

2022 EMPLOYEE BENEFITS GUIDE CITY OF NORFOLK



Medical



Dental



Vision



Flexible Spending
Accounts (FSA)



Legal Resources



Employee
Assistance Program



Wellness



CITY OF NORFOLK

Human Resources Benefits Department
800 East City Hall Avenue,
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HRBENEFITS@norfolk.gov



NORFOLK HEALTHCARE CONSORTIUM (NHC)

Human Resources Employee Benefits
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Table of Contents

WELCOME	3
WHAT'S NEW FOR 2022	3
ELIGIBILITY FOR BENEFITS	6
ENROLLMENT	7
MEDICAL INSURANCE	10
HEALTH INSURANCE COSTS	12
PHARMACY DRUG COVERAGE	15
DENTAL COVERAGE	16
DENTAL COSTS	17
VISION COVERAGE	18
FLEXIBLE SPENDING ACCOUNTS (FSA)	19
WELLNESS PROGRAM	22
EMPLOYEE ASSISTANCE PROGRAM (EAP)	23
LEGAL RESOURCES	23
OTHER BENEFITS	24
RETIREMENT PROGRAMS	27
ADDITIONAL VOLUNTARY RETIREMENT OPTIONS	27
RETIREE HEALTH CARE	28
LEAVE BENEFITS	29
APPENDIX	30
REQUIRED COMPLIANCE DOCUMENTS	36
OTHER REQUIRED NOTICES	38
IMPORTANT CONTACTS	39

CITY OF NORFOLK EMPLOYEE BENEFITS GUIDE 2022

WELCOME

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)**. The benefits include: medical and prescription drugs; dental insurance; vision insurance; flexible spending accounts (FSA), health savings accounts (HSAs), legal services, an employee assistance program (EAP), and a wellness program.

Several types of coverage options are available; for each, the City may pay a portion of the employee's cost, up to a specified amount. Details of the plans offered, including eligibility requirements, coverage, and fees are described in this Employee Benefits Guide.

City employees may also be eligible for additional benefits *beyond* those offered by the NHC, including basic life insurance, optional life insurance; retirement programs; paid leave programs; and short and long-term disability benefits. Visit <https://www.norfolkhealthcareconsortium.com/290/City-of-Norfolk---2022> for more information.

The City benefit plan year for 2022 runs from January 1, 2022, through December 31, 2022. Enrollment is required and upon meeting eligibility you will be automatically enrolled in the city's Group Life Insurance (City Policy 4.16) and the city's retirement (Norfolk City Code Chapter 37 – Retirement Plan Information).

- City Policy: <https://www.teamnorfolk.org/DocumentCenter/View/5812/VRS-Group-Life-Insurance-416>
- City Code: <https://www.teamnorfolk.org/470/Retirement>

If you have any questions or need assistance, please contact the Human Resources Benefits Office via email: 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.

WHAT'S NEW FOR 2022

[New Medical and Prescription Drug Carrier](#)

Medical and pharmacy coverage will be integrated with Anthem Blue Cross and Blue Shield. Anthem provides your pharmacy coverage with the support of their pharmacy benefit manager, IngenioRx.

[Pre-Enrollment Hotline/Member Services](#)

Starting 10/1/2021, reach an Anthem Health Guide by calling 833-988-2030 to speak to a member services team member.

[New Healthcare Flexible Spending Account and COBRA Administrator](#)

Flexible Benefits Administrators, Inc. will be the new Healthcare Flexible Spending Account and COBRA carrier for all employees.

[New Short-Term and Long-Term Carrier](#)

The Hartford will be the new short-term and long-term disability carrier for all City of Norfolk employees.

New Dental Program Enhancements

There are three new program enhancements offered for 2022 including Healthy Smile, Healthy You; Prevention First; and TeleDentistry.com. Program summaries for these can be found below.

- **Healthy Smile, Healthy You** – This program provides individuals with certain medical conditions one additional cleaning and exam beyond the plan’s ordinary limit per benefit period. The medical conditions include: diabetes; high-risk cardiac conditions; pregnancy; cancer being treated via radiation and/or chemotherapy. In addition, cancer patients are eligible for an additional fluoride application beyond the age limitation of the policy. Enrollment in this program is required to gain access to these benefits.
- **Prevention First** – This program allows members to stretch their annual benefit maximum dollars. Regular, preventive dental visits and preventive diagnostic services (typically x-rays, exams, and cleanings) will not count against the member’s annual benefit maximum amount within a plan year, freeing up the annual maximum so it may be used for other covered services. Enrollment in this program is automatic for all members.
- **TeleDentistry.com** – A safe and effective way to receive care and avoid the emergency room. Virtual visits through Delta Dental’s partnership with TeleDentistry.com allows you access to care when you have a dental emergency; need access to a dentist after hours; need to consult with a dentist without leaving home or while traveling. Enrollment in this program is automatic for all members; however, you will need to create an online account the first time you utilize this benefit.

Visit the NHC website: <https://www.norfolkhealthcareconsortium.com/294/Dental>

NEW ANTHEM TOOLS AND PROGRAMS FOR 2022

The programs listed below provide you with basic information of some of the new offerings that will be available to you starting in January 2022. More details will be communicated closer to the start of the new benefits year and call the Anthem Health Guide for more information.

Anthem Health Guides are highly trained Anthem associates and personal support guides who can help you with all your health care needs. They can help you connect with the right resources, stay on top of the screenings and tests you need, and find doctors.

Anthem Shopper Programs is a helpful way to make decisions about expensive procedures. If you qualify and are scheduled for one of the included procedures, such as an MRI or CT scan, Anthem will contact you about lower-cost alternative facilities in your area. Anthem will even help you make an appointment if you need it. The program is voluntary. You can go to any facility you want, but now you can make an informed choice.

Autism Spectrum Disorder Program is a unique program that focuses on building a strong support system for the entire family and making the best choices for your child. It includes community resources, coordination of care with a case manager and a customized care plan.

Case Management - If you are coming home after surgery or have a serious health condition, a nurse care manager can help answer your questions about your follow-up care, medicines, and treatment options, as well as coordinate benefits for home therapy or medical supplies and find community resources to help you. Your nurse care manager will call you, but you also can call the Member Services number on your ID card.

24/7 NurseLine allows you to connect with a registered nurse who will answer your health questions wherever you are – anytime, day or night. They can help you decide where to go for care and find providers in your area.

Future Moms is a program that can help you take care of yourself and your baby before, during, and after pregnancy. You can talk to registered nurses 24/7 about your pregnancy and newborn care. You also have access to dietitians and social workers, as needed. The program includes breastfeeding support through LiveHealth Online.

LiveHealth Online is available when you need non-emergency care right away you can have a video visit with a doctor using your mobile device or computer, whether you're at home, at the workplace, or on the go using LiveHealth Online. Doctors are available 24/7 for advice, treatment, and prescriptions, if needed.

LiveHealth Online Psychology is available if you're feeling stressed, worried or having a tough time, you may need someone to speak with. You can see a licensed therapist using LiveHealth Online Psychology or talk with a therapist from your home or wherever you have internet access.

LiveHealth Online Diabetic Prevention Program (DPP) creates an engaging experience where you can see real time lifestyle change results with the use of health coaching and a free smart scale. This program is designed to make it easy for you to get healthy, lose weight, and prevent diabetes using a smart scale sent directly to your home and video visits with a health coach skilled in changing lives virtually. You can access via smart phone, tablet, or computer. Appointments are self-scheduled, 7 days a week and it is private, easy to use, and convenient.

My Health Advantage is a no-cost service that helps you stay healthy and save money. You'll receive reminders when you need to refill a prescription or have a checkup, test, or exam. You'll also receive a personalized and confidential MyHealth Note in the mail or on the Sydney Health mobile app if Anthem sees something that can help you.

Sydney Health Mobile App can assist you in finding everything you need to know about your benefits – all in one place. You can quickly access your digital ID card to show it to your doctor or pharmacy. You can use Sydney Health to track your health goals, find care, compare costs, and manage your claims. If you have a question, Sydney Health acts as a personal guide, answering your questions and connecting you to the right resources at the right time. You can use the chatbot to receive answers quickly. The Sydney Health App is also accessible via desktop computer.

ELIGIBILITY FOR BENEFITS

Employee Eligibility

Permanent full-time and permanent part-time employees working 20 hours or more a week are eligible for benefits. Special Project Employees may participate in these plans only if the City Ordinance that created their positions authorizes such enrollment. Amounts paid for insurance will vary depending on plans and coverages selected. Materials outlining the benefits of each plan are distributed annually to each eligible employee during an open enrollment period.

The City pays a portion of full-time and part-time employee health insurance premiums. Details of the plans offered, including specific eligibility requirements, coverage, and fees are provided later in this guide. Permanent part-time employees can find part-time rates on the Medical Plan page of the Norfolk Consortium Healthcare website: <https://www.norfolkhealthcareconsortium.com/293/MedicalPharmacy-Services>

Any questions concerning health care coverage may be referred to Benefits Department: HRBenefits@norfolk.gov or via phone (757-664-4486, Option 1)

Each newly hired employee receives a New Hire Benefit Packet from the Benefits Department during onboarding. Employees must enter their benefits in Peoplesoft Self Service and complete the appropriate forms (if necessary) and return them to the Department of Human Resources within **14 days** of your employment. The employee must attend the next available New Hire Orientation.

Failure to enter benefits in Self Service within 14 days of employment constitutes forfeiture of coverage until the next open enrollment period. Please note, premiums for some benefits are paid one month in advance. For example, January premiums are deducted from the December paychecks.

COVERAGE EXAMPLE: Coverage for newly hired employees begins the first of the month after the first full month of employment. Example #1: If hire date is 10/8, the first full month of employment will be completed on 11/8, therefore, coverage will begin on 12/1. Example #2: If hire date is 2/1, the first full month of employment will be completed on 3/1, therefore, coverage will begin on 3/1.

Dependent Eligibility for Benefits

If you are adding a dependent for the first time, you will be required to provide Human Resources 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 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. Proof of incapacity must be furnished upon request.

Dependent Children Turning Age 26

If your adult child becomes ineligible for benefits due to turning age 26, it is your responsibility to notify Human Resources Benefits within **30 days** of the child's 26th birth date to cancel benefits for that child. If the child needs to remain on a plan due to mental/physical disability, as described above, you will need to contact HR to request continued enrollment for the child. Proof of the child's incapacity for self-support must be furnished.

Divorce

If you divorce your covered spouse, you must notify the Benefits Team (HRBenefits@norfolk.gov) within **30 days** of the effective date of the divorce. A copy of the divorce decree showing the effective date can be submitted using the

Peoplesoft Employee Self Service Homepage > Benefit Details Tile > Life Events Tile. After the divorce, your ex-spouse will no longer be an eligible family member but may be eligible for coverage under the plan under COBRA continuation coverage. For more information, please refer to the Appendix.

ENROLLMENT

How to Enroll

To enroll, log onto PeopleSoft: <https://psempsrv.norfolk.gov/>

You will need to either select or waive (decline) for each benefit option offered. Be sure to have Social Security numbers and birth dates for any eligible dependent(s) that you plan to enroll. You cannot enroll your dependent(s) without this information.

- STEP 1: On the **Employee Self Service Homepage**, click the **Benefits Details Tile**
- STEP 2: Click the **Benefits Enrollment Tile**
- STEP 3: Click **Start**
- STEP 4: Click on each desired benefit tile to elect your benefits

PLEASE NOTE: You must enroll within 14 days of your hire date to have coverage.

When Coverage is Effective

Provided that all enrollment requirements are completed on time, coverage is effective as follows:

- New Hire – First of the month following your first full month of employment
- Annual Enrollment – January 1
- Qualifying Event – First of the month following approval of the change; date of the event for birth, adoption, or placement for adoption (See Appendix for a full list of Qualifying Events).

Benefits Open Enrollment

Each year employees may change, add, or drop health, dental, and/or vision coverage for themselves and their dependents and opt in or out of the various plan options during the designated open enrollment period. Changes are not permitted at any other time unless there is an authorized qualifying change in family status. The effective date for benefit open enrollment changes is January 1 through December 31 of the following year. Open enrollment period is usually in October.

Health, dental, vision, STD and LTD premium payroll deductions will start the first payroll in December. Optional Life Insurance coverage subject to evidence of insurability begins upon approval by Minnesota Life. Flexible Spending Accounts, Health Savings Accounts, Legal Resources, and Identity Theft Protection deductions will start on the first payroll in January.

Evidence of Insurability (EOI) or Statement of Health (SOH) Forms

If you choose to elect or increase your optional life insurance in excess of the guaranteed issue amount you will need to complete evidence of insurability (EOI) for review. The EOI form must be submitted to Minnesota Life for life insurance.

If you were hired prior to January 1, 2022, and did not enroll previously, and want to enroll in STD and LTD during the 2022 Open Enrollment, this will be your **one time opportunity** to enroll without the need to answer health questions through Evidence of Insurability. After the 2022 Open Enrollment, if you have not previously enrolled, your application for STD and LTD coverage will be subject to approval of Evidence of Insurability by The Hartford.

Effective Date of Healthcare Coverage Other Than New Hire/Open Enrollment

Except for additions due to childbirth, adoption or foster care, family status changes in health care coverage are generally effective on the first of the month following premium payments, normally the first full month after the qualifying event. Health care premiums are prepaid i.e., payroll deductions are made in the month prior to coverage. Premiums in arrears will be taken from the next available pay period.

Changes - Qualified Family Status Changes (QFSC)

Once an enrollment period closes, you cannot make any changes to your benefits until the next enrollment period unless you experience a Qualifying Life Event. You must request a change and submit documentation due to a Qualifying Event within 30-days of the event. Except in cases of birth or adoption, changes generally become effective the first of the month following the date the request (with supporting documentation) is approved. Approved enrollment due to birth or adoption becomes effective as of the date of the event. All changes are effective the first of the month following the notification of the qualifying event and submission of the other required documents. For more information, please refer to the Appendix.

Submit supporting documentation (marriage license, birth certificate, etc.) to: HRBenefits@norfolk.gov

Special Benefit Enrollment, Changes, and Termination Cases

Newborn children

Newborns are covered effective the date of birth. For a child born between the first and the fifteenth of the month the premium will be for the entire month if the child is added to the employee's coverage. For example, if a child is born between October 1 through October 15, the employee must pay October health insurance premium for the child.

There is no premium charge for a birth month for a child born after the fifteenth of a month, and subsequently added as a dependent. So, if a child is born between October 16 and October 31, the employee is not charged for the newborn in October. The employee will pay for the dependent starting with November's premium. A spouse or other dependents may also be added at this time.

Please note: Payroll deductions are paid a month in advance. Therefore, a child's birth that causes a change in coverage always places an employee in an arrears payment due situation. Payroll deductions due will be taken from the next available paycheck(s). Therefore, employees anticipating a coverage change due to a birth are encouraged to contact the Benefits Office at 757-664-4486 (Option 1) for premium payment information. Remember, if newborn coverage is desired, the child must be added to coverage within 30 days of birth, coverage will be effective as of the date of birth, and premiums that are in arrears must be paid. A spouse or other dependents may also be added at this time.

Spouse/dependent coverage changes

Employees must drop spouse/dependents from their health care when they are no longer eligible (i.e., child is no longer a dependent, divorced spouse, etc.). If this is not done, the employee will be responsible for payment of any claims paid by a health care plan after the date of ineligibility.

Other changes

Other coverage can also be effective from the date of the qualifying event if the documentation is received within the required time period. Retroactive changes cannot be made. Employees who have family members covered under their plan must ensure they take appropriate action to remove these individuals when they are no longer eligible for coverage due to loss of marital status, eligibility, or age.

Termination of health, dental, and vision coverage

When an employee leaves the City due to retirement or other type of employment separation, their health, dental, and/or vision coverage ends the last day of that month in which they separate employment. For example, if the employee leaves employment on December 10, their last day of health, dental, and vision coverage is December 31. In other words, new qualified benefit claims would still be paid even after December 10 as long as they were made before December 31.

Payroll deductions are taken a month in advance, therefore, if you have paid for January coverage at the time you leave, that money will be refunded to you. If an employee is placed on Pre-Disciplinary leave, their health, dental, and/or vision plans will stay in effect if the employee maintains their premium payments. Employees would still be offered the opportunity to continue their benefits under federal COBRA rules. Flexible Benefit Administrators will inform the employee of their legal right to continue benefits under federal COBRA rules at the time of the employee's separation.

Retirement

If the retirement date is January 1 (with the last day worked being December 31 in the previous month), your last day of coverage will be January 31. Please see page 28 for Retiree Health Information.

MEDICAL INSURANCE

The City through the NHC offers medical coverage through Anthem Blue Cross and Blue Shield at varying coinsurance percentages. The NHC pays 80 - 85 percent of your medical insurance claims while you, the employee, pay 15- 20 percent depending on the plan you choose. Refer to the Medical Summary page for details.

Anthem offers services to insurance benefits, all with the aim of improving your health, managing illness or injury, saving you unnecessary medical costs, and improving your overall well-being. These services include, but aren't limited to:

- **Anthem Health Guides** are highly trained Anthem associates and personal support guides who can help you with all your health care needs. They can help you connect with the right resources, stay on top of the screenings and tests you need, and find doctors.
- **Anthem Shopper Programs** is a helpful way to make decisions about expensive procedures. If you qualify and are scheduled for one of the included procedures, such as an MRI or CT scan, Anthem will contact you about lower-cost alternative facilities in your area. Anthem will even help you make an appointment if you need it. The program is voluntary. You can go to any facility you want, but now you can make an informed choice.
- **Autism Spectrum Disorder Program** is a unique program that focuses on building a strong support system for the entire family and making the best choices for your child. It includes community resources, coordination of care with a case manager and a customized care plan.
- **Case Management** - If you are coming home after surgery or have a serious health condition, a nurse care manager can help answer your questions about your follow-up care, medicines, and treatment options, as well as coordinate benefits for home therapy or medical supplies and find community resources to help you. Your nurse care manager will call you, but you also can call the Member Services number on your ID card.
- **24/7 NurseLine** allows you to connect with a registered nurse who will answer your health questions wherever you are – anytime, day or night. They can help you decide where to go for care and find providers in your area.
- **Future Moms** is a program that can help you take care of yourself and your baby before, during, and after pregnancy. You can talk to registered nurses 24/7 about your pregnancy and newborn care. You also have access to dietitians and social workers, as needed. The program includes breastfeeding support through LiveHealth Online.
- **LiveHealth Online** is available when you need non-emergency care right away you can have a video visit with a doctor using your mobile device or computer, whether you're at home, at the workplace, or on the go using LiveHealth Online. Doctors are available 24/7 for advice, treatment, and prescriptions, if needed.
- **LiveHealth Online Psychology** is available if you're feeling stressed, worried or having a tough time, you may need someone to speak with. You can see a licensed therapist using LiveHealth Online Psychology. Talk with a therapist from your home or wherever you have internet access.
- **LiveHealth Online Diabetic Prevention Program (DPP)** creates an engaging experience where you can see real time lifestyle change results with the use of health coaching and a free smart scale. This program is designed to make it easy for you to get healthy, lose weight, and prevent diabetes using a smart scale sent directly to your home and video visits with a health coach skilled in changing lives virtually. You can access via smart phone, tablet, or computer. Appointments are self-scheduled, 7 days a week and it is private, easy to use, and convenient.

- **My Health Advantage** is a no-cost service that helps you stay healthy and save money. You'll receive reminders when you need to refill a prescription or have a checkup, test, or exam. You'll also receive a personalized and confidential MyHealth Note in the mail or on the Sydney Health mobile app if Anthem sees something that can help you.
- **Sydney Health Mobile App** can assist you in finding everything you need to know about your benefits – all in one place. You can quickly access your digital ID card to show it to your doctor or pharmacy. You can use Sydney Health to track your health goals, find care, compare costs, and manage your claims. If you have a question, Sydney Health acts as a personal guide, answering your questions and connecting you to the right resources at the right time. You can use the chatbot to receive answers quickly. The Sydney Health App is also accessible via desktop computer.

For more information and program details visit: www.anthem.com

HEALTH INSURANCE COSTS

Medical premiums (rates) are deducted a month in advance before tax. Rates are shown per pay period and monthly on the tables below. If you earned a Rewards Credit, refer to the Wellness Reduction Rates table to see your reduced rate.

CITY OF NORFOLK REGULAR HEALTH INSURANCE RATES WITHOUT WELLNESS REWARDS CREDIT			
HSA1500	Regular Rate Per Pay Period	Regular Rate Per Month	City Monthly Share
Employee Only	\$15.44	\$30.88	\$672.05
Employee + Child(ren)	\$74.68	\$149.36	\$976.73
Employee + Spouse	\$130.09	\$260.18	\$1,356.56
Employee + Family	\$207.56	\$415.12	\$2,045.14
Married Employees*	\$79.91	\$159.82	\$2,300.44
POS1000	Regular Rate Per Pay Period	Regular Rate Per Month	City Monthly Share
Employee Only	\$33.95	\$67.90	\$649.06
Employee + Child(ren)	\$120.36	\$240.72	\$907.84
Employee + Spouse	\$186.96	\$373.92	\$1,275.08
Employee + Family	\$281.63	\$563.26	\$1,946.08
Married Employees*	\$122.41	\$244.82	\$2,264.52
POS750	Regular Rate Per Pay Period	Regular Rate Per Month	City Monthly Share
Employee Only	\$74.07	\$148.14	\$588.97
Employee + Child(ren)	\$175.90	\$351.80	\$829.06
Employee + Spouse	\$290.99	\$581.98	\$1,113.38
Employee + Family	\$430.16	\$860.32	\$1,719.57
Married Employees*	\$243.37	\$486.74	\$2,093.15
PPO750 OOA (for out of state employees)	Regular Rate Per Pay Period	Regular Rate Per Month	City Monthly Share
Employee Only	\$74.07	\$148.14	\$588.97
Employee + Child(ren)	\$175.90	\$351.80	\$829.06
Employee + Spouse	\$290.99	\$581.98	\$1,113.38
Employee + Family	\$430.16	\$860.32	\$1,719.57
Married Employees*	\$243.37	\$486.74	\$2,093.15

*Married employees: two employees married to each other with dependent(s) selecting combined coverage (not applicable for dental or vision plans). Also, eligible if one employee works for Norfolk Public Schools (NPS) or Norfolk Redevelopment and Housing Authority (NRHA).

PLEASE NOTE: Health care premiums are pre-tax, prepaid, for an entire month, without proration. Example: October premiums are paid with the September payroll deductions. If the paperwork is not processed until 2nd pay period of the month, additional deductions will be pulled on future paychecks to obtain the missed deduction from the 1st pay period of the month. The same will be done for dental and vision plans as well.

CITY OF NORFOLK WELLNESS REWARDS CREDIT RATES

The Live Well Program offers an annual incentive that provides a health insurance premium reduction credit of \$120. If you have chosen to participate in this program and completed the credit criteria in 2021, you will receive an annual health insurance premium reduction credit of \$120 in 2022, divided by 24 pay periods which is \$5 per pay period. Participation in this program is optional and employees who completed the healthy activities will receive the incentive as reflected in the tables below.

HSA1500	Rewards Credit Reduction Rate Per Pay Period	Rewards Credit Reduction Rate Per Month	City Monthly Share
Employee Only	\$10.44	\$20.88	\$682.05
Employee + Child(ren)	\$69.68	\$139.36	\$986.73
Employee + Spouse	\$125.09	\$250.18	\$1,366.56
Employee + Family	\$202.56	\$405.12	\$2,055.14
Married Employees*	\$74.91	\$149.82	\$2,310.44
POS1000	Rewards Credit Reduction Rate Per Pay Period	Rewards Credit Reduction Rate Per Month	City Monthly Share
Employee Only	\$28.95	\$57.90	\$659.06
Employee + Child(ren)	\$115.36	\$230.72	\$917.84
Employee + Spouse	\$181.96	\$363.92	\$1,285.08
Employee + Family	\$276.63	\$553.26	\$1,956.08
Married Employees*	\$117.41	\$234.82	\$2,274.52
POS750	Rewards Credit Reduction Rate Per Pay Period	Rewards Credit Reduction Rate Per Month	City Monthly Share
Employee Only	\$69.07	\$138.14	\$598.97
Employee + Child(ren)	\$170.90	\$341.80	\$839.06
Employee + Spouse	\$285.99	\$571.98	\$1,123.38
Employee + Family	\$425.16	\$850.32	\$1,729.57
Married Employees*	\$238.37	\$476.74	\$2,103.15
PPO750 OOA (for out of state employees)	Rewards Credit Reduction Rate Per Pay Period	Rewards Credit Reduction Rate Per Month	City Monthly Share
Employee Only	\$69.07	\$138.14	\$598.97
Employee + Child(ren)	\$170.90	\$341.80	\$839.06
Employee + Spouse	\$285.99	\$571.98	\$1,123.38
Employee + Family	\$425.16	\$850.32	\$1,729.57
Married Employees*	\$238.37	\$476.74	\$2,103.15

*Married employees: two employees married to each other with dependent(s) selecting combined coverage (not applicable for dental or vision plans). Also, eligible if one employee works for Norfolk Public Schools (NPS) or Norfolk Redevelopment and Housing Authority (NRHA).

Permanent part-time employees can find part-time rates on the Medical Plan page of the Norfolk Consortium Healthcare website: <https://www.norfolkhealthcareconsortium.com/296/Medical-Plans>

COMPARISON OF MEDICAL PLAN BENEFITS IN-NETWORK COVERAGE

Below is a comparison of medical plan benefits based on in-network coverage. This chart does not replace the medical plan document.

PLAN MEDICAL SERVICES	HSA 1500 w/ Health Savings Account	POS 1000	POS 750	PPO 750 OOA (for out of state employees)
General Deductible (individual/family)	\$1,500/\$3,000 *	\$1,000/\$2,000*	\$750/\$1,500*	\$750/\$1,500*
Out of Pocket Maximum (individual/family)	\$5,500/\$11,000	\$5,500/\$11,000	\$5,500/\$11,000	\$5,500/\$11,000
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
PCP Office Visit	Covered at 80% ^{AD}	\$30 Copayment	\$25 Copayment	\$25 Copayment
Specialist Visit	Covered at 80% ^{AD}	\$60 Copayment	\$50 Copayment	\$50 Copayment
LiveHealth Online Office Visit	Covered at 80% ^{AD}	\$15 Copayment	\$15 Copayment	\$15 Copayment
Maternity	Covered at 80% ^{AD}	\$350 Global Copayment**	\$350 Global Copayment**	\$350 Global Copayment**
Inpatient Care	Covered at 80% ^{AD}	Covered at 80% ^{AD}	Covered at 85% ^{AD}	Covered at 85% ^{AD}
Outpatient Surgery	Covered at 80% ^{AD}	Covered at 80% ^{AD}	Covered at 85% ^{AD}	Covered at 85% ^{AD}
Emergency Room	Covered at 80% ^{AD}	Covered at 80% ^{AD}	Covered at 85% ^{AD}	Covered at 85% ^{AD}
Urgent Care Center	Covered at 80% ^{AD}	\$50 Copayment	\$50 Copayment	\$50 Copayment
Preventive Vision (one per calendar year)	\$15 Copayment for adults; no copayment for pediatric exam	\$15 Copayment for adults; no copayment for pediatric exam	\$15 Copayment for adults; no copayment for pediatric exam	\$15 Copayment for adults; no copayment for pediatric exam
OON[†] Deductible	\$3,000/\$6,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000
OON OOP[‡] Maximum	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000
OON Coinsurance	Covered at 50% ^{AD}	Covered at 50% ^{AD}	Covered at 50% ^{AD}	Covered at 50% ^{AD}

*No individual deductible if covering more than one member on the plan

** Global Copayment = Includes prenatal care, delivery, postpartum services, and home health visits. Copayment is in addition to any applicable inpatient hospital coinsurance.

AD = After Deductible

OON = Out-of-Network

OON OOP = Out-of-Network Out-of-Pocket Maximum

PHARMACY DRUG COVERAGE

The City through the NHC offers pharmacy drug coverage through IngenioRx to eligible employees. Enrollment in a group health insurance plan through Anthem automatically enrolls you in pharmacy drug coverage through IngenioRx. If you need to fill a prescription you have plenty of choices how and where to get your prescription drugs, including pharmacies or convenient home delivery.

The Prescription Drug benefits fall under three categories/tiers. Please see the chart below for additional information.

If enrolled under HSA1500 health insurance plan, certain preventative medications will have the deductible waived and be available at the copay listed in the table below. If your medication is not on the preventative list, you will have to reach your deductible before the copay is applied.

For information on preventative medications visit: www.anthem.com

PRESCRIPTION COPAY AMOUNTS		
DRUG TYPE	HSA1500 (after deductible) POS1000, POS750, and PPO750 OOA 30-Day Retail	HSA1500 (after deductible) POS1000, POS750, and PPO750 OOA 90-Day Mail Order
Preventative (if applicable based on qualifications by ACA)	Deductible waived, standard copay applies	Deductible waived, standard copay applies
Generics (Tier 1)	\$10	\$20
Plan Preferred Medication(Tier 2)	\$30	\$60
Non-Preferred Medications (Tier 3)	\$60	\$120

Retail Prescriptions

You can purchase your prescribed medications through a participating retail pharmacy. Maintenance medications needed on an ongoing basis, or 31-90-day supplies, can be purchased through the IngenioRx Home Delivery.

Prescription Home Delivery

IngenioRx Home Delivery offers a convenient, cost-effective way to order prescribed long-term, maintenance medications for direct delivery to your home with free standard shipping. Medications obtained through home delivery are limited to a 90-day supply. In order to maximize your savings, please ask your doctor to write your prescription for a 90-day supply with refills up to one year. You may order prescriptions electronically, by phone or filling out a form.

For 90 day home delivery call: 1-833-236-6196

Specialty Prescriptions

If you have a complex health condition that requires specialty drugs for your treatment – drugs that may need special handling or that you may get by injection or infusion – you should get those medications filled through the IngenioRx Specialty Pharmacy.

For more information on pharmacy coverage visit: www.anthem.com

DENTAL COVERAGE

The City, through the Norfolk Healthcare Consortium, offers dental insurance through Delta Dental of Virginia: (deltadentalva.com) through payroll deduction at a group rate **fully paid by the employee**. There are three plan options available: High Option, Low Option and EPO. There are three new program enhancements offered for 2022.

- **Healthy Smile, Healthy You** – This program provides individuals with certain medical conditions one additional cleaning and exam beyond the plan’s ordinary limit per benefit period. The medical conditions include: diabetes; high-risk cardiac conditions; pregnancy; cancer being treated via radiation and/or chemotherapy. In addition, cancer patients are eligible for an additional fluoride application beyond the age limitation of the policy. Enrollment in this program is required to gain access to these benefits.
- **Prevention First** – This program allows members to stretch their annual benefit maximum dollars. Regular, preventive dental visits and preventive diagnostic services (typically x-rays, exams, and cleanings) will not count against the member’s annual benefit maximum amount within a plan year, freeing up the annual maximum so it may be used for other covered services. Enrollment in this program is automatic for all members.
- **TeleDentistry.com** – A safe and effective way to receive care and avoid the emergency room. Virtual visits through Delta Dental’s partnership with TeleDentistry.com allows you access to care when you have a dental emergency; need access to a dentist after hours; need to consult with a dentist without leaving home or while traveling. Enrollment in this program is automatic for all members; however, you will need to create an online account the first time you utilize this benefit.

DENTAL	EPO	LOW OPTION	HIGH OPTION
<p>Network</p> <p>Click here to learn more about Using your Delta Dental Program</p>	<p>PPO</p> <p>Under this program, you may use any Delta Dental PPO dentist. No coverage is available if you go outside of this network.</p>	<p>PPO & Premier</p> <p>Under this program, you may use any dentist you wish. It is to your advantage to select a dentist who is a Delta Dental PPO or Premier participating dentist.</p>	<p>PPO & Premier</p> <p>Under this program, you may use any dentist you wish. It is to your advantage to select a dentist who is a Delta Dental PPO or Premier participating dentist.</p>
Diagnostic & Preventive Services (Exam, Cleaning)	100% Covered	100% Covered	100% Covered
Basic Service	Covered 45% - 65%	Covered at 50%	Covered at 80%
Major Services	Covered 40% - 50%	Covered at 50%	Covered at 50%
Orthodontic Services	Covered at 50% Adult & dependent children up to age 19	No Coverage	Covered at 50% for dependent children up to age 19
Deductible	No Deductible	\$50/individual \$150 family	\$50/individual \$150 family
Maximums	\$3,000 Annual Max \$2,000 Orthodontia Max	\$1,000 Annual Max N/A Orthodontia	\$1500 Annual Max \$1500 Orthodontia Max

DENTAL COSTS

TIER	DENTAL PLAN COSTS					
	EPO OPTION		LOW OPTION		HIGH OPTION	
	Employee Pays Per Pay Period*	Employee Pays Per Month	Employee Pays Per Pay Period*	Employee Pays Per Month	Employee Pays Per Pay Period*	Employee Pays Per Month
Employee Only	\$11.23	\$22.46	\$11.47	\$22.94	\$16.71	\$33.42
Employee + Child	\$17.96	\$35.92	\$18.32	\$36.64	\$32.70	\$65.40
Employee + Child(ren)	\$26.88	\$53.76	\$25.20	\$50.40	\$44.32	\$88.64
Employee + Spouse	\$22.43	\$44.86	\$22.92	\$45.84	\$33.40	\$66.80
Employee + Family	\$35.87	\$71.74	\$35.98	\$71.96	\$60.01	\$120.02

PLEASE NOTE: Premiums are deducted one month in advance. * In months with three pay checks (twice each calendar year), only the **first two pay checks** have benefit deductions.

Visit the NHC website: <https://www.norfolkhealthcareconsortium.com/294/Dental>

VISION COVERAGE

The City through the Norfolk Healthcare Consortium offers vision insurance through UniCare to eligible employees through payroll deduction at a group rate **fully paid by the employee**. Call 1-888-884-8428 for benefit questions or provider locations. **Premiums are deducted 1 month in advance**. Routine eye exam (once every calendar year) is a \$10 copay. The table below lists other costs for in-network benefits.

	FRAMES	LENSES	CONTACTS
Co-Pay	\$0	\$20 (Includes scratch coating)	\$0
Allowance	\$150 allowance, 20% off remaining balance	N/A	\$150 allowance and 15% off remaining balance for elective conventional lenses; no additional discount for elective disposal
Upgrades*	N/A	Transitions/No Line Bi-Focal/Impact Resistant/ and many more	N/A
Frequency	Every Other Calendar Year	Once a Year	Once a Year

Employee premium costs for the vision insurance plan are:

VISION PLAN		
TIER	Employee Pays Per Pay Period **	Employee Pays Per Month
Employee Only	\$2.82	\$5.64
Employee + 1 Child	\$4.94	\$9.88
Employee + Child(ren)	\$5.64	\$11.28
Employee + Spouse	\$4.94	\$9.88
Employee + Family	\$8.20	\$16.40

*Upgrades are available at an additional cost call 1-888-884-8428 for additional information.

** In months with three pay checks (twice each calendar year), only the **first two pay checks** have benefit deductions.

FLEXIBLE SPENDING ACCOUNTS (FSA)

The Norfolk Healthcare Consortium provides FSA for eligible employees to help you save on eligible important medical, dental, and vision expenses by using pre-tax dollars.

There are two types of flexible spending accounts and a health savings account that are designated tax-free through the Internal Revenue Service (IRS) for qualified health plans and eligible dependent daycare expenses:

- Healthcare Flexible Spending Account (HCFSA)
- Dependent Care Flexible Spending Account (DCFSA)
- Health Savings Account (HSA)

These accounts allow you to set aside tax-free dollars for eligible out-of-pocket expenses. You cannot be enrolled in both the Health FSA and HSA, so it is important to evaluate both options and decide which is best for you. Another advantage of having a flexible spending account is that it can be used for yourself, your spouse, or any other eligible dependents, even if they are not covered by your health plan.

Healthcare Flexible Spending Accounts (HCFSA)

The **Flexible Spending Account-Healthcare** for eligible employees through Flexible Benefit Administrators allows you to save on health care expenses using pretax dollars to pay for out-of-pocket eligible expenses. There is no waiting to access the full amount of your annual election amount. It is available to you on the first day of the plan year. Full balances remaining at the end of 2021 can be carried over into plan year 2022 due to the COVID-19 changes. Participation is optional, but once elected, it cannot be changed unless you experience a qualifying event, such as marriage, divorce, birth of a child, etc. Contribution limit of **\$2,850 (\$120 minimum)** for the 2022 benefit year for Healthcare FSA (limits set by IRS).

Eligible expenses include, but are not limited to:

- Copays
- Deductibles
- Prescription drugs
- Other out-of-pocket costs for medical, dental and vision services not paid by insurance

Over-the-counter (OTC) drugs and medicines are not reimbursable through your flex account unless prescribed by a medical practitioner.

Visit the Flexible Benefits Administrators website for more information: www.flex-admin.com

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCFSA)

The Norfolk Healthcare Consortium provides Dependent Care Flexible Spending Accounts (DCFSA) for eligible employees through Flexible Benefit Administrators to help you save on eligible dependent care expenses by using pre-tax dollars so you can work.

The Dependent Care FSA allows you to save on day care expenses using pre-tax dollars. When you enroll in the benefit, you set aside a portion of your pay each payroll before taxes are deducted. You decide how much to contribute, based on what you estimate you would need for the year. As funds are accrued in your Dependent Care FSA account, you can spend whenever you choose during the Plan Year. You can accomplish this by submitting a claim and opting to have the payment sent to yourself or to your provider. With the Dependent Care FSA, you can only get reimbursement for the amount that is currently available in your account at the time of your request. Dependent Care FSA has no carryover available. Any money left in the account at the close of the plan year is forfeited.

Eligibility: Dependent child under the age of 13 who lives with you for more than half of the year; or be a spouse or tax dependent who resides in your home a minimum of eight (8) hours a day and who requires day-to-day living assistance.

Examples of Eligible Expenses

- Daycare centers
- Elder care
- Day camps
- Preschool
- After school care
- Nanny / au pair

Examples of Ineligible Expenses

- Meals
- Overnight camps
- Diapers
- Education expenses, including kindergarten
- Incidental fees, such as activity fees and field trips

Contribution Limits (As set by the IRS)

The maximum amount you can elect to contribute is the smallest of the following:

- \$5,000 (\$120 minimum) – per couple if married and filing federal taxes jointly
- \$2,500 – if married and filing a separate federal tax return
- Your spouse's annual earned income

Reimbursements

You have until March 31 after the plan year ends to submit all required information for reimbursement. The services must be provided within that plan year. Failure to submit required documentation requested by Flexible Benefit Administrators by the deadline, will cause your account to be temporarily suspended until the documentation is provided. Once the required information is provided, your account will be released for further usage.

Visit the Flexible Benefits Administrators website for more information: www.flex-admin.com

HEALTH SAVINGS ACCOUNT (HSA)

The City through the Norfolk Healthcare Consortium offers a Health Savings Account (HSA) administered by Health Equity to those employees enrolled in the HSA 1500 health plan. An HSA is a tax-advantaged medical savings account that can be used for paying eligible medical, dental and vision expenses. To see a full list of qualified medical expenses, visit: <https://www.healthequity.com/qme>. Funds contributed to the HSA are not subject to federal income tax at the time of deposit. Your financial contribution to your HSA will be withdrawn through payroll deduction and placed in your HSA account.

To be eligible for an HSA:

- You cannot be covered by any other health plan that is not a qualified plan (including spouse's insurance)
- You cannot be enrolled in any part of Medicare or Tricare
- You cannot have accessed VA medical plan benefits in the past 90 days
- You cannot be claimed as a dependent on another person's tax return

If eligible to enroll, the City will contribute the following to your Health Savings Account:

- If health insurance starts January 1st to June 30th- **\$500** for an individual / \$1,000 for 2 or more covered on the plan
- If health insurance starts July 1st to December 31st - **\$250** for an individual / \$500 for 2 or more covered on the plan

The City of Norfolk will deposit the funds into your HSA account by the first pay period in January. This money can be used to offset your deductible.

Amounts elected will be divided over the 26 pay periods in the year and deductions will begin on the 1st payroll in January. Terminating employees will still be able to utilize what's left in their account, however they can no longer contribute to it and the balance may be subject to a monthly fee.

All funds remaining in the account will rollover from year to year, just like a 401K account. You choose whether to pay medical expenses from the account or to save the money for future medical expenses. The HSA is portable and you can maintain the account even if you change employment or medical coverage.

The annual contribution limits include any funds contributed by your employer. You must make sure that your contribution calculations include that figure so that you do not exceed the IRS guidelines. The contribution limits are based on the calendar year. As noted by federal law, the annual contribution limits are:

2022 HSA contribution limit (employer + employee)	Self-only: \$3,650 Family: \$7,300
2022 HSA catch-up contributions (age 55 or older)	\$1,000

For more information visit: www.healthequity.com

WELLNESS PROGRAM

The Wellness Program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

Rewards Credit Health Insurance Premium Discount

The Live Well Program offers an annual incentive that provides a health insurance premium reduction credit of \$120 for NHC employees enrolled in the Anthem medical plan. If you have chosen to participate in this program and completed the credit criteria in 2021, you will receive this rewards credit in 2022. Participation in this program is optional and employees who completed the healthy activities will receive the incentive as reflected in the tables on page 13.

For more information contact Kerri Phillips, Wellness Coordinator at: Wellness@norfolk.gov

EMPLOYEE ASSISTANCE PROGRAM (EAP)

ComPsych Guidance Resources

The City through the Norfolk Healthcare Consortium offers confidential assistance through ComPsych Guidance Resources to the employee or dependents. As a City employee, you receive five (5) free in-person sessions per issue per year for you and your immediate family. Personal issues, planning for life events or simply managing daily life can affect your work, health, and family. ComPsych Guidance Resources provide support, resources, and information for personal and work-life issues. Guidance Resources is available 24/7/365! Trained masters and doctoral level clinicians will listen to your concerns and quickly refer you to in-person counseling and other resources.

For more information: call 1-844-266-0707 or go to: www.guidanceresources.com (Company Web ID: Norfolk)

LEGAL RESOURCES

The City through the Norfolk Healthcare Consortium has partnered with Legal Resources to offer employees help with legal matters.

Legal Resources and Services

With over 70% of Americans having a legal need each year, Legal Resources gives you and your family access to an attorney for everyday needs. Whether your legal matter is expected or unexpected, you'll have immediate and ongoing access to our network of highly rated law firms. You pay no attorney fees for all Fully Covered Services, which include will preparation, traffic court, advice and consultation, real estate matters, divorce, billing disputes, and more! The Legal Resources plan provides 100% coverage for you, your spouse, and dependent children up to age 26 for the most often needed legal services, protecting you and your family from the high cost of legal fees. Employees can enroll in the legal services plan if offered only at new hire or at open enrollment.

LEGAL BENEFITS RATE (Premium will be deducted the month the benefits start)	
Per Pay Period	Rate Per Month
\$8.50	\$17.00

Identity Theft Protection

Legal Resources provides an additional Identity Theft Protection benefit to help monitor your credit and personal information, alert you of suspicious activity, and restore your credit by certified identity restoration specialists. Identity theft can impact anyone, anywhere, at any time - which is why it is important that you protect yourself. Have peace of mind in knowing that you're protected with 24/7 fully-managed restoration.

IDENTITY THEFT PROTECTION BENEFITS RATE		
LEVEL OF COVERAGE	Per Pay Period	Rate Per Month
Employee Only	\$2.00	\$4.00
Family (includes an unlimited number of children up to age 25)	\$5.50	\$11.00

For more information: Call 1-800-728-5768 or go to: www.legalresources.com

OTHER BENEFITS

DISABILITY FOR EMPLOYEES HIRED PRIOR TO JANUARY 1, 2022:

Short Term Disability (STD)

For employees hired prior to January 1, 2022, the City offers Short Term Disability (STD) through The Hartford through payroll deduction at a rate determined by your salary. The STD benefit provides income replacement when you are unable to work due to maternity, sickness or an off the job accident.

If you were hired prior to January 1, 2022, and did not enroll previously, and want to enroll in STD during the 2022 Open Enrollment, this will be your **one time opportunity** to enroll without the need to answer health questions through Evidence of Insurability. After the 2022 Open Enrollment, if you have not previously enrolled, your application for STD coverage will be subject to approval of Evidence of Insurability by The Hartford.

- Weekly benefit - 60% of pre-disability earnings up to a \$2,500 weekly maximum with the option to supplement an additional 40% with any leave balances (such as: your own sick and/or annual leave balances); includes a benefit available for partial disability.
- Benefit begins on the 15th day and are paid for up to 13 weeks.
- You cannot be enrolled under both the legacy Sick Leave Bank and Short-Term Disability at the same time.

Long Term Disability

For employees hired prior to January 1, 2022, the City offers Long Term Disability (LTD) through payroll deduction at a rate determined by the employee's salary. The LTD benefit provides income replacement when you are unable to work due to sickness and on or off the job accidents.

If you were hired prior to January 1, 2022, and did not enroll previously, and want to enroll in LTD during the 2022 Open Enrollment, this will be your **one time opportunity** to enroll without the need to answer health questions through Evidence of Insurability. After the 2022 Open Enrollment, if you have not previously enrolled, your application for LTD coverage will be subject to approval of Evidence of Insurability by The Hartford.

- Monthly benefit - 67% of pre-disability earnings up to a \$10,000 monthly maximum.
- Benefit begins after a 90-calendar day waiting period.
- Benefit duration maximums:
 - Disability from your own occupation and disabilities from mental disorder or substance abuse: up to 24 months;
 - Disability from any occupation: up to Social Security Normal Retirement Age but never less than 18 months

Both STD and LTD are prepaid by your contributions without proration.

For more information visit: www.TheHartford.com/mybenefits

DISABILITY for Employees hired on or after January 1, 2022:

Employees hired or rehired on or after January 1, 2022, will be automatically enrolled without cost in the Virginia Local Disability Program (VLDP) administered by the Reed Group. It provides Short Term and Long-Term Disability benefits as well as a Long-Term Care benefit. Disability benefit payment percentages and durations are dependent on Length of Service at the time of disability. After one year of continuous participation in VLDP (waiting period) you will become eligible for non-work-related STD coverage. You are eligible for work related STD coverage upon employment (benefit will be offset by any workers' compensation benefit). After 5 years of continuous participation in VLDP you will become eligible for higher income replacement levels. Coverage begins on the 8th day of disability for disabilities resulting from occupational or nonoccupational Accident or Illness.

Days of Income Replacement: Non-Work-Related Short-Term Disability:

Months of Service	Replacement 100%	Replacement 80%	Replacement 60%
0-12	0	0	0
13-59	0	0	125
60-119	25	25	75
120-179	25	50	50
180+	25	75	25

A Long-Term Disability benefit of 60% of your pre-disability income for a non-work related or work-related condition begins after 125 workdays of short-term disability. You are not retired when you are on long-term disability. You can retire when you meet the age and service requirements for your plan unless you are receiving workers' compensation benefits. You are not eligible for VRS disability retirement. For more information about your VRS benefits, visit www.varetire.org/hybrid or call VRS toll-free at 855-291-2285.

Annual Salary	STD Monthly Premium	STD Weekly Premium	LTD Monthly Premium (w/SSDI)	LTD Weekly Premium (w/SSDI)	LTD Monthly Premium (no SSDI)	LTD Weekly Premium (no SSDI)
\$10,000	\$4.38	\$1.01	\$2.83	\$0.65	\$8.38	\$1.93
\$25,000	\$10.96	\$2.53	\$7.06	\$1.63	\$20.96	\$4.84
\$30,000	\$13.15	\$3.04	\$8.48	\$1.96	\$25.15	\$5.80
\$40,000	\$17.54	\$4.05	\$11.30	\$2.61	\$33.53	\$7.74
\$60,000	\$26.31	\$6.07	\$16.95	\$3.91	\$50.30	\$11.61
\$70,000	\$30.69	\$7.08	\$19.78	\$4.56	\$58.68	\$13.54
\$80,000	\$35.08	\$8.09	\$22.60	\$5.22	\$67.07	\$15.48
\$90,000	\$39.46	\$9.11	\$25.43	\$5.87	\$75.45	\$17.41

Basic Life Insurance

The City offers **Basic Life** Insurance through Virginia Retirement Services (Minnesota Life) to eligible employees at a rate paid by the City. The Basic Life Insurance benefit is equal to two (2) times your annual salary, rounded to the next highest thousand. Coverage is automatic upon employment for eligible employees paid for by the employer. No medical examination is required. The plan carries a conversion option upon termination of employment for reasons other than retirement. It is important for you to know that there is imputed income on any City provided Employee Life Insurance coverage over \$50,000. This is required by government tax regulations. This calculated value is added to your income and you must pay taxes on this amount. For more information visit: <https://www.varetire.org/benefits-and-programs/benefits/life-insurance/basic-group-life-insurance>

Optional Life Insurance

The City offers **Optional Life** Insurance through Securian Financial (Minnesota Life) to eligible employees at a group rate fully paid by the employee. This benefit may also include optional coverage for a spouse and dependent children. Your spouse and/or dependent's coverage ends when your coverage ends. Your spouse coverage ends also if there is a final divorce decree between you and your spouse. Optional Life coverage for minor children ends when a child turns age 21, or age 25 if he or she is a full-time student. Optional Life also ends when a child marries or becomes self-supporting. A VRS-39a must be submitted to terminate coverage. Dependents are eligible only if the employee elects optional coverage as well. Your spouse can apply for half of the amount of your coverage. It is available to newly hired employees without a health status declaration if selected within the first 30 days of hire. Employees can enroll/make changes at any time. Approval is based on evidence of insurability.

For more information contact Securian Life at: P.O. Box 1193, Richmond, VA 23218-1193 or call 1-800-441-2258 or www.LifeBenefits.com/plandesign/virginia

2022 OPTIONAL LIFE ACCIDENTAL DEATH AND DISMEMBERMENT OPTIONS

Type of Coverage	Option 1	Option 2	Option 3	Option 4
Employee	1X Salary	2X Salary	3X Salary	4X Salary
Spouse	.5 X Salary	1X Salary	1.5X Salary	2X Salary
Child(ren)	\$10,000	\$10,000	\$20,000	\$30,000

2022 OPTIONAL LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT SPOUSE RATE

Employee Age	Employee/Retiree/Spouse – Cost Per \$1,000 Coverage Per Month
34 and Under	\$0.05
35-39	\$0.06
40-44	\$0.08
45-49	\$0.14
50-54	\$0.20
55-59	\$0.33
60-64	\$0.59
65-69	\$1.06
70+	\$2.06

2022 SUPPLEMENTAL LIFE ACCIDENTAL DEATH AND DISMEMBERMENT CHILD(REN) RATE

Option 1	\$0.80
Option 2	\$0.80
Option 3	\$1.60
Option 4	\$2.40

Life Insurance Beneficiaries

First, to the spouse of the member;

- Second, if no surviving spouse, to the children of the member and descendants of deceased children, per stirpes;
- Third, if none of the above, to the parents of the member;
- Fourth, if none of the above, to the duly appointed executor or administrator of the estate of the member;
- Fifth, if none of the above, to other next of kin of the member entitled under the laws of the domicile of the member at the time of death.

In the order of precedence, “children” means all children except stepchildren, foster children, minors who happen to be living with the member and individuals raised by the deceased member as a “child”.

For more information visit: <https://employers.varetire.org/plans-and-benefits/benefits/life-insurance/optional-group-life-insurance.php>

Evidence of Insurability (EOI) or Statement of Health (SOH) Forms

If you choose to elect or increase your optional life insurance or long-term disability benefits after your initial enrollment period or in excess of a guarantee issue amount, you will need to complete an evidence of insurability (EOI) for review. The EOI form must be submitted to Minnesota Life for life insurance and The Hartford for long-term disability no later than the enrollment deadline. Coverage will not take effect until the form is approved by the insurance company.

RETIREMENT PROGRAMS

Eligible employees are covered under one of two retirement plans:

City of Norfolk Retirement System (NERS)

Any permanent regular full-time employee entering the service of the City is required to become a member of the Retirement System. NERS provides retirement benefits as well as death and disability benefits. All benefits vest after five (5) years of creditable service. Employees have a mandatory contribution rate of 5% of pay. For more details about the plan, contact the Retirement Office 757-664-4738 or: retirement@norfolk.gov

For more information visit (current TeamNorfolk intranet page): <https://www.teamnorfolk.org/470/Retirement>

Virginia Retirement System (VRS)

STATE EMPLOYEES: Eligible constitutional employees are covered under the Virginia Retirement System (VRS) the first of the month following their hire date. For more details about the plan, refer to: www.varetire.org or call 1-888-827-3847

ADDITIONAL VOLUNTARY RETIREMENT OPTIONS

MissionSquare Retirement (formerly ICMA-RC)

The City of Norfolk has partnered with MissionSquare Retirement to assist its employees with additional options for which to save for retirement. Mackenzie Moss, MissionSquare Retirement Plan Specialist: moss@icmarc.org or MissionSquare Investor Services at 800-669-7400.

457 Deferred Compensation Plan (Pre-tax dollars)

Retirement savings account that allows you to save and invest money for retirement with tax benefits. Contributions are made with pre-tax dollars and reduce your taxable income for the year. These contributions and all associated earnings are not subject to tax until withdrawn. Withdrawals upon separation from service are not subject to 10% IRS penalty tax, regardless of age. The City offers payroll deductions that can be modified at any time throughout the year.

2022 Tax Year Contribution Limits –

- \$20,500 for all participants
- \$27,000 if age 50+ as of year-end or \$41,000 if you qualify for pre-retirement catch-up contributions (application required)

Payroll Roth IRA (Post-tax dollars)

A ROTH IRA Savings Account allows your money to grow tax-free. You fund a Roth with after-tax dollars, meaning you've already paid taxes on the money you put into it. In return for no up-front tax break, your money grows tax free and when you withdraw at retirement, you pay no taxes. Withdrawals can be made penalty free after age 59 ½ years. The City offers payroll deduction that can be modified at any time throughout the year.

2022 Tax Year Contribution Limits –

- up to \$6,000, or \$7,000 if age 50+

RETIREE HEALTH CARE

At the time of retirement, all new retirees who have 15 years of continuous service with the City are eligible to be enrolled in health care. Retiring elected constitutional officers, appointed officials, executive pay plan employees, or employees who retire from the City with accidental disability are also eligible to enroll. 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.

When a covered retiree reaches the age of 65 or is eligible for Medicare, City of Norfolk's health benefits will no longer be available to them or their spouses or dependents. COBRA will be offered to spouses and dependents once the retiree turns Medicare eligible. They can remain on the dental or vision past the age of 65.

The annual enrollment period for retirees may run within the months of October or November for January 1 coverage. Retirees have the opportunity to change only the type of plan(s) they are enrolled in (i.e., medical, dental, and/or vision) and coverage tier during the annual enrollment.

Retirees forfeit their rights to enter the Retiree benefit plans if they fail to enroll within 30 days of their retirement date.

A retiree may drop the retiree (medical, dental, and/or vision) plan at any time, but in doing so forfeits their enrollment right, i.e., they may not re-enroll.

Retirees are required to pay for their premiums by retirement payroll deduction if their retirement check is sufficient to allow the entire deduction. Otherwise, participating retirees must pay by cashier's check or money order prior to the first of the month of coverage. Retirees who fail to pay their premium by the last day of the month preceding the first of their coverage month will be given a five (5) calendar day grace period. If the premium is not paid by then, they will be notified by mail of their cancellation.

Premium conversion (pre-tax payment of health care premiums) is not an available option for retirees. All other rules are the same as for active employees including qualifying family status changes and the provision that covered individuals must live or work in the service area of the health care plan they select.

If a retiree lives outside the service area, their only health care option would be the Out of Area PPO plan. Only retirees who live out of the service area of the active employee plan may join an out of area plan, if offered.

Contact the Benefits Team at HRBenefits@norfolk.gov for more information.

LEAVE BENEFITS

Leave Policy 4.1

The City of Norfolk values its employees and encourages a work-life balance that elevates the organization to be an employer of choice. In support of this goal, the City offers a variety of leave benefits. The purpose of this policy is to regulate all forms of leave that are provided and to outline procedures for the request, approval and the utilization of such leave.

All requests for leave should be submitted and approved in advance of any absence from work. It is recognized that City departments may have established departmental leave policies related to leave utilization which are unique and are designed to meet organizational needs. Employees are also required to adhere to established departmental leave policies.

Leave is granted at the discretion of the department head or designee and may be disapproved depending upon operational need, insufficient justification or misuse. Employees should not presume leave will be approved solely because accumulated leave is available.

Documentation to support any absence may be required by a department head.

All members of the classified and unclassified service and special project employees granted leave benefits by ordinance are eligible for annual leave. Periods of leave without pay will not be counted for the purpose of accumulation of leave with pay.

For more details including any leave type: <https://www.teamnorfolk.org/DocumentCenter/View/408/Leave-Policy>

Leave Without Pay (LWOP) Procedures

An employee who is on approved LWOP status due to Family Medical Leave Act (FMLA) for illness or injury may be eligible to remain on the health, dental, vision, short/long term disability, optional group life insurance, and legal resources plans as long they remain active employees and maintain their monthly premiums. Employees should contact the Benefits Office to make payment arrangements. If the employee does not pay their monthly premiums, their insurance will be canceled retro to the last month paid for. Upon return from FMLA leave, you may be reinstated to the plan as if you had never left and payroll deductions will resume.

Employees on military leave or any leave other than sick leave, are responsible for paying the entire premium (City portion + Employee portion) for their health insurance. Employees on Military leave will be able to re-enroll upon their return to work if their benefits are cancelled while on leave. It is the employee's responsibility to contact the Benefits Office to re-enroll under their benefits.

Active employees receiving Workers' Compensation payments are required to make premium payment arrangements with the Benefits Office if such premiums are not deducted from their City paycheck.

Flexible Spending Account or Health Savings Account participants will continue to be able to be reimbursed from their accounts. Upon return from LWOP the Flexible Spending Account or Health Savings Account deduction amount will automatically be recomputed to provide the employee with the annual reimbursement account total requested unless the employee takes action allowed under the qualifying family status change provisions to modify this amount.

For more information email: HRTAM@norfolk.gov

APPENDIX

QUALIFYING FAMILY STATUS CHANGES (QFSC)

The following events govern the occasions when an employee can change his or her coverage in the benefits (includes health care) OUTSIDE of the open enrollment period. All QFSC should be coordinated with a Benefits Specialist in the Department of Human Resources. **Paperwork must be submitted within 30 days of the qualifying event date.** If you have additional questions contact HRBenefits@norfolk.gov

CITY OF NORFOLK EMPLOYEES:

- Complete and sign health form, dental form and/or vision form to add, change, or delete a dependent.

NORFOLK PUBLIC SCHOOLS EMPLOYEES:

- Please enroll online using Munis Self Service. No completion of forms needed.

NORFOLK REDEVELOPMENT AND HOUSING AUTHORITY EMPLOYEES:

- No completion of forms needed.

EVENT	DOCUMENTATION NEEDED	EMPLOYEE ACTION NEEDED
Legal Marriage (adding spouse and/or stepchildren).	<ul style="list-style-type: none"> • Copy of Marriage License or Certificate. • Copy of Birth Certificate if adding stepchildren, or something from list C (Note 7). 	See Notes 1, 2, 3, 4, 5, 6, 9, 11
Legal Marriage (employee cancelling coverage and enrolling under new spouse).	<ul style="list-style-type: none"> • Copy of Marriage License or Certificate. 	See Notes 1, 2, 3, 6, 9, 11
Legal Divorce (removing spouse/dependents).	<ul style="list-style-type: none"> • Copy of the signed Divorce Decree. 	See Notes 1, 2, 3, 4, 6, 9, 11
Legal Divorce (employee/ dependents enrolling under coverage because they were dropped from former spouse)	<ul style="list-style-type: none"> • Copy of the signed Divorce Decree • Copy of Birth Certificate if adding dependent(s), or something from list C (Note 7). 	See Notes 1, 2, 3, 4, 5, 6, 7, 9, 11 Only need to verify relationship to dependent if adding to health insurance (not necessary for dental or vision).
Death of Spouse/Dependent (removing spouse/ dependents).	<ul style="list-style-type: none"> • Copy of the Death Certificate. 	See Notes 1, 2, 3, 9, 11
Death of Spouse (employee/ dependents enrolling under coverage because they are removed from spouse).	<ul style="list-style-type: none"> • Copy of the Death Certificate. • Copy of Birth Certificate if adding dependent(s), or something from list C (Note 7). 	See Notes 1, 2, 3, 5, 7, 9, 11 Only need to verify relationship to dependent if adding to health insurance (not necessary for dental or vision).
Loss of Employment/Benefits for Spouse/Dependent (enrolling employee, spouse and/or dependents).	<ul style="list-style-type: none"> • Copy of letter from spouse's job stating effective date of when their benefits ended. • Copy of Marriage License. • Copy of Birth Certificate if adding dependent(s), or something from list C (Note 7). 	See Notes 1, 2, 3, 4, 5, 7, 9, 11 Only need to verify relationship to dependent if adding to health insurance (not necessary for dental or vision).

Gain of Employment/Benefits for Spouse/Dependent (removing employee, spouse and/or dependents).	<ul style="list-style-type: none"> • Copy of letter from spouse's job stating effective date of when their benefits began. 	See Notes 1, 2, 3, 9, 11
Medicare/Medicaid Entitlement for Spouse/Dependent (removing spouse/dependents)	<ul style="list-style-type: none"> • Copy of Medicare/Medicaid letter stating effective date of when spouse/dependents' benefits began. 	See Notes 1, 2, 3, 11
Loss of Medicare/Medicaid Entitlement for Spouse/Dependent (adding spouse/dependents)	<ul style="list-style-type: none"> • Copy of Medicare/Medicaid letter stating effective date of when spouse/dependents' benefits ended. • Copy of Marriage License. • Copy of Birth Certificate if adding dependent(s), or something from list C (Note 7). 	See Notes 1, 2, 3, 4, 5, 7, 11 Only need to verify relationship to dependent if adding to health insurance (not necessary for dental or vision).
Birth/Adoption of Dependent	<ul style="list-style-type: none"> • Copy of the Proof of Birth Form or Birth Certificate. • Copy of Adoption Paperwork. 	See Notes 1, 2, 3, 5, 8, 9, 11
Custody/Legal Guardianship of Dependent	<ul style="list-style-type: none"> • Copy of the Custody or Legal Guardianship Order. 	See Notes 1, 2, 3, 5, 11
Open Enrollment for Spouse (enrolling employee, spouse, dependents because spouse cancelled their coverage)	<ul style="list-style-type: none"> • Copy of letter from spouse's job stating effective date of when their benefits ended. • Copy of Marriage License. • Copy of Birth Certificate if adding dependent(s), or something from list C (Note 7). 	See Notes 1, 2, 3, 4, 5, 7, 11 Only need to verify relationship to dependent if adding to health insurance (not necessary for dental or vision).
Open Enrollment for Spouse (removing employee, spouse, dependents because they are enrolling under spouse)	<ul style="list-style-type: none"> • Copy of letter from spouse's job stating effective date of when their benefits began. 	See Notes 1, 2, 3, 11
Court-Order from Child Support Enforcement to add dependents.	<ul style="list-style-type: none"> • Copy of Court Order from Child Support. 	See Notes 1, 2, 3, 11
Dependent reaches the maximum age limit.	Usually, no documentation is needed from Employee. Benefits Team normally cancels the dependent's health, dental, &/or vision the end of the month in which they reach the maximum age.	See Note 5
Adding or Removing employee, spouse, or dependent due to change in residence.	<ul style="list-style-type: none"> • Certification of the change in residence outside the plan service area. • For dependents complete the out of area rider. 	See Notes 1, 2, 3, 4, 5, 7, 9, 11
Employee being dropped from Parent, due to employee turning 26.	<ul style="list-style-type: none"> • Letter from Parent's job or insurance stating when benefits end. 	See Notes 1, 2, 3, 11
Employee returns from Military Leave commences coverage.	<ul style="list-style-type: none"> • Employee sends email requesting to reinstate coverage. 	See Notes 2, 3, 10
Change in Benefits Due to Cost or Coverage (does not apply to Health Care Reimbursement Account).	<ul style="list-style-type: none"> • Certification from spouse's employer of the change and spouse's coverage. 	See Notes 1, 2, 3, 4, 5, 7, 11

Notes: For Qualifying Family Status Changes

1. Employees must inform their employer of a qualified family status change within 30 calendar days. Please see Appendix for more information. The change cannot be accepted if more than 30 calendar days has lapsed from the actual date of the event. **PLEASE NOTE: You cannot change plans during the plan year.**
2. Health, dental, and vision premiums are paid a month in advance for the City of Norfolk and Norfolk Public Schools. Health, dental, and vision premiums are paid during the month of coverage for Norfolk Redevelopment and Housing Authority. Depending on when the change is submitted, additional deductions may be pulled (or refunds issued) in order to bring premiums up to date.
3. The effective date of coverage is normally the first of the month after the qualifying event date. (Newborns are covered as of the date of birth).
4. Spouses: Must be legally married to add spouse. Must be legally divorced to remove spouse. (Legal Separations are **not** recognized in the state of Virginia). Ex-Spouses and Live-in partners are not eligible to be covered.
5. Dependents: Applies to dependent children only. Can be covered up until the age of 26, regardless of student status. If a dependent is disabled, they can be covered past age 26 (documentation must be provided). Parents, grandparents, and other relatives are not eligible to be covered. Grandchildren can only be covered if the Employee has legal custody or joint custody (documentation must be provided).
6. Name and/or address changes must be made using Employee Self-Service. New Social Security card must be submitted to HR Admin for the Name Change to be processed.
7. Documentation must be provided verifying the relationship to spouses and dependents if adding them to your health insurance, as described in the previous tables.
8. A copy of a "Proof of Birth" or Birth Certificate form must be submitted when adding a newborn. Proof of Birth forms provided by the hospital.
9. **City of Norfolk and Norfolk Public Schools** email: HRBenefits@norfolk.gov if you need to adjust your Flexible Spending Account amount. **Norfolk Redevelopment and Housing Authority** email: rchester@nrha.us if you need to adjust your Flexible Spending Account amount.
10. Flexible Spending Account deductions will re-calculate upon Employee's return to work.
11. **City of Norfolk Only** (in order to add, change, or delete a dependent) please contact HRBenefits@norfolk.gov for assistance with any forms that may be required.

Updated 8/18/2021

Employee Dependent Eligibility Requirements and Acceptable Documentation

SPOUSE - Your Lawful Spouse

Acceptable Forms of Documentation

Documentation must support the current spousal relationship:

Submit the following set of documents:

PROOF A - Relationship (one of the following documents):

- Copy of presently valid legal or religious marriage certificate, which must include the date of marriage.

AND

PROOF B - Interdependency

- Copy of your latest Federal income tax return (1040, 1040A or 1040EZ) listing your spouse's name and indicating a filing status of married. The entire tax return is not required, only the page that lists filing status and exemptions.

Additional Acceptable Forms of Documentation

If an employee is unable to provide the Federal income tax return listed above, the employee must provide one of the following documents:

PROOF B

- In addition to the acceptable tax forms listed above, a copy of the employee's latest Federal income tax return form 1040X listing the required information will be acceptable.
- For spouse only — A copy of an official IRS tax transcript of the employee's latest Federal income tax return listing the name of the employee's spouse and indicating a filing status of married will be acceptable.
- Copy of a utility bill such as electricity, water or cable listing the names of both you and your spouse and dated within the last 12 months.
- Copy of a statement from a joint bank account such as checking, savings, loan or credit card listing the names of both you and your spouse and dated within the last 12 months.
- Copy of a vehicle registration listing the names of both you and your spouse as owners and dated within the last 12 months.
- Copy of a lease or mortgage statement listing the names of both you and your spouse and showing the current address to be the same as your address on file and dated within the last 12 months.
- Copy of an insurance statement or policy such as homeowner's, renter's or auto listing the names of both you and your spouse as policy holders and dated within the last 12 months.

Employees married in the last 12 months need only supply their valid marriage certificate; they do not need to provide proof of interdependency.

NOTES: A former spouse is not eligible.

CHILD UP TO THE AGE 26

Your children up to the age 26 which includes:

- natural children or stepchildren
- legally adopted children or children placed for adoption
- other children for whom you are a court appointed legal guardian.

Acceptable Forms of Documentation

Documentation must support the parental relationship. Submit any one of the following documents:

PROOF C

- Copy of your latest Federal income tax return (1040 or 1040A) showing the child listed as your dependent (daughter, son or child). The entire tax return **is not required, only the page that lists filing** status and exemptions.
- Copy of the child's legal or hospital birth certificate naming you or your spouse as the child's parent.
- Copy of a final court order (divorce decree/custody agreement) naming you or your spouse as the child's parent. All documents must include the following information: names of the child and parent, official signature and/or court seal/stamp.
- Copy of legal adoption papers issued by the courts naming you or your spouse as the adoptive parent. All documents must include the following information: names of the child and parent, official signature and/or court seal/stamp.
- Copy of legal guardianship or custody papers issued by the courts naming you or your spouse as the child's guardian or custodian. All documents must include the following information: names of the child and guardian or custodian, official signature and/or court seal/stamp.
- Copy of a Qualified Medical Child Support Order (QMCSO) showing you are required to provide medical coverage for the child. Documentation must state your current employer's name and include the names of the child and parent.

Additional Acceptable Forms of Documentation

In addition to the acceptable tax forms listed above, a copy of the employee's latest Federal income tax return form 1040X listing the required information will be acceptable.

NOTES: If you are providing documentation for your stepchild (a child of your spouse), you must also provide the required documentation listed above for your spouse even if your spouse is not covered under the Plan.

- Dependent children are not eligible to be covered as dependents of more than one employee under the Anthem Health Plan.
- Foster children are not eligible.

CHILD AGE 26 AND OVER

Any dependent **disabled child**, age 26 or over who otherwise meets the criteria for "child" and is:

- Incapable of self-sustaining employment by reason of mental or physical disability, and
- Chiefly dependent upon you for support and maintenance.

Acceptable Forms of Documentation

Documentation must support the dependent relationship, financial dependency, and disabled status.

Submit the following set of documents:

PROOF D

- Copy of your latest Federal income tax return (1040 or 1040A) showing the child listed as your dependent (daughter, son or child). The entire tax return is not required, only the page that lists filing status and exemptions.

AND (one of the following documents):

PROOF E

- Physician statement certifying that the dependent child cannot support themselves because of a physical or mental disability prior to reaching the maximum age. All information must be pre-printed.

Additional Acceptable Forms of Documentation

In addition to the acceptable tax forms listed above, a copy of the employee's latest Federal Income Tax form 1040X listing the required information will be acceptable.

NOTES: If you are providing documentation for your stepchild (a child of your spouse), you must also provide the required documentation listed above for your spouse even if your spouse is not covered under the Plan.

- Dependent children are not eligible to be covered as dependents of more than one employee under the Anthem plan.

HUMAN RESOURCES BENEFITS CONTACT INFORMATION

EMAIL:	PHONE:	FAX:	MAIL:
HRBenefits@norfolk.gov	757-664-4486, Option 1	757-664-4492	800 East City Hall Avenue, 3 rd Floor, Norfolk, VA 23510

Updated 9/13/2021

REQUIRED COMPLIANCE DOCUMENTS

HIPAA NOTICE OF PRIVACY PRACTICES

<p>YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.</p>	<p>This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.</p>
<p>YOUR RIGHTS <i>You have the right to:</i></p>	<ul style="list-style-type: none"> • Get a copy of your paper or electronic medical record • Correct your paper or electronic medical record • Request confidential communication • Ask us to limit the information we share • Get a list of those with whom we have shared your information • Get a copy of this privacy notice • Choose someone to act for you • File a complaint if you believe your rights have been violated
<p>YOUR CHOICES <i>You have some choices in the way that we use and share information as we:</i></p>	<ul style="list-style-type: none"> • Tell family and friends about your condition • Provide disaster relief • Include you in a hospital directory • Provide mental healthcare • Market our services and sell your information • Raise funds
<p>OUR USES AND DISCLOSURES <i>We may use and share your information as we:</i></p>	<ul style="list-style-type: none"> • Comply with the law • Run our organization • Help with public health and safety issues • Respond to organ and tissue donation request • Work with a medical examiner or funeral director • Address workers' compensation claims and other government requests, respond to lawsuits and legal actions
<p>YOUR RIGHTS: <i>When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you:</i></p>	
<p>Get an electronic or paper copy of your medical record</p>	<ul style="list-style-type: none"> • You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. • We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
<p>Ask us to correct your medical record</p>	<ul style="list-style-type: none"> • You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
<p>Request confidential communications</p>	<ul style="list-style-type: none"> • You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. • We will say "yes" to all reasonable requests.
<p>Ask us to limit what we use or share</p>	<ul style="list-style-type: none"> • You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. • If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information	<ul style="list-style-type: none"> You can ask for a list (accounting) of the times we have shared your health for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	<ul style="list-style-type: none"> You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	<ul style="list-style-type: none"> If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
File a complaint if you feel your rights are violated	<ul style="list-style-type: none"> You can complain if you feel we have violated your rights by contacting us using the information below. You can file a complaint with the U.S. Department of Health and Human Service Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775. Or visiting: www.hhs.gov/hipaa We will not retaliate against you for filing a complaint.
YOUR CHOICES: For certain health information, you can tell us your choices about what to share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.	
In these cases, you have both the right and choice to tell us to:	<ul style="list-style-type: none"> Share information with your family, close friends, or others involved in your care. Share information in a disaster relief situation. <p><i>If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.</i></p>
In these cases, we never share your information unless you give us written permission:	<ul style="list-style-type: none"> Marketing purposes Sale of your information. Most sharing of psychotherapy notes.
How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers	
OUR RESPONSIBILITIES <ul style="list-style-type: none"> We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers	
CHANGES TO THE TERMS OF THIS NOTICE We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office.	

Notice of Privacy Practices Updated 01/2020

Norfolk Healthcare Consortium

- City of Norfolk
- Norfolk Public Schools
- Norfolk Redevelopment and Housing Authority

Privacy Officer:

ATTN: Catheryn Whitesell, City of Norfolk
Norfolk Healthcare Consortium
810 Union Street, Suite 100
Norfolk, VA 23510
Phone: (757) 664-4486 (Option 1)

OTHER REQUIRED NOTICES

The required compliance documents listed below are available on our Norfolk Healthcare Consortium website in the Important Information section: <https://www.norfolkhealthcareconsortium.com>

- NOTICE REGARDING EMPLOYER-SPONSORED WELLNESS PROGRAM
- NOTICE OF REASONABLE ALTERNATIVES TO WELLNESS PROGRAM PARTICIPATION
- WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA)
- WHCRA ANNUAL NOTICE
- NEWBORN & MOTHERS HEALTH PROTECTION NOTICE
- COBRA CONTINUATION COVERAGE GENERAL NOTICE INSTRUCTIONS
- GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS
- NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE
- UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA)
- NOTICE OF SPECIAL ENROLLMENT RIGHTS
- PATIENT PROTECTION DISCLOSURE
- PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

IMPORTANT CONTACTS

BENEFITS TEAM CONTACTS Appointments must be scheduled in advance		
Human Resources Benefits Team Questions About: <ul style="list-style-type: none"> • Medical / Prescription Drugs • Dental • Vision • Flexible Spending/HSA • Employee Assistance Program • Legal Resources • Optional Life Insurance 	HRBenefits@norfolk.gov	757-664-4486 (Select Option 1)
Kerri Phillips, Wellness Coordinator Questions About: <ul style="list-style-type: none"> • Wellness Program • Wellness Credit 	Wellness@norfolk.gov	757-664-4152
TOTAL ABSENCE MANAGEMENT (TAM) TEAM CONTACTS Appointments must be scheduled in advance		
Total Absence Management Team Questions About: <ul style="list-style-type: none"> • Family Medical Leave Act (FMLA) • Workers' Compensation • Short- & Long-Term Disability 	HRTAM@norfolk.gov	757-664-4486 (Select Option 5)
RETIREMENT OFFICE CONTACTS		
Questions About: <ul style="list-style-type: none"> • 457/ROTH IRA inquires • Virginia Retirement System (VRS) • Basic Group Life Insurance • Virginia Retirement System State Retirement (State Employees Only) 	retirement@norfolk.gov	757-664-4738

VENDOR CONTACTS		
Anthem Blue Cross and Blue Shield (Medical)	www.anthem.com	833-988-2030
IngenioRx (Pharmacy)	https://www.anthem.com/ms/pharmacyinformation/home.html	833-988-2030
Pre-Enrollment Hotline and Anthem Health Guides		833-988-2030
Delta Dental Insurance (Dental)	www.deltadentalva.com	800-237-6060
UniCare Vision Insurance (Vision)	www.unicare.com	888-884-8428
Health Savings Accounts (HSA)	www.healthequity.com	866-346-5800
Flexible Spending Accounts (Flexible Benefit Administrators)	https://fba.wealthcareportal.com/	800-437-3539 757-340-4567
COBRA (Flexible Benefit Administrators)	https://cobrapoint.benaissance.com/	800-437-3539 757-340-4567
ComPsych (Employee Assistance Program)	www.guidanceresources.com	844-266-0707
Legal Resources (Legal Services and Identity Theft Protection)	www.legalresources.com	757-498-1220
The Hartford (Short-term and Long-term Disability)	www.TheHartford.com/mybenefits	888-301-5615
Virginia Local Disability Program (VLDP) Short and Long Term Disability for Employees Hired on or after January 1, 2022	www.reedgroup.com/vldp-claims Mailing Address: Reed Group P.O. Box 6248 Broomfield, CO 80021	877-928-7021
Long Term Care Coverage	Long Term Care Group, Inc. P.O. Box 64011 St. Paul, MN 55164-0011	800-761-4057

VENDOR CONTACTS (CONTINUED)

Basic Life Insurance (Minnesota Life)	https://www.varetire.org/benefits-and-programs/benefits/life-insurance	800-441-2258
Optional Life Insurance (Minnesota Life)	https://www.varetire.org/benefits-and-programs/benefits/life-insurance	800-441-2258
City of Norfolk Retirement System (NERS)	retirement@norfolk.gov	757-664-4738
Virginia Retirement System (VRS)	https://www.varetire.org	888-827-3847
MissionSquare formerly ICMA-RC (457 Plans and ROTH IRA)	www.icmarc.org	800-669-7400



CITY OF NORFOLK
 Human Resources Benefits Department
 800 East City Hall Avenue,
 3rd Floor, Norfolk, VA 23510
HRBENEFITS@norfolk.gov



NORFOLK HEALTHCARE CONSORTIUM (NHC)
 Human Resources Employee Benefits
 800 East City Hall Avenue,
 3rd Floor, Norfolk, VA 23510