

# 2022 RETIREE BENEFITS INFORMATION CITY OF NORFOLK



**CITY OF NORFOLK**  
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**NORFOLK HEALTHCARE CONSORTIUM (NHC)**  
Human Resources Employee Benefits  
800 East City Hall Avenue,  
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# CITY OF NORFOLK RETIREE BENEFITS

## CONGRATULATIONS ON YOUR RETIREMENT!

The **Norfolk Healthcare Consortium (NHC)** offers a comprehensive benefits package to eligible employees of **the City of Norfolk (the City), Norfolk Public Schools (NPS), and Norfolk Redevelopment and Housing Authority (NRHA)**. As a retiree, you are eligible to continue some of those benefits into retirement.

In addition, as a City retiree, you can access up to date \*plan summaries, monthly premium rates, and vendor contact information on the NHC website <https://www.norfolkhealthcareconsortium.com>. **Select the City of Norfolk Employer icon button and then select “Are You a Retiree” in the blue menu on the left for complete details.**

If you have any questions or need assistance, please contact the Human Resources Benefits Office via email: [HRBenefits@norfolk.gov](mailto:HRBenefits@norfolk.gov) or phone: 757-664-4486, Option 1. The Benefits staff is available from 8:30 a.m. – 5:00 p.m., Monday through Friday.

\*Note: In all events, the terms of the various benefit plans as set forth in their respective summary plan documents or underlying policy will govern in the case of discrepancy. The Norfolk Healthcare Consortium reserves the right to modify benefit terms during the plan year as it deems necessary.

## RETIREE BENEFITS ELIGIBILITY

To continue benefits coverage under City of Norfolk as a retiree, you must have (1) 15 years of continuous service with the City as recorded in City files, (2) be retired from the City with accidental disability, or (3) retiring elected constitutional officers, appointed officials, executive pay plan employees. The retiree (and other family members) must be enrolled under the health, dental or vision plan as of their last day as an Active employee with the City of Norfolk. The retiree **MUST** enroll under the retiree health, dental, and/or vision plans in order for a spouse or dependent to be enrolled. It is the employee's responsibility to contact the Benefits office if they wish to enroll under the retiree health, dental, and/or vision plans at the time they retire. Retirees are eligible for medical and prescription coverage until the age of 65. For more information, please see Page 4.

Retirees will forfeit their rights to enroll under the retiree health, dental or vision plan if they fail to enroll within 30 days of their retirement.

Retirees under the age of 65 who are covered by a spouse who is an active Norfolk Consortium (City, Norfolk Public Schools, NRHA) employee will become eligible for retiree coverage when they are no longer covered by that employee.

If a retiree has a qualifying family status change, they have 30 days from the event to make changes in their healthcare coverage.

If enrolling under the City Retiree Plans, you do not need to enroll under COBRA. If Flexible Benefit Administrators sends you something about COBRA, you can disregard.

## DEPENDENT ELIGIBILITY AND DOCUMENTATION

If you are adding a dependent for the first time, you will be required to provide the Benefits Department proof of your relation to the dependent prior to the enrollment deadline (e.g., a marriage license to prove status of a spouse or a birth certificate to prove a parental relationship of a dependent child). Dependents eligible for coverage in Norfolk Healthcare Consortium (City of Norfolk) benefit plans include:

- Your legal spouse
- Your dependent children up to age 26 (includes stepchildren, legally adopted children, or children placed with you for adoption)
- Your dependent child, regardless of age, provided he or she is incapable of self-support due to a mental or physical disability and is chiefly dependent on you for support and maintenance.

## DEPENDENT CHILDREN TURNING AGE 26

If your adult child becomes ineligible for benefits due to turning age 26, it is your responsibility to notify the Benefits Department within 30 days of the child's 26th birth date to cancel benefits for that child. Your adult child can continue their benefits temporarily through COBRA. COBRA is administered by Flexible Benefit Administrators and information will be sent to you/your dependent via U.S. Mail.

If the child needs to remain on a plan due to mental/physical disability as described above, you will need to contact the Benefits Department to request continued enrollment for the child. Proof of the child's incapacity for self-support must be furnished upon request.

## BENEFIT OPTIONS

### Anthem Medical (includes prescription)

For more information visit: <https://www.norfolkhealthcareconsortium.com/317/Retiree-Medical-Care>

### Delta Dental

For more information visit: <https://www.norfolkhealthcareconsortium.com/318/Retiree-Dental>

### Vision

For more information visit: <https://www.norfolkhealthcareconsortium.com/319/Retiree-Vision>

### Legal Resources

For more information visit: <https://www.norfolkhealthcareconsortium.com/321/Retiree-Legal-Plan-and-Identity-Theft-Pr>

## BENEFIT PREMIUM PAYMENTS

Medical, dental, and vision premiums are paid by monthly deduction from your City of Norfolk Retirement check at the end of each month (Example: August coverage will be pulled from the July 31<sup>st</sup> check). If for some reason your benefit premiums are not deducted from your retirement check, it is your responsibility to pay the amount due manually by the first of every month (Example: August coverage is due August 1<sup>st</sup>). **Payments are accepted by cashier's check or money order made out to Norfolk City Treasurer.** Please remit payments to:

**Norfolk Healthcare Consortium  
Attention: City Benefits  
810 Union Street, Suite 100  
Norfolk, VA 23510**

## BENEFIT CANCELTION

As a retiree, you can cancel any of your benefits at-will in writing. All cancellation requests are to be sent to [HRBenefits@norfolk.gov](mailto:HRBenefits@norfolk.gov) or mail correspondence to address above. Please be sure to include your contact information and a good time to reach you so that our team can assist you.

Immediate requests for benefit cancellations are effective as of the last day of the month following the request. For example, if you send your cancellation request as of August 10<sup>th</sup>, your cancellation effective date is midnight August 31<sup>st</sup>.

Future dated requests for benefit cancellations will always be effective the last day of the month. For example, if you send your cancellation request in May that you are turning 65 and your Medicare Part B coverage is set to start as of September 1<sup>st</sup>, the cancellation of your retiree health coverage with the City will be effective midnight on August 31<sup>st</sup>.

**All cancellations are final. Coverage cannot be resumed once it has been terminated.**

## ANNUAL BENEFIT STATEMENT

As a retiree, you will receive an annual benefit statement, to remind you of the benefits you currently have, and to inform you of any rate or plan changes for the upcoming plan year. If there are any premium changes, they will be reflected on your December 31st retirement check.

## ADMINISTRATIVE CHANGES

**City Retirees:** Updates to your name, or any contact information must be reported to the Retirement Office (757-664-4738 or [retirement@norfolk.gov](mailto:retirement@norfolk.gov)) for the system to be updated. **State Retirees:** Updates to your name, or any contact information must be reported the NHC Benefits Team ([HRBenefits@norfolk.gov](mailto:HRBenefits@norfolk.gov) or 757-664-4486, Option 1) and VRS (1-888-827-3847 or visit [www.varetire.org](http://www.varetire.org)) for both systems to be updated.

## AGE-65 HEALTH BENEFITS INFORMATION

Retirees aged 65 or over, are **not** eligible to continue health (medical/prescription only) coverage through Anthem under City of Norfolk due to being of Medicare eligible age. Your health benefits will expire on the last day of the month you reach age 65 (i.e., Your 65<sup>th</sup> birthday is on May 15<sup>th</sup>, your health insurance will expire on May 31<sup>st</sup>). Please take note of the following information:

- Make plans to meet with the Social Security Administration at least 90 days before your health insurance expires with City of Norfolk.
  - Social Security Administration can be reached at:
    - 1-800-772-1213
    - [www.ssa.gov](http://www.ssa.gov)
- Have your CMS-L564 Form (Request for Employment Information) with you when you meet with Social Security. This form verifies that you had group healthcare coverage under your employer prior to applying for Medicare Part B. This form is completed by our office. Please contact us prior to enrolling in Medicare Part B.
- Ask Social Security about your options for Prescription Coverage under Medicare.
- Dependents currently covered under your health plan will no longer have medical/prescription coverage once yours expires. They will have the option to access benefits under COBRA, which is administered by Flexible Benefit Administrators. Enrollment information will be sent to you by U.S. mail. For inquiries, they can be reached at 800.437.3539.
- Visit [www.medicare.gov](http://www.medicare.gov) or call 1-800-MEDICARE (1-800-633-4227) for assistance in choosing a plan, finding providers, and additional resources.

## GROUP LIFE INSURANCE—POST-RETIREMENT

Upon hire with City of Norfolk, you were automatically given a basic life insurance policy at twice the rate of your final annual salary. The life insurance will continue after you retire; however, it does decrease by 25% each year after one full year of retirement until 25% is remaining on your policy.

<b>Year 1:</b>	<b>100%</b>
<b>Year 2:</b>	<b>75%</b>
<b>Year 3:</b>	<b>50%</b>
<b>Year 4 and beyond:</b>	<b>25%</b>

If you have any questions regarding your Basic Life insurance, you can contact **Virginia Retirement System** at **1-888-827-3847**. If you elected to pay for Optional Life Insurance for additional coverage, it can be continued post-retirement by contacting **Securian Life Insurance** at **1-800-441-2258**. Please keep the Certificate of Insurance for your Group Term Life Policy you have been provided for your records. If you have policy questions, you may reach out to Securian Life Insurance.

## IMPORTANT FORMS

### CMS-L564 Form (Request for Employment Information)

- **Form Link:** <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS-L564E.PDF>
- This form is required when applying for Medicare Part B.
- For more information, see Page 4.

## INFORMATION ON ADDITIONAL BENEFITS

**457 Benefit Withdrawal and Rollover Out of Mission Square:** If enrolled under this benefit, you can contact Mission Square (1-800-669-7400) or the Retirement Office (757-664-4738 or [retirement@norfolk.gov](mailto:retirement@norfolk.gov)) regarding:

- withdrawal of your 457 funds
- rolling over your 457 funds
- contributing your annual leave balance to your 457 (no later than 2 weeks before retirement date)

**ROTH IRA Withdrawal:** If enrolled under this benefit, you can contact Mission Square (1-800-669-7400) or the Retirement Office (757-664-4738 or [retirement@norfolk.gov](mailto:retirement@norfolk.gov)) regarding:

- withdrawal of your Roth IRA funds
- rolling over your Roth IRA funds

**Legal Resources:** If enrolled under this benefit, you can contact Legal Resources (1-800-728-5768) to enroll directly with them as a Retiree. <https://va-norfolkhealthconsortium.civicplus.com/DocumentCenter/View/861/Norfolk-Consortium-Legal-Intranet-Solutions>

**Identity Theft Protection:** If enrolled under this benefit, you can contact Legal Resources (1-800-728-5768) to enroll directly with them as a Retiree. <https://va-norfolkhealthconsortium.civicplus.com/DocumentCenter/View/863/Norfolk-Consortium-Retirees-IDP-Intranet-Solutions>

**Flexible Spending Account (FSA):** If enrolled under this benefit and you have a balance in your flexible spending account when you separate employment, you may file claims for eligible expenses that occurred prior to your separation date. Also, the FSA Visa debit card is canceled on your last day of employment. **Example:** If your retirement date is 9/1/22, you can file claims for expenses that occurred before that date. Your card will be cancelled after 8/31/22.

## IMPORTANT CONTACTS

BENEFITS TEAM CONTACTS		
Appointments must be scheduled in advance		
<b>NHC Benefits Team</b>  <b>Questions About:</b> <ul style="list-style-type: none"> <li>• Medical / Prescription Drugs</li> <li>• Dental</li> <li>• Vision</li> </ul>	<a href="mailto:HRBenefits@norfolk.gov">HRBenefits@norfolk.gov</a>	757-664-4486 (Select Option 1)

VENDOR CONTACTS		
<b>Anthem Blue Cross and Blue Shield</b> (Medical)	<a href="http://www.anthem.com">www.anthem.com</a>	833-988-2030
<b>IngenioRx</b> (Pharmacy)	<a href="https://www.anthem.com/ms/pharmacyinformation/">https://www.anthem.com/ms/pharmacyinformation/</a>	833-988-2030
<b>Delta Dental Insurance</b> (Dental)	<a href="http://www.deltadentalva.com">www.deltadentalva.com</a>	800-237-6060
<b>UniCare Vision Insurance</b> (Vision)	<a href="http://www.unicare.com">www.unicare.com</a>	888-884-8428
<b>COBRA</b> (Flexible Benefit Administrators)	<a href="https://cobrapoint.benaissance.com/">https://cobrapoint.benaissance.com/</a>	800-437-3539 757-340-4567
<b>Legal Resources</b> (Legal Services and Identity Theft Protection)	<a href="http://www.legalresources.com">www.legalresources.com</a>	800-728-5768
<b>Securian/Minnesota Life</b> (Optional Life Insurance)	<a href="http://www.LifeBenefits.com/plandesign/virginia">www.LifeBenefits.com/plandesign/virginia</a>	800-441-2258
<b>Virginia Retirement System (VRS)</b> (Retirement)	<a href="http://www.varetire.org">www.varetire.org</a>	888-827-3847