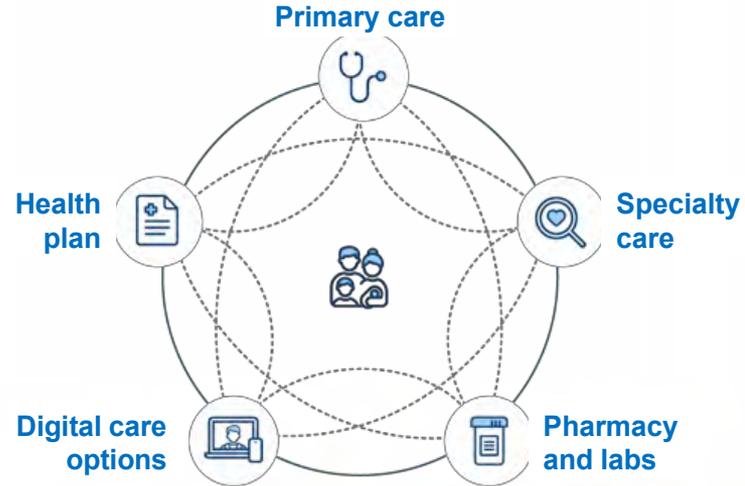
*Kaiser Permanente 2019 HEDIS® scores. Benchmarks provided by the National Committee for Quality Assurance (NCQA) Quality Compass® and represent all lines of business.

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

We combine care and coverage:

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

Care feels easier and faster and is centered around you.



Convenient ways to get care

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.

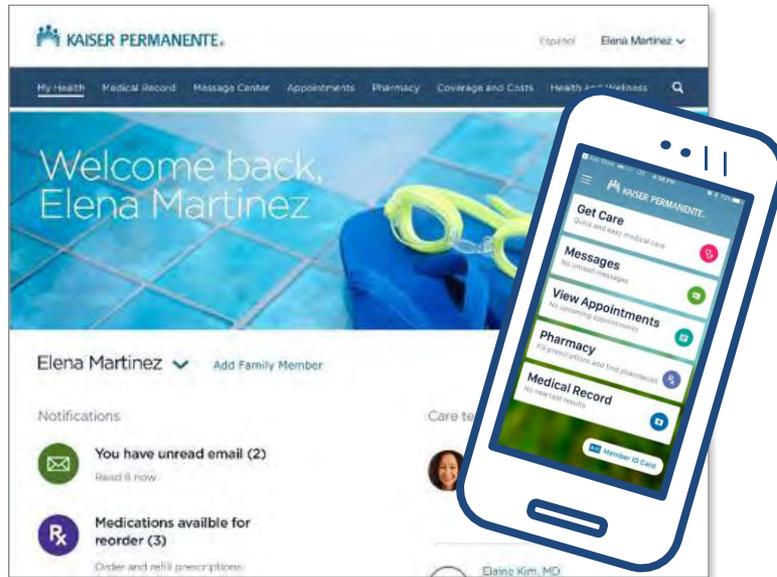


More than 80% of care visits during the COVID-19 outbreak have been phone appointments or video visits.

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

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.

Mental health services — care for the whole you

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

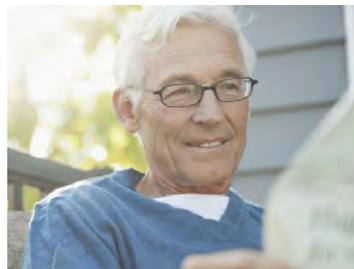
No matter what life throws your way, you can count on us. Get access to quality care from top doctors across a wide range of specialties. Here are a few areas where we lead the way.



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

- 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



- Kaiser Permanente facilities
- Kaiser Permanente facilities and MinuteClinic locations
- 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
- Burbank
- Chula Vista
- Compton
- Eagle Rock
- Encinitas
- Fontana
- Hawthorne
- Hemet
- Inglewood
- **Irvine**
- Menifee
- Mission Valley
- Montclair
- Norco
- Northridge
- Palm Desert
- Pico Rivera
- Riverside Arlington
- Rosemead
- Santa Clarita East
- Santee
- Vista
- West Covina South
- **West Fullerton**
- Westlake Village

Dedicated microsite

- Convenient location that houses frequently used flyers, including:
- HMO & DHMO benefit summaries
- SBCs
- And more....
- Visit: my.kp.org/oc

view your plan options
Experience our convenient locations, personalized programs, and online tools to discover a happier, healthier life.
> Get started!

together in good health
Learn more about the wellness tools and resources available to you. See how our care and coverage can help you thrive.
> Watch now

Monthly Health Topic
MIND BODY WELLNESS
LET'S LIVE IN THE MOMENT

Heavy tech users are more likely to report stress and sleep problems. Time spent with people you enjoy can boost well-being.
> More mind/body wellness tips

Healthy at Work
FIND YOUR FAVORITE WIRELESS SPOT.
Kaiser Permanente. thrive

Excellent care today leads to healthier tomorrows.
> Experience what it means to Thrive

KAISER PERMANENTE | Sign-on to kp.org | Contact us

Why KP | Plans and services | Healthy extras | Support | Members

Your Choice of Top Doctors
Our doctors are among the best, and caring for people is their passion. Plus, you've got the power to change doctors anytime.
Show me >

Get started | Top doctors | All under one roof | Personalized care | Easy online access | Healthy extras

Welcome, County of Orange employees!
At Kaiser Permanente, you receive more than just a health plan. We deliver the top doctors, personalized care, and all the services you need — tailored to fit you and your lifestyle.

Let's Get You Started!
view your plan options

Tools and Resources
Look and Resources for COUNTY OF ORANGE

View your plan options >
Get support >
Right Care Right Place >

New perks for your total health

CLASSPASS

ClassPass workouts

Get moving with fitness options that fit your schedule and lifestyle, including Pilates, dance, boxing, cardio, strength training, and yoga.

- **No cost for online video workouts** — 4,000+ on-demand fitness classes
- **Reduced rates on fitness classes** — Take real-time online and in-person classes from top fitness studios
- Visit: kp.org/exercise



Calm app

Calm uses meditation and mindfulness to help lower stress, reduce anxiety, and improve sleep quality. Available at no cost to adult members.

- A new 10-minute Daily Calm meditation every day
- Guided meditations for anxiety, stress, gratitude, and more
- Sleep Stories (soothing bedtime tales for grown-ups)
- Visit: kp.org/selfcareapps



myStrength app

myStrength is designed to navigate life's challenges, make positive changes and support your overall well-being. Available at no cost to adult members.

- Interactive activities
- Daily health trackers to monitor your progress
- In the moment coping tools and more
- Visit: kp.org/selfcareapps

Choose Healthy Program – discounted rates

Support your
health with
complementary care



Get reduced rates on many extra products and services through ChooseHealthy™.*



Wellness for the Whole You

With the ChooseHealthy™ program, you'll pay less for many specialty health and fitness services offered by American Specialty Health.

You can pick from:

- Acupuncture
- Chiropractic care
- Fitness club memberships
- Massage therapy

You can also go online to find wellness information, activity trackers and other tools, and a health and wellness library — all at no cost.

For more information:
Visit: kp.org/choosehealthy
Call: 877-335-2746

Center for Healthy Living



Center for Healthy Living ONLINE WORKSHOPS

We're now offering Kaiser Permanente members online workshops at no cost. These interactive workshops can give you tools and support from trained professionals to help get your health on track wherever you are!



- Breastfeeding with Success
- Healthy Balance
- Living Well with Diabetes
- Sleep Well, Live Well
- Taking Care of Your Heart

For more information visit: kp.org/classes

Added support to help you thrive¹



ClassPass reduced rates on fitness classes



Self-care apps Calm and myStrength



Wellness Coaching by Phone



Online healthy lifestyle programs, videos, podcasts, recipes, and more



Reduced rates on specialty care services like acupuncture, chiropractic care, and massage therapy



On-site and virtual health education classes and support groups²

1. These services aren't covered under your health plan benefits and aren't subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice.
2. Classes vary at each location and some may require a fee.
3. Not available in all areas.

Summary of Benefits – Early Retiree Traditional HMO

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*.

Silver&Fit Exercise and Healthy Aging Program

Now available for Kaiser Permanente Senior Advantage (HMO) plan members

The Silver&Fit Exercise and Healthy Aging Program* can help you stay active and thrive, at no additional cost. Choose the exercise plan that best matches your lifestyle:



FITNESS FACILITY MEMBERSHIP

Select a fitness facility from Silver&Fit's broad network of participating fitness facilities. Where available, you can:

- ▶ Work out with cardiovascular and strength-training equipment
- ▶ Access features such as saunas, pools, and whirlpools†
- ▶ Attend Silver&Fit classes, including yoga, swimming, strength and cardio training, and more
- ▶ Get Healthy Aging materials to help you find the right exercise program



HOME FITNESS PROGRAM

We make it easy to fit fitness into your day—right where you're most comfortable. With the home fitness program, you'll get:

- ▶ Up to 2 home fitness kits each benefit year
- ▶ A choice of fitness styles, such as Pilates, stress management, and Chair Dancing
- ▶ Healthy Aging materials to help you find the right exercise program

Silver&Fit Exercise and Healthy Aging Program

How to get started with the Silver&Fit program

Once you're a Kaiser Permanente Senior Advantage member, follow these steps:

- Go to **SilverandFit.com**
- Register to use the site.
- Choose a participating fitness facility or sign up for the Home Fitness Program
- Print out your fitness card, take it to the fitness facility and start exercising.

**Learn more at SilverandFit.com
Or call 1-877-427-4788 (TTY/TDD 1-877-710-2746)**

- The Silver&Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). The Silver&Fit program is available to current members of participating Kaiser Permanente Group Medicare health plans.
- All programs and services are not available in all areas. Silver&Fit and The Silver Slate are federally registered trademarks of ASH. Other names and logos may be trademarks of their respective owners.
†Any additional fees not included.

Transportation – Need a ride to the doctor?

You can now get a ride to and from your doctor visits at no charge. As a Kaiser Permanente Medicare health plan member, you can get a ride to and from your appointments at no cost. Your plan covers up to 24 one-way trips (50 miles per trip) per calendar year.

To use this service, you must:

Be a County of Orange KPSA member and be going to a medical service covered by the plan.

- You can get a ride to and from your medical related appointments at no cost
- Your plan covers up to 24 one-way trips (50 miles per trip) per calendar year
- You can get rides for: doctor appointments, medical services such as lab or X-ray and picking up medications or medical equipment

To schedule a ride:

- For rideshare, taxi, or private transportation service call: 1-877-930-1477 (TTY 711)
- Wheelchair van or gurney van service, request the service through your KP doctor
- Request your ride at least 3 business days (Monday through Friday) before your appointment

Meals – Fresh, nutritious delivery

As a Kaiser Permanente Medicare health plan member, you can get fresh, healthy meals delivered to your home immediately following an inpatient stay at a hospital or skilled nursing facility at no cost.

How does the meal plan work?

- Upon discharge from an inpatient stay at a hospital or skilled nursing facility, your care team will refer you for meal delivery to your home.
- A representative from the meal provider will call you to talk about available menu options and to schedule delivery.
- You can get 3 meals per day for up to 4 weeks, for a total of 84 meals.

Who can use this service?

Every meal is:

- You must be a Kaiser Permanente Medicare health plan member covered under County of Orange KPSA plan.
- You receive a referral from your care team upon discharge from a hospital or skilled nursing facility.
- You are discharged to go home and not to another inpatient or skilled nursing facility.

Meal service is only available once per calendar year. Meals can be delivered to any home in your Kaiser Permanente service area. Menus are subject to change. Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll.

New locations in Southern California

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

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?

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.

Why choose Kaiser Permanente?



Quality care

- Stay healthy with leading preventive care
- One of the nation's largest multispecialty medical groups



More digital options

- Phone or video appointments¹
- Medical advice by email, phone, or online
- Connect anytime with the Kaiser Permanente app²



Membership perks

- Acupuncture, chiropractic care, and massage therapy at reduced rates
- ClassPass reduced rates for fitness classes
- Calm meditation app at no cost for adult members

1. When appropriate and available. 2. To use the Kaiser Permanente app, you must be a member registered on kp.org.

Next Steps

- Enrolling into Kaiser Permanente Senior Advantage allows you to continue with your current Kaiser Permanente personal physician.
- Make your Open Enrollment election on-line or over the phone with a Benefits Specialist .
- Kaiser Permanente and CMS will process your application.
- County of Orange Benefits Center will notify you if your application has been approved or denied.
- If you are a new member and Kaiser Permanente is not in receipt of your enrollment by the deadline or your application was not approved, you will be enrolled into the Wellwise Retiree PPO health plan effective 1/1/2020 (unless you are in the Sharewell Retiree PPO plan, then you would remain there).

Questions?

Call our **Medicare Member Service Call Center:**

- **1-800-443-0815 or TTY 711.**
- Open 7 days a week from 8am to 8pm.

Call our **Member Service Call Center:**

- **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.

Visit us online at County of Orange's dedicated microsite:

- <http://mykp.org/oc>

Choosing and using your Anthem plan



Your guide to open enrollment and making the most of your benefits



Before choosing a plan

Consider your personal situation.

Compare costs:

- Monthly payment
- Copay
- Out-of-pocket limit

Check to see if your doctors, hospitals and other health care professionals are covered by the plan.

Choose the right plan for your needs.

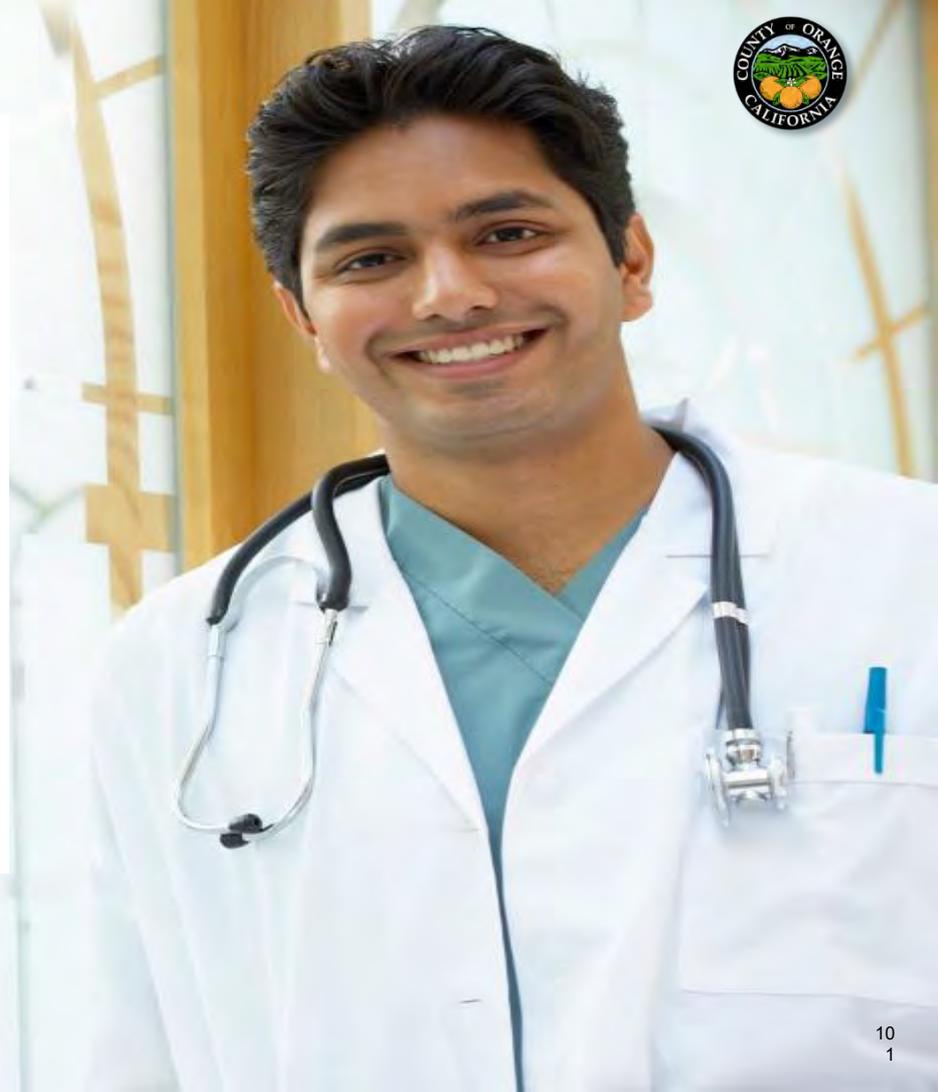




Plans at a glance

All plans include:

- Access to one of the nation's largest networks of doctors and hospitals.
- Coverage for preventive care, like regular checkups, screenings and shots.
- A prescription drug plan with a convenient home delivery.
- Benefits for urgent and emergency care wherever you are.
- Health and wellness tools that help you stay healthy and reach your health goals.





Traditional HMO Benefits

Covered Medical Benefits	You Pay
Yearly Deductible	None
Max Yearly Out of Pocket	None
Preventive Care	No Charge
Primary Care Visit	\$20 copay per visit
Specialist Care Visit	\$20 copay per visit
LiveHealth Online Visit	\$20 copay per visit
Emergency Room Visit <i>(copay waived if admitted)</i>	\$50 copay per visit
Outpatient Surgery	No Copay
Hospitalization	\$100 copay per admission
Covered Pharmacy Benefits	You Pay
RX Deductible	None
Generic	Level 1: \$5 copay per prescription Level 2: \$10 copay per prescription
Brand	Level 1: \$25 copay per prescription Level 2: \$30 copay per prescription
Non-Formulary	Level 1: \$45 copay per prescription Level 2: \$50 copay per prescription
Self-Adminstered (Injectable Drugs)	20% of prescription drug maximum allowed amount (maximum \$100 copay)



Select HMO Benefits

Covered Medical Benefits	You Pay
Yearly Deductible	None
Max Yearly Out of Pocket	None
Preventive Care	No Charge
Primary Care Visit	\$20 copay per visit
Specialist Care Visit	\$40 copay per visit
LiveHealth Online Visit	\$20 copay per visit
Emergency Room Visit (<i>copay waived if admitted</i>)	\$100 copay per visit
Outpatient Surgery	No Copay
Hospitalization	No Copay
Covered Pharmacy Benefits	You Pay
RX Deductible	\$100/ individual Maximum of three separate deductibles per family (Brand Name & Self- Administered Injectable Drugs Only)
Generic	Level 1: \$5 copay per prescription Level 2: \$10 copay per prescription (<i>deductible waived</i>)
Brand	Level 1: \$25 copay per prescription Level 2: \$30 copay per prescription
Non-Formulary	Level 1: \$45 copay per prescription Level 2: \$50 copay per prescription
Self-Administered (Injectable Drugs)	20% of prescription drug maximum allowed amount (maximum \$100 copay)

RX Choice Tiered Network

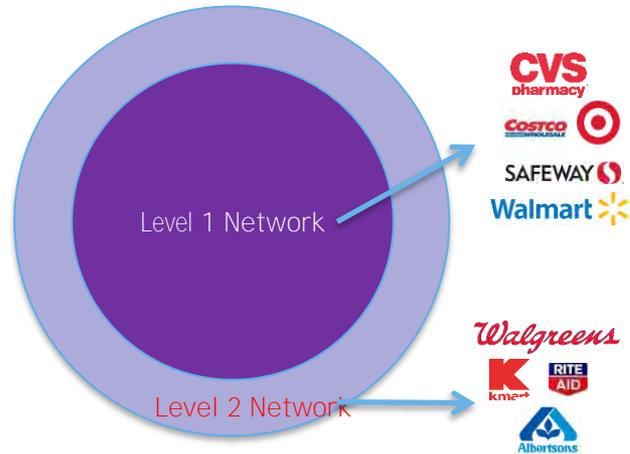
How do you use the Rx Choice Tiered Network?

Level 1:
Nearly 25,000 pharmacies in the Rx Choice Tiered Network

Employee pays only their standard cost share.

Level 2:
Visit one of the remaining 50,000 National Plus network pharmacies.

Employee pays cost share *plus* \$10 or 10% of drug cost, depending on benefit design.





HMO Basics

Primary Care Physician- PCP

Select from Anthem HMO Providers

- Family Practice/Internal Medicine/General Practice
- Provides and coordinates routine checkups, treatment of medical problems, and other health care services

Predictable Health Care Costs

- No Deductibles
- Set Co-Pay amounts
- Preventive Care covered at 100%
- Flu Shots – Medical Office and In Network Pharmacy covered at 100%
- 24/7 NurseLine
- Live Health Online





HMO Basics



Primary Care Physician Referral Only

Your doctor can give you a referral to certain kinds of specialists, hospitals, and laboratories/x-ray facilities in your medical group.



Direct Access

You can go directly (self-refer) to dermatologists; ear, nose and throat (ENT) doctors, OB/GYNs, mental health and allergists in your medical group, without a referral from your doctor. Direct Access is not available in all medical groups.

*If you are less than 20 miles from your Medical Group or IPA you cannot self-refer. Call your doctor. If you are more than 20 miles from your Medical Group or IPA then go to the nearest Urgent Care or emergency facility.



HMO Care While Traveling

HMO Customer Service 1-877-359-9653

Pharmacy Customer Service 1-800-700-2541

www.anthem.com/ca/countyoforange/

Outside of California

Urgent Care or Follow-Up Care: Call 800-810-BLUE (2583) for the names and phone numbers of health care providers near your destination

Outside of the United States

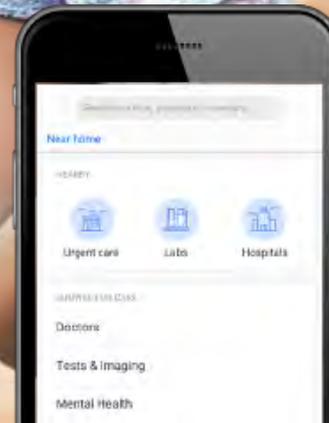
Emergency Care - Get the care you need at the closest facility

- ❖ Request an itemized bill for services received
- ❖ Submit the bill with the International Claim Form to Anthem Blue Cross for reimbursement

Sydney mobile app

It's personalized so you can:

- See what's covered, what it costs and where you've spent your health care dollars.
- Find doctors in your plan.
- Get ratings and reviews.
- Always have your ID card with you.





See a doctor anytime at home or on the go



LiveHealth[®] O N L I N E

- Have a private video appointment with a doctor on your mobile phone, tablet or computer with a webcam.
- Doctors are available 24/7 for advice, treatment and prescriptions, if needed.
- See a licensed therapist or psychiatrist. Appointments are available 7 days a week and usually cost the same as an in-person visit.

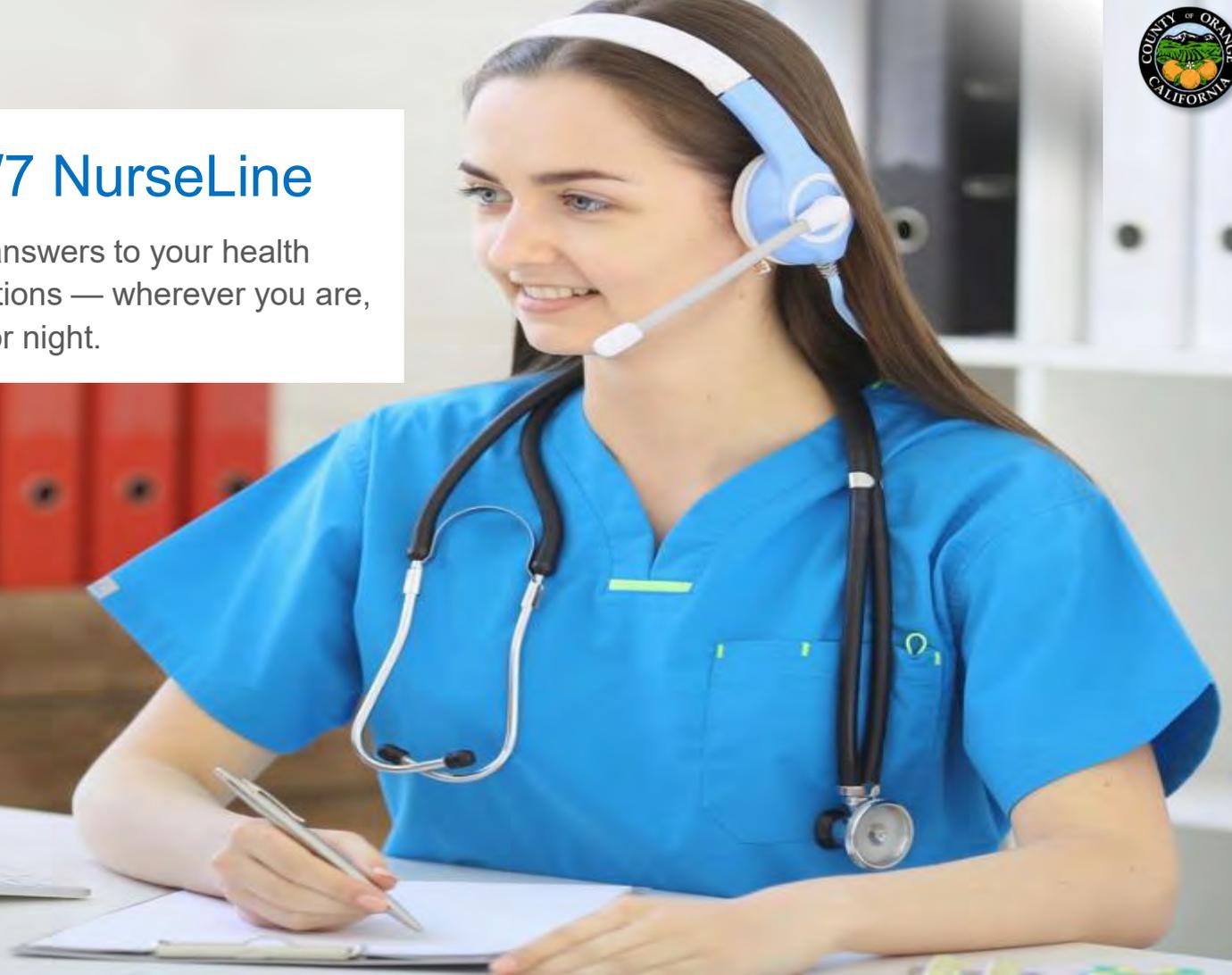
Sign up at livehealthonline.com today or download the free app.





24/7 NurseLine

Get answers to your health questions — wherever you are, day or night.





ConditionCare

Get support from a dedicated nurse team if you have:



Asthma



Diabetes



Heart disease / heart failure



Chronic obstructive pulmonary disease (COPD)

- Work with dietitians, health educators and pharmacists.





Future Moms



Get screenings and resources during pregnancy.



Enjoy toll-free, 24/7 access to specially trained nurses.



Receive breastfeeding support at LiveHealth Online.





Special Offers

Visit www.anthem.com/ca and choose **discounts** to:



Save money on glasses, weight-loss programs, gym memberships, vitamins and much more.



We're here to help

- **By phone:** call the Member Services number on your ID card.
- **Online:** register at www.anthem.com/ca or download the mobile app to chat with a team member.



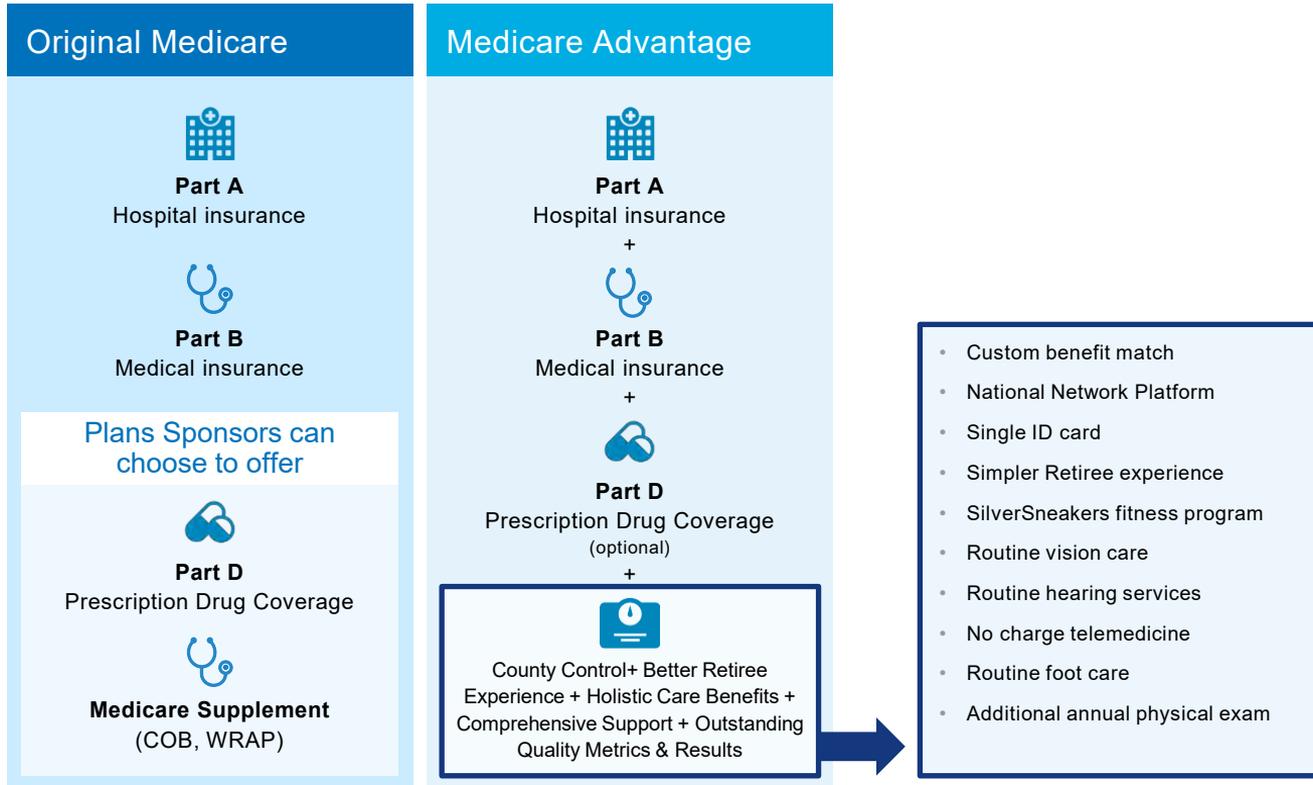
Anthem



**Anthem Medicare Advantage
Preferred (PPO) and Senior
Secure (HMO)**

Prepared for:
County of Orange

Medicare Advantage offers a simpler, more robust experience versus original Medicare



Senior Secure HMO Plan

In-network Providers

Providers who participate in our network and accept Anthem's payment and member's cost-share amount as payment in full

Out-of-network Providers

Not covered by your plan, you would be responsible for payment in full

Anthem Medicare Preferred (PPO) Plan

Your plan includes a network of *in-network* and *out-of-network* providers

In-network Providers

Providers who participate in our network

Out-of-network Providers

Providers who do *not* participate in our network

- ✓ Members can continue to see current doctor and doctor will continue to file claims
- ✓ Members have freedom to see any provider that accepts Medicare
- ✓ No referrals needed
- ✓ Freedom to choose either in- or out-of-network providers
- ✓ Limit disruption to members

Note: This plan can only pay providers who accept Medicare. Please check with their provider if they accept Medicare.

Will I need prior authorizations or a referral?

Medicare Preferred PPO and Senior Secure HMO:

Some services for PPO and HMO plans require our providers to seek prior approval from the plan, this is called getting prior authorization.

Senior Secure HMO:

In addition to prior authorization, some services will require a referral from your primary care physician. Most services require coordination with the PCP, the PCP will determine when prior authorization or a referral is needed. Services where coordination with PCP is needed are noted on the retiree's benefit chart.

3 ways Anthem makes it easy to find a doctor

- *Senior Secure (HMO)*
- *Anthem Medicare Preferred (PPO)*

Multiple ways to find doctors in your provider network



[anthem.com/ca/countyoforange](https://www.anthem.com/ca/countyoforange)

Visit the “Doctor & Hospital Finder” at www.anthem.com/ca to find a Blue Medicare Advantage PPO provider



Customer Service

Call our toll-free Customer Service number listed on your membership card



Call 1-800-810-BLUE

Call 1-800-810-BLUE to ask for help finding your doctor



Anthem extends coverage for COVID-19 care

Ensuring that our members have access to care is important to us. We have made the following changes to support you in receiving the care you need:

- Extended coverage for COVID-19 care through December 31, 2020
- Extended coverage for care from home
- Supporting members' emotional well-being by offering access to online resources
- Member check-in calls

Senior Secure HMO Benefits Summary

BENEFITS AT A GLANCE

What You Pay

COVERED SERVICES	In Network
Deductible	\$0
Annual Maximum Out-of-Pocket	\$3,000
Outpatient Visits	
Primary Care visits (PCP)	\$20
Specialist visits	\$20
Urgent Care	\$20
Emergency Room	\$50, waived if admitted within 72 hours
Outpatient Surgery	\$100
Diagnostic Lab and X-ray	\$0
Durable Medical Equipment (DME)	20% coinsurance
Preventive Care and Screenings	
Physical exams	\$0
Annual wellness visit	\$0
Chiropractic Services	\$15 per visit/30 visits max
Inpatient Benefits	
Inpatient Hospital Benefits	\$100 copay per admission (\$300 OOPM/year)
Skilled Nursing Facility days 1 - 100	\$0
Home Health Agency Care	\$0

Pharmacy Benefits

	\$0	
Deductible	\$0	
Retail	Preferred	Standard
Select Generics	\$0	\$0
Generics	\$5	\$10
Preferred Brand	\$25	\$30
Non Brand/Specialty	\$45	\$50
Mail Order		
Select Generics	\$0	
Generics	\$20	
Preferred Brand	\$60	
Non Brand/Specialty	\$100	

Medicare Preferred PPO (Standard) Benefit Summary

BENEFITS AT A GLANCE

What You Pay

COVERED SERVICES	In Network	Out of Network*
Deductible	\$300 Combined in network and out-of-network	
Annual Maximum Out-of-Pocket	\$3,400 Combined in network and out-of-network	
Outpatient Visits		
*Primary Care visits (PCP)	\$25	30% coinsurance
*Specialist visits	\$40	30% coinsurance
Urgent Care	\$40	\$40
Emergency Room	\$65	\$65
Outpatient Surgery	\$100	30% coinsurance
Diagnostic Lab and X-ray	\$40	30% coinsurance
Durable Medical Equipment (DME)	10% coinsurance	10% coinsurance
Preventive Care and Screenings		
Physical exams	\$0	30% coinsurance
Annual wellness visit	\$0	30% coinsurance
Inpatient Benefits		
Inpatient Hospital Benefits	\$200 (Days 1-5)	30% coinsurance
Skilled Nursing Facility days 1 - 100	\$0 (Days 1-20) \$50 (Days 21-100)	30% coinsurance for days 1-100
Home Health Agency Care	\$0	30% coinsurance

Pharmacy Benefits

Deductible	\$200	
Retail	Preferred	Standard
Select Generics	\$0	\$0
Generics	\$10	\$15
Preferred Brand	\$40	\$45
Non Preferred Drugs	\$40	\$45
Specialty Drugs	\$40	\$45
Mail Order		
Select Generics	\$0	
Generics	\$30	
Preferred Brand	\$90	
Non Preferred Drugs	\$90	
Specialty Drugs	\$45	

* Deductible does not apply

Medicare Preferred PPO (Custom) Benefit Summary

BENEFITS AT A GLANCE

What You Pay

COVERED SERVICES	In Network	Out of Network
Deductible	\$0	
Annual Maximum Out-of-Pocket	\$3,250 Combined in network and out-of-network	
Outpatient Visits		
Primary Care visits (PCP)	\$20	\$20
Specialist visits	\$20	\$20
Urgent Care	\$20	\$20
Emergency Room	\$50	\$50
Outpatient Surgery	\$20	\$20
Diagnostic Lab and X-ray	\$0	\$0
Durable Medical Equipment (DME)	\$0	\$0
Preventive Care and Screenings		
Physical exams	\$0	\$0
Annual wellness visit	\$0	\$0
Inpatient Benefits		
Inpatient Hospital Benefits	\$100	\$100
Skilled Nursing Facility days 1 - 100	\$0	\$0
Home Health Agency Care	\$0	\$0

Pharmacy Benefits

	\$0	
Deductible	\$0	
Retail	Preferred	Standard
Select Generics	\$0	\$0
Generics	\$5	\$10
Preferred Brand	\$25	\$30
Non Brand/Specialty	\$45	\$50
Mail Order		
Select Generics	\$0	
Generics	\$20	
Preferred Brand	\$60	
Non Brand/Specialty	\$100	

How do I get my covered prescriptions?

Getting your prescriptions from *in-network* pharmacies:

Preferred Pharmacies



Costs may be lower when you use preferred pharmacies.

Network Retail Pharmacy



Go to your network retail pharmacy*, show your membership card, pay your copay or coinsurance and receive your medication.

Mail-Order Pharmacy



Have your medications delivered to you by using a network mail-order pharmacy. You may receive medications by simply calling or ordering online.

How to use a mail-order pharmacy

Often costs are lower when using a mail-order pharmacy

Step One

- + You will receive a patient order form in your post-enrollment materials. You also may contact Customer Service to receive an order form

Step Two

- + Complete the form, including your prescription information

Step Three

- + Return the form and prescriptions to the address listed on the form

Step Four

- + Once you are registered, you may order medications online at www.anthem.com/ca/countyoforange or by calling the Customer Service toll-free number

Additional benefits



Silver Sneakers
Fitness Program



Routine Vision
Care



Special Offers



Telehealth with
LiveHealth Online



ER/Urgent Care Coverage
When Traveling



24/7 NurseLine



Holistic Care
Management



Gaps in Care
Notices



Routine Hearing
Care



[Anthem.com/ca/countyoforange](https://www.anthem.com/ca/countyoforange)



Routine Foot
Care



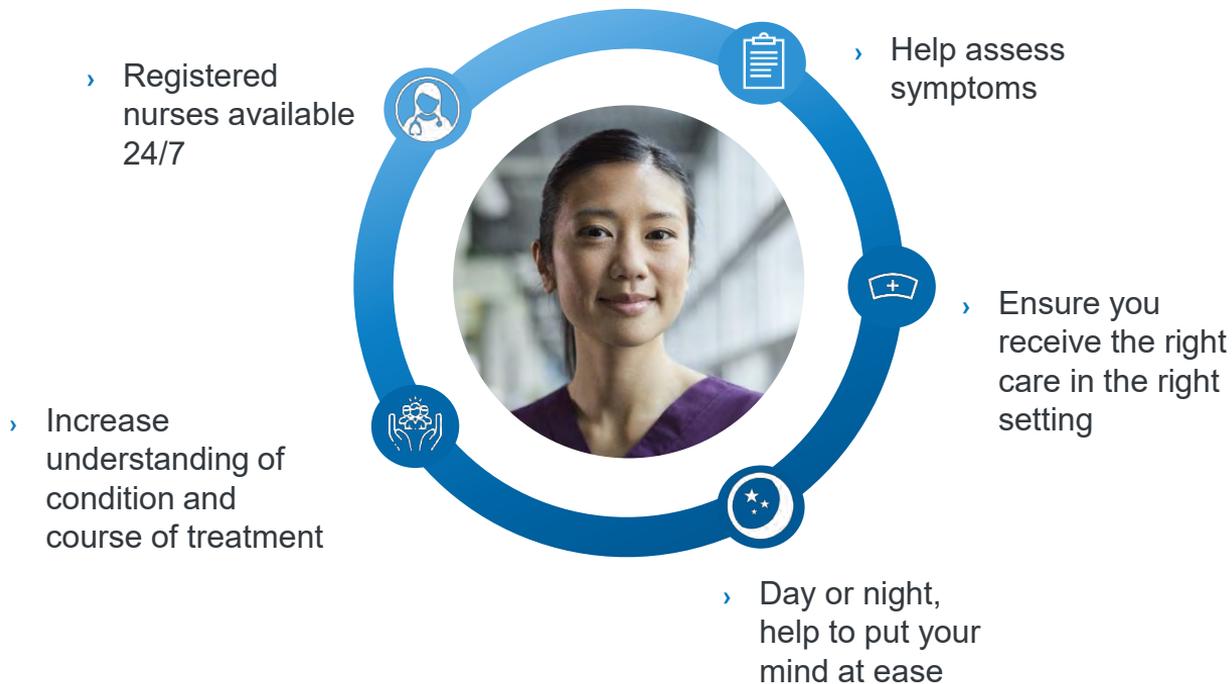
End of Life
Care

Care Management



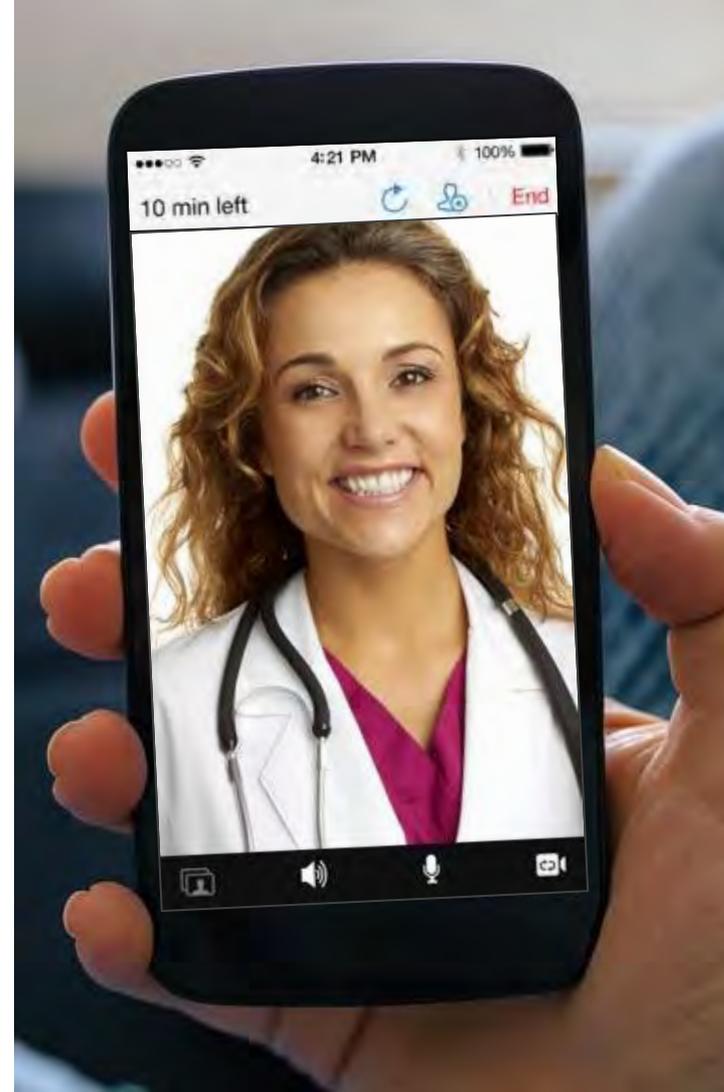
24/7 NurseLine

Registered nurses are ready and waiting to help you – over the phone – with your health concerns.



LiveHealth Online

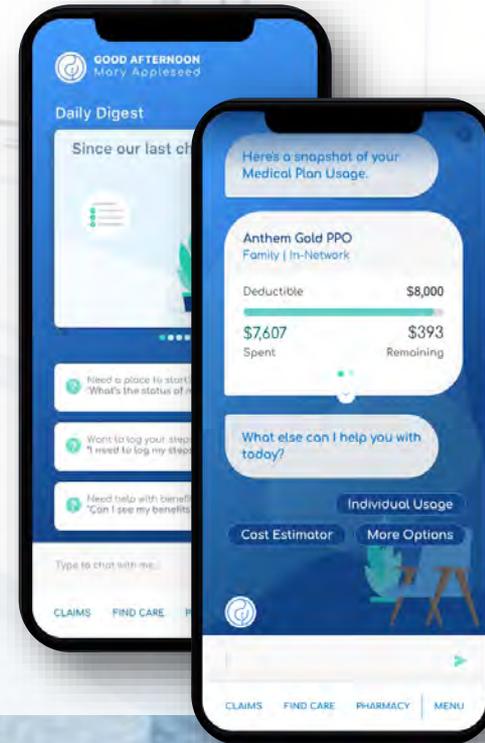
- > Easy and convenient care for conditions such as cold, flu and infections
- > Visit with an in-network board certified doctor 24 hours a day, 7 days a week, 365 days a year
- > Doctors can send prescriptions to the pharmacy you select if medically necessary
- > Talk to an in-network licensed therapist or board certified doctor to discuss feelings of depression, stress or anxiousness



Driving next-level engagement

Sydney, a partner in health in the palm of your hand.

- Our new digital platform uses AI to deliver a health care experience with a personal touch
- A single, convenient location for a digital ID card, plan details, claims and more
- Robust tools to help find care, view costs, online appointment scheduling and one-click access to LiveHealth Online and anthem.com
- Personalized dashboard based on identified health topics and wellness goals
- Timely, insight-driven push messages based on the retiree's health profile using clinical and claims data
- Integrated help and support with click to chat features and ability to schedule a call back



Healthy Meals (Healthy Food Delivery)

Our Healthy Meals program delivers nutritionally balance meals to the homes of eligible retirees – at no cost.

This benefit is available to a retiree if they have been discharged from the hospital or if they meet one or more of the following conditions:

- A1C > 9 (diabetic)
- BMI > 25 (overweight) or BMI < 18.5 (underweight)

- Core benefit (56 meals a year, provided across 4 distinct "events")
 - Each event qualifies retiree for 14 meals
 - Each inpatient stay = 1 event
 - Chronic meal events can be recertified after an event (14 meals) is used

* Prior approval based on the conditions is required.





Medicare Community Resource Support

If you need help with resources for services Medicare doesn't cover, we can help you. Our telephone-based benefit, Medicare Community Resource Support (MCRS) allows you to talk to a live person within our Medicare Education & Outreach team. We can help coordinate your benefits and assist with locating resources within your community.

Resources such as:

- **Food pantries**
- **Home Maintenance Programs**
- **Utility Assistance Programs**
- **Co-pay Assistance Programs**
- **Social Activities**
- **Help around the home**
- **Help getting to your medical appointments or the grocery store**
- **And much more**

Call the Customer Service phone number on the back of your ID card to get in touch with our Medicare Education & Outreach team.



SilverSneakers

- > Access to 15,000+ fitness locations nationwide
- > Live virtual classes and workshops from home
- > On-demand video workouts
- > Use of amenities plus senior-focused group fitness classes
- > SilverSneakers FLEX™ Community Fitness Classes and BOOM® Fitness Classes, plus many others
- > Tuition Rewards through SilverSneakers
- > Member website to stay connected with the SilverSneakers community

Online resources at anthem.com

Access online resources anytime from your computer or smartphone



Print a temporary ID Card



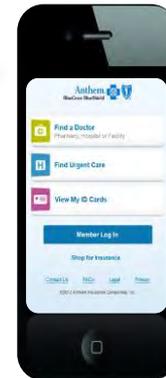
Find a doctor



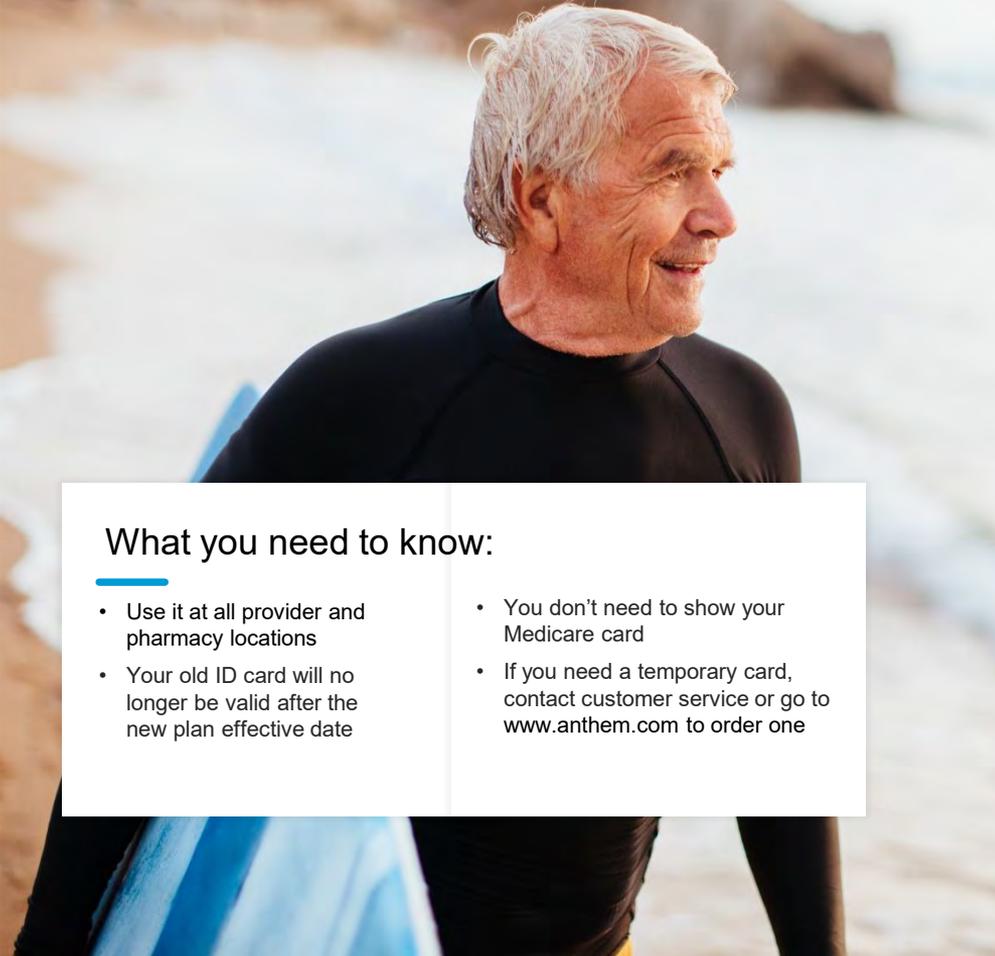
Estimate your costs



View claims

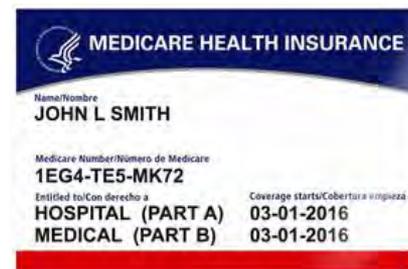
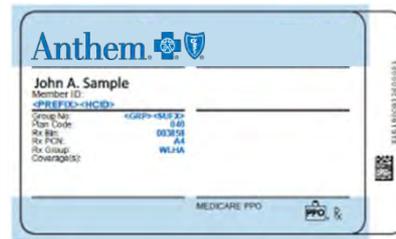


Your Anthem ID Card



What you need to know:

- Use it at all provider and pharmacy locations
- Your old ID card will no longer be valid after the new plan effective date
- You don't need to show your Medicare card
- If you need a temporary card, contact customer service or go to www.anthem.com to order one



For your doctor and hospital visits, bring your Anthem ID card



Questions?

County of Orange

Benefits Service Center

Ph: (833) 476-2347

Monday – Friday 8:00am-6:00pm PST

Web: my.benefits.ocgov.com

Anthem

First Impressions: (833) 848-8729

- Pre member

Anthem Member Services: (833) 848-8730

- Current member

Monday – Friday 8:00am-9:00pm ET

Web: www.anthem.com/ca/countyoforange



County of Orange 2021 Open Enrollment

SCAN Health Plan confidential and propriety information. © 2020 SCAN Health Plan. All rights

SCAN Health Plan confidential :

SCAN Health Plan Overview

- ▶ Established over 45 years in the City of Long Beach
- ▶ Not-for-profit organization
- ▶ 3rd largest Medicare Advantage plan in California
- ▶ Award-winning Customer Service department located in Long Beach
- ▶ Committed to health and independence of our members

Medicare Advantage Plan

- ▶ Contract with private doctors, medical groups and hospitals
- ▶ Part D (Rx coverage) is included at no additional cost
- ▶ Urgent and Emergency care, including hospitalization, is covered worldwide
- ▶ SCAN Health Plan is an HMO

Benefit Highlights

- ▶ Primary Care Physician/Specialist \$15 copay
- ▶ Hospital Admission \$100 copay per admin
- ▶ Urgent Care \$15 copay
- ▶ Generous Prescription Drug Plan
 - Generic \$10 copay
 - Brand \$20 copay

(50% discount on many generics when using preferred pharmacies)
- ▶ Vision Services \$15 copay; \$0 copay for lenses; \$100 frame allowance or \$130 contact allowance
- ▶ Hearing Aid Allowance \$15 copay exam; \$600 allowance
- ▶ Routine Chiropractic Care \$15 copay; 20 self-referred visits
- ▶ Transportation \$0 copay

(unlimited rides; 75 miles maximum per ride)
- ▶ Silver Sneakers - Fitness Program \$0 copay
- ▶ Telehealth \$0 copay

What's New for 2021?

Pharmacy:

- 3-Month Supply extended to 100 days at retail and mail order.

SCAN Healthtech Technology Support Assistance

SCAN HEALTH*tech* Technology Support Assistance



A technology support line to provide education and training on how to use your computer, tablet or smartphone to access health care and health care related information.

Areas where Health*tech* can help you

- Skype/Zoom/FaceTime training for physician visits
- Telehealth visit overview, setup on personal equipment (phone, tablet, or computer)
- Prescription delivery setup
- Email account creation for health care communication
- Setting up your medical group's online portal access
- SCAN Health Plan Member Portal registration

To access technology support assistance please call:

**1-833-437-0555
(TTY: 711)**

24 hours a day, 7 days a week.



What's New for 2021? *cont...*

Brain HQ:

BrainHQ



Exercise your mind with BrainHQ, an online brain health program.

Keeping your mind "physically fit" is important. Brain fitness helps strengthen connections in order to maintain important brain functions. Exercising the brain should be on every adult's daily to-do list.

BrainHQ is offered at no-cost to SCAN members.

Features include:

- Mental games that focus on attention, memory, brain speed, intelligence, navigation, and people skills exercises
- A useful and meaningful workout tailored to your unique brain. Using a special method, each exercise adapts in difficulty as you use it so you're always working at your optimum level—where you are most likely to improve your performance

To start using BrainHQ, please go to www.scan.brainhq.com

For additional questions you can call:

1-888-844-6598 (TTY: 711)
7:30 a.m.—4 p.m.
Monday–Friday



Full Service Area by Counties

- ▶ Los Angeles
- ▶ Orange
- ▶ Riverside
- ▶ San Bernardino
- ▶ San Diego
- ▶ Ventura
- ▶ Santa Clara
- ▶ San Francisco
- ▶ Napa
- ▶ Sonoma
- ▶ Stanislaus

Express Scripts Home Delivery: Getting Started

Self Service: Members can simply contact doctor's office and request 3-month scripts are sent to ESI M.O.

NEW Personalized Customer Service & Support:

- Setting-up profile (e.g., online, mobile app, automatic refills) & contact preferences (e.g., text, email, phone)
- Helping access the most affordable medications



Managing Multiple Medications with Presorted Prescription Packs

Organized

Synchronized

Personalized

Convenient

Sorted into small, easy-open packs and stored in an efficient dispenser box (1 mo. supply)

Each pack is clearly marked with the date and time or simple icons of when to take the next dose

Labeled with member name & the name of the medications

Less time organizing multiple bottles and pill boxes. Packs are perfect for on the go



 **PillPack**

Member copay may vary depending on the pharmacy they choose (e.g., Preferred or Standard).



Chiropractic Benefit

- Access to 20 **self-referred** routine chiropractic services
- Upon initial visit an assessment will be made to determine the number of approved subsequent visits.
- Large network of providers



Members who are travelling outside of SCAN's service area can receive urgent care services through MinuteClinic locations in 38 states at the standard urgent care copay.

States **not available** in: Alabama, Alaska, Arkansas, California, Colorado, Delaware, Idaho, Iowa, Mississippi, Montana, North Dakota, Oregon, South Dakota, Utah, Vermont, Washington, West Virginia, Wyoming

Telehealth



Telehealth

Virtual Doctor Visit

NEW!
\$0 CO-
PAY

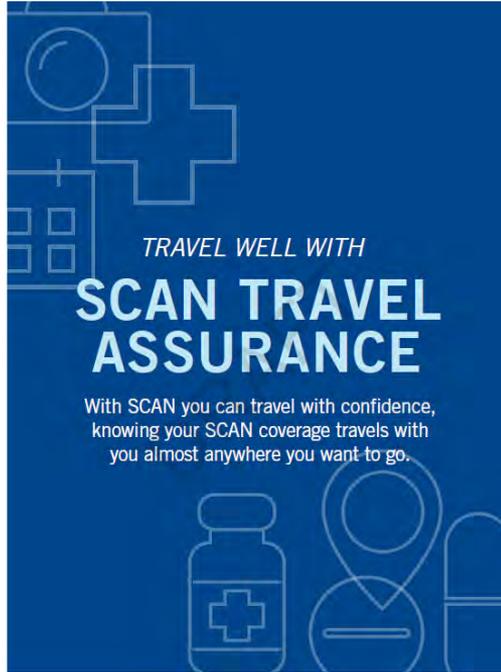
- Self-directed, virtual doctor visit for a limited scope of conditions similar to those seen in an urgent care setting
- **\$0 copay** per visit applies
- Visit records are given to the member which can be shared with PCP
- This benefit DOES NOT replace PCP or Specialist visits
- Members can interact with a CA Board Certified MD via phone or video
- Non-narcotic prescriptions can be prescribed which will process through the SCAN pharmacy network and tracked under the members' Part D benefit

Retirees Travel with Confidence

TRAVEL WELL WITH

SCAN TRAVEL ASSURANCE

With SCAN you can travel with confidence, knowing your SCAN coverage travels with you almost anywhere you want to go.



worldwide

COVERAGE



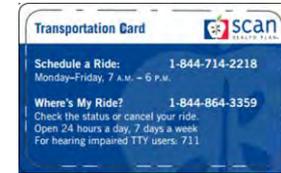
SilverSneakers includes: A fitness membership with access to locations nationwide where participants can use equipment and take group exercise classes. Members also have access to SilverSneakers FLEX for options outside the traditional fitness location and SilverSneakers Steps for use at home!!





National MedTrans Network Transportation Benefit

- Curb-to-curb transportation to medical and pharmacy visits
- 75 Mile radius one-way
- Taxi, wheelchair vans and other modes to meet people's physical needs (includes LYFT)
- Call a minimum of **24 hours** to schedule a ride. Transportation for wheelchairs or other equipment requires a minimum of **48 hours**.



Independent Living Power Services®

- ▶ *\$650 Monthly Allowance*
- ▶ Personal Care Coordination \$0
- ▶ Homemaking \$15 per visit
- ▶ Personal Care \$15 per visit
- ▶ Home-Delivered Meals \$0
- ▶ Adult Day Care \$15 per visit
- ▶ *Emergency Response System* \$0 per month
- ▶ Caregiver Relief \$15 per visit
- ▶ Inpatient Custodial Care \$0 up to 5 days
- ▶ Inpatient Respite \$0 up to 5 days
- ▶ *Bathroom Durable Medical Equipment* \$0
- ▶ Community Resources \$0

(Only available in Los Angeles, Orange, Riverside, San Bernardino and San Diego Counties.)

Who is Eligible to Enroll?

▶ Retirees:

- Medicare Parts A and B entitlements
- Reside in SCAN Health Plan Service Area

Enrollment Information

- ▶ After making your Open Enrollment election, the Benefits Center will send Scan your election to assist in getting you approved.
- ▶ Enrollment in the plan is electronic (no form required); SCAN will contact you via telephone to verify your election and obtain additional required information.

Enrollment Information

- ▶ SCAN and CMS will process your election.
- ▶ If you are not approved, you will be enrolled into the Wellwise Retiree PPO health plan effective 1/1/2021 (unless you are in the Sharewell Retiree PPO health plan, then you would remain there).

SCAN Contact Information

- ▶ www.scanhealthplan.com/countyoforange
- ▶ SCAN Telesales – Prospective members
 - 1-877-212-7654 from 8:00 a.m. to 8:00 p.m.
- ▶ SCAN Member Services
 - 1-800-559-3500 from 8:00a.m. to 8:00 p.m.

Thank you... It's a pleasure to serve you!

As you consider different Medicare options, we invite you to take a closer look at SCAN, a Medicare Advantage Prescription Drug Plan focused on our Mission to **Keep retirees Healthy and Independent**





What Else You Should Know

Open Enrollment Reminders



My OC Benefits™

- Enroll by **November 13, 2020**
- Submit dependent documentation by **December 31, 2020**
 - Without required documentation, dependent(s) not covered in 2021
- If your newly added dependent is Medicare eligible, be sure to submit copy of Medicare card and required Medicare documentation **60 days** from the date you made your election with your Medicare data
- If you are eligible for Medicare Pt B Reimbursement, provide required documentation by **December 31, 2020**
- Correction period: Changes can be made between November 14 through November 25, 2020
- Contact OCERS **and** the Benefits Service Center to report address change

My OC Benefits Resources



My OC Benefits™

- One Page Benefits Summaries
- 2021 Rates
- Quick Reference Guide
- What to Know Guide for Retirees
- Intent to Retire Summary
- Attaining Medicare Summary
- Dependent Eligibility Definitions and Required Documents
- County Couples Flyer

Health Plan ID Cards



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- If you choose a new health plan for 2021, you will receive a new health plan ID card by end of December 2020
- If you don't receive card, contact health plan
- Contact Benefits Service Center if you need an immediate verification of coverage



Benefits Center: Your Source for Open Enrollment



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- Visit **My OC Benefits™**: mybenefits.ocgov.com
- **Benefits Service Center:**
 - Call **1-833-476-2347**, 8 a.m. to 6 p.m. Monday through Friday PT, except holidays
 - During Open Enrollment hours are extended to 8 p.m.
 - Fax and address for **Medicare documentation and Pt B Reimbursement:**

County of Orange Benefits Service Center
P.O. Box 661162
Dallas, TX 75266-1162

Fax: 1-224-607-3465

Employee Benefits Website



My OC Benefits™

Visit www.ocgov.com/gov/hr/eb for:

- 2021 What to Know Guide
- One Page Retiree Health Plan Benefits Summaries
- 2021 Retiree Health Plan Monthly Rates
- County Couples Flyer
- Retiree Annual Open Enrollment Newsletter
- Retiree Medical Plan Document
- Health Plan Contact Information

Other Contact Information



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Benefit	Provider	Online	By Phone
Benefits Service Center	Alight	My OC Benefits™ @ mybenefits.ocgov.com	1-833-476-2347 FAX: 1-224-607-3465
Dependent Verification Center	Alight	Dependent Verification Center PO Box 7114 Rantoul IL 61866-7114	1-833-476-2347 mybenefits.ocoov.com Fax: 1-877-965-9555
Wellwise & Sharewell Retiree Plans Medical Claims Administrator	Blue Shield of California	www.blueshieldca.com/oc	1-888-235-1767
Wellwise & Sharewell Retiree Plans Prescription Drug Program	OptumRx	Current Members: www.optumrx.com Prospective Members: https://www.optumrx.com/oe_countyo_forange/landing	Current Members: 1-800-573-3583 Prospective Members: 1-844-880-0759
Kaiser Traditional HMO	Kaiser	www.kp.org/ca/oc	1-800-464-4000
Kaiser Senior Advantage HMO	Kaiser	www.kp.org/ca/oc	1-800-443-0815

Other Contact Information



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Benefit	Provider	Online	By Phone
Anthem Blue Cross Traditional & Select HMOs	Anthem Blue Cross	www.anthem.com/ca/countyoforange	Current Members: 1-877-826-1831 Prospective Members: 1-888-831-2238
Anthem Blue Cross Custom & Standard PPOs	Anthem Blue Cross	www.anthem.com/ca/countyoforange	Current Members: 1-877-411-1640 Prospective Members: 1-877-411-1647
Anthem Blue Cross Senior Secure HMO	Anthem Blue Cross	www.anthem.com/ca/countyoforange	Current Members: 1-877-411-1640 Prospective Members: 1-877-826-1831
SCAN HMO	SCAN Health Plan	www.scanhealthplan.com/countyoforange	1-877-212-7654

Questions & Answers



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Health plans will provide the following:

Health Plan	Date	Offering
Blue Shield of CA & OptumRx	Thursday, October 15 9:00am – 11:00am PST	In addition to the One-on-One meetings via Calendly... WebEx 1-763-957-6300 Access code: 171 903 8367
Kaiser	Monday, October 12 11:00am – 1:00pm PST	Link: https://event.on24.com/eventRegistration/EventLobbyServlet?target=reg20.jsp&referrer=&eventid=2731711&sessionid=1&key=386E5724DF0A71238F9700F3387E C2EE&regTag=&sourcepage=register

Questions & Answers



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Health plans will provide the following:

Health Plan	Date	Offering
SCAN	Monday, October 12 12:00pm – 2:00pm PST	Phone number: 1-877-309-2073 Meeting number: 420215733# Access Code: 420 215 773 Link: https://global.gotomeeting.com/join/420215773
Anthem Blue Cross	Monday, October 12 11:00a.m. – 1:00 p.m. PST	Phone number: 1-866-692-3580 Meeting number: 171 912 1669 Meeting password: 73MuYXm47Jv Link: https://anthem.webex.com/webappng/sites/anthem/meeting/download/61e6b8c8b023441ca56ac29739179714?siteurl=anthem&MTID=m999c127076ca199cf05a1d1198f0220a

Thank you



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