



2022 Health Care Benefits Retirees and Dependents of Henrico County Public Schools (Medicare eligible and non-Medicare eligible)

Frequently Asked Questions

(Note: Anthem health and Delta dental plans are defined as Henrico County group plans. Medicare eligible retirees may enroll in an individual health plan.)

Q1: When I retire, how long do I have to decide if I want to enroll in Henrico County's retiree health and/or dental plans?

A1: You have thirty-one (31) days from the date your active insurance coverage ends to enroll in the retiree health and/or dental plans. If you do not complete and submit enrollment forms or enroll by phone (if Medicare eligible) within this 31-day period, you will not be able to enroll in the Henrico County retiree health and/or dental plans in the future.

Q2: I am covered by my spouse's employer's plan. If I don't elect to enroll in Henrico County's retiree health and/or dental plans at retirement can I enroll if my spouse leaves or retires from his/her position?

A2: No. You must enroll in Henrico County's retiree health and/or dental plans within thirty-one (31) days of the date your insurance coverage ends to have coverage in the future. If you do not enroll within 31 days, you forfeit your opportunity to elect coverage through Henrico.

Q3: As a retiree, I am enrolled in Henrico County's health and dental plans. My spouse is covered by his/her employer's plan. Can I enroll my spouse in Henrico's health and dental plans if he/she leaves his/her position?

A3: Yes. If you are enrolled in the retiree health and/or dental plans, you may enroll or cancel coverage for your dependents within 60 days of a qualifying event:

- *Marriage/Divorce*
- *Death of spouse or child*
- *Birth or adoption of a child*
- *Last eligible child no longer qualifies as a dependent*
- *Change in spouse's employment status*

Q4: If I carry my spouse as my dependent on my retiree health and/or dental plans, can he/she continue coverage on the retiree plan if I die?

A4: *Yes. Your surviving spouse can continue in the retiree health and/or dental plans in which they're enrolled indefinitely. However, if your surviving spouse terminates coverage, he/she cannot re-enter the plans.*

Q5: As a retiree, I am enrolled in Henrico County health and dental plans. Can I make changes during future annual Open Enrollment periods?

A5: *Yes, if you are already enrolled, you can change plans or add/drop dependent coverage. You may only make changes to the plans in which you're enrolled. HCPS will send Open Enrollment information to your home at the address on file with the health and/or dental carriers. Please keep your address current with these companies so you can receive this important information.*

Q6: I understand that once I terminate (drop) retiree health and/or dental coverage, I cannot re-enter the plans. What would cause my coverage to terminate?

A6: *Retiree health and/or dental coverage terminates at the earliest of the following events:*

- *The retiree fails to pay the required premium contributions.*
- *The retiree sends written notification that coverage is no longer desired.*
- *The retiree dies.*
- *Henrico County terminates the plan. In this case, a participating retiree may re-enroll in another County sponsored retiree plan.*
- *The retiree's coverage is terminated for cause as defined by the plan.*
- *The retiree fails to provide appropriate paperwork in a timely manner during Open Enrollment.*

Q7: Can I enroll in dental only? Can I enroll in health only?

A7: *Yes. The health and dental plans are "stand-alone" plans. You can enroll in one, both, or neither. Even if you are not currently enrolled in dental or health coverage you may choose to do so within 31 days after your retirement.*

Q8: I am pre-65 and not eligible for Medicare. Can I keep my same Anthem plan I had as an active employee?

A8: Yes, you can keep the same plan. However, you will pay the entire premium as Henrico only provides a subsidy to active employees. You will pay your premium directly to Anthem; either by personal check or direct draft from your checking account. Your group number will change and you will receive new Member ID cards.

Q9: What are the different parts of Medicare?

A9: Medicare Part A – Hospital Insurance

- Premium – Most people do not have to pay a monthly premium. If you do have to buy Part A, you'll pay up to \$471 each month in 2021.
- Deductible - \$1,484 in 2021
- Coinsurance – You generally pay 20% after deductible.
- Covers
 - In-patient hospital care
 - Skilled nursing facility care
 - Nursing home care (inpatient care in a skilled nursing facility that's not custodial or long-term care)
 - Hospice care
 - Home health care

Medicare Part B – Medical Insurance

- Premium – Based on your adjusted gross income (AGI). Individuals with an AGI of \$88,000 or less and couples with an AGI of \$176,000 or less will pay \$148.50 per month in 2021. If you are receiving Social Security benefits the Part B premium will be deducted. If you are not receiving Social Security benefits you will be billed by Social Security.
- Deductible - \$203 in 2021
- Coinsurance – Most people pay 20% after deductible
- Covers physician charges (most doctor services while you're a hospital inpatient)
- Outpatient therapy
- Durable medical equipment

Medicare Part C – Medicare Advantage

- Premium – Varies by plan
- Deductible – Varies by plan
- Coinsurance / Copayments – Varies by plan

Medicare Part D – Medicare Prescription Drug Coverage

- *Premium – Varies by plan*
- *Deductible – Varies by plan*
- *Coinsurance / Copayments – Varies by plan*

Q10: I am 66 and eligible for Medicare but I have not enrolled. What do I need to do?

A10: *You do not need Medicare Part B as long as you are an active employee covered by an employer's group health plan, but it's your choice whether you wish to enroll when you become eligible. Upon termination or retirement, you must contact the Social Security office and apply for Medicare Part B to become effective at the time of your retirement or when your group health benefits end, whichever comes later. You will need to obtain and submit Form CMS-L564 (Request for Employment Information) to the HCPS Benefits office to complete on your behalf, attesting to the dates of your enrollment in our group health plan. This will ensure you are not penalized for declining Medicare Part B when you reached age 65.*

Q11: I am 63 and my spouse is 67 and covered on my health insurance. How can we both enroll in health coverage?

A11: *Your spouse does not need Medicare Part B as long as you are an active employee and cover you and your spouse on your employer's group health plan. However, that is your and your spouse's choice. Upon your termination or retirement, your spouse must contact the Social Security office and apply for Medicare Part B to become effective at the time of your retirement or when your group health benefits end, whichever comes later. Your spouse will need to obtain and submit Form CMS L-564 (Request for Employment Information) to the HCPS Benefits office to complete on behalf of your spouse, attesting to the dates of your employment and enrollment in our group health plan. Once Medicare Part B is obtained, your spouse can call Via Benefits to enroll in health coverage. You can continue your current Anthem health coverage until you reach age 65 or become Medicare eligible, then you can call Via Benefits to enroll in health coverage.*

Q12: Why is the County sponsoring retiree coverage through the individual market for Medicare eligible retirees?

A12: We are seeing changes in the health care industry, uncertainties about federal subsidies that have supported Medicare Advantage programs, and some providers no longer accepting certain plans.

*We also heard from retirees who were concerned about the rising cost of our previous group plan. Henrico County's goal is to offer valuable health coverage in a way that meets the varied needs of our Medicare eligible retirees. In today's health care market, the best federal subsidies are in the individual market which offers a broad range of plans to meet different coverage needs and household budgets. We also know that comparing the numerous plans available, making an informed enrollment decision and completing the enrollment process can be a daunting experience. A dedicated and licensed Via Benefits benefit advisor will listen to your specific needs and preferences and will help you find the health coverage that works best for you. A Via Benefits benefit advisor will personally enroll you over the telephone for the coverage you select. **Call Via Benefits at 1-844-256-0914.** Later, if you have claims or billing concerns, your Via Benefits benefit advisor will facilitate a resolution for you. You may also contact Via Benefits each fall during the Medicare Annual Enrollment period to evaluate new enrollment options for the upcoming year.*

Q13: Is Henrico County “dropping retirees” when they are Medicare eligible?

A13: No, Henrico County is providing a new way for Medicare eligible retirees to enroll for health care coverage. To provide continued coverage in an individual plan that works best for each retiree's health and budget needs, Henrico County has contracted with Via Benefits to personally assist each retiree and Medicare eligible dependent with enrollment for health care coverage.

Q14: Will coverage through Via Benefits cost more than coverage for pre-65 retirees?

A14: It is likely that most retirees will not pay more for coverage. Retirees will have an opportunity to spend less for coverage, so a retiree's costs will depend on the coverage selected and services used.

Q15: Who will be impacted by this change from a group plan to an individual plan?

A15: This change will impact Medicare eligible retirees and Medicare eligible dependents of Henrico County General Government and Schools. This change will not impact pre-Medicare retirees and retiree dependents who are

eligible for coverage on Henrico County's Anthem plan. These pre-Medicare retirees may continue with Anthem coverage until they reach age 65 and become Medicare eligible.

Q16: My spouse is covered under the Anthem plan. What will happen when he/she becomes Medicare eligible at age 65?

A16: If you enroll in a plan through Via Benefits, your spouse's Anthem coverage will continue until he/she reaches age 65. Several months prior to his/her 65th birthday, Via Benefits will send your spouse information in the mail about his/ her upcoming opportunity to transition to coverage through Via Benefits.

Q17: If I am Medicare eligible will I have to choose a Medicare Advantage plan?

A17: No. You can choose to enroll in a Medicare Advantage plan, or because you will be losing your employer group plan, you will be eligible at this one time to enroll in a Medigap (Medicare supplement) plan on a "guaranteed issue" basis. If you select a Medigap plan you must also enroll in a separate Prescription Drug Plan. Your Via Benefits benefit advisor will assist you in choosing the best coverage for you.

Q18: Will the individual plans available through Via Benefits be part of the Affordable Care Act public health care exchange?

A18: No. Via Benefits offers post-65 retirees enrollment in a broad range of health plans through their privately operated exchange and has no affiliation with government-run exchanges created under the Affordable Care Act (ACA). The ACA exchanges, known as the Marketplace, are not available to Medicare eligible individuals.

Q19: I have a pre-existing health condition and am Medicare eligible. Will I have coverage for claims related to my pre-existing condition?

A19: Yes. Because you will be losing coverage on a group plan effective with your retirement, during this initial enrollment period, a plan will not be able to refuse to cover you and can't require that your rate be based on your health condition – provided you enroll before your employer group coverage ends.

Q20: Can I use the same doctors and hospitals if I am Medicare eligible?

A20: Your Via Benefits benefit advisor will ask you about the doctors and hospitals that you want to utilize so that you may select from health care plans that offer the access that is important to you.

Q21: I am hearing impaired and have difficulty with phone calls. Can I enroll with Via Benefits online or with a paper form?

A21: Via Benefits does offer online enrollment from a variety of carriers; however the carrier best suited for you may NOT be available online. TTY service is available. Paper applications are not accepted by Via Benefits due to the potential for errors in completion which could delay your coverage start date.

Q22: My daughter/son/friend helps me with my financial decisions and handling bills. May this person participate in the phone call with the Via Benefits benefit advisor when we discuss my plan options and enroll?

A22: Yes! The Via Benefits benefit advisor can set up a conference call to include the person(s) you choose to participate. Remember, however, that you alone must complete your enrollment, unless the person participating with you during your calls to Via Benefits has a Power of Attorney (POA) for you.

Q23: Who should I contact with questions about this new enrollment process and coverage with Via Benefits?

A23: You may call the Via Benefits/Henrico County toll-free number at 1-844-256-0914. A benefit advisor for Henrico County will answer your questions.

Q24: How can I find the premium costs for plans available through Via Benefits?

A24: Your Via Benefits benefit advisor will provide you with information on premium costs and out-of-pocket costs, such as copayments, coinsurance, deductibles and out-of-pocket maximums. You may also check available plans and premium costs by visiting the Via Benefits/Henrico County Website:

***my.viabenefits.com/Henrico**. To avoid selecting a plan based solely on the premium costs, your Via Benefits benefit advisor will guide you in considering both premium costs and out-of-pocket costs in order to find the plan that will work best for you.*

Q25: I am not eligible for Medicare. What are my health plan options?

A25: *If you are enrolled in an Anthem plan as an employee you may continue the same plan as a retiree. If you are not currently enrolled, you may choose to do so within 31 days after your retirement. The health benefit coverage is the same for both employees and retirees. The difference is in the cost, as retirees pay the full cost of the health premium. Anthem offers three plans for retirees who reside in the area: Premier POS, Standard POS and Healthkeepers HDHP (High Deductible Health Plan) Retirees who live outside the state may enroll in Anthem's KeyCare Out-of-Area PPO plan.*

Q26: I have a Henrico County Retiree Health Care Supplement. How do I receive that benefit?

A26: *Retirees who are eligible for a Henrico County Retiree Health Care Supplement (such as C&M, Pupil Transportation and School Nutrition non-managerial positions) must continue health coverage with Henrico County in order to receive their supplement.*

- *Pre-Medicare retirees must enroll in an Anthem plan and the amount of their supplement will be reduced from their monthly premium.*
- *Medicare eligible retirees must enroll through Via Benefits in order to receive their supplement and will pay their full premium directly to the insurance carrier selected for coverage. Henrico will provide their monthly supplement through a Health Reimbursement Account (HRA) from which they can receive reimbursement for the amount of their monthly supplement. Your Via Benefits benefit advisor will discuss this process with you. Also, Via Benefits will send you more detailed information on the HRA reimbursement process.*

Q27: I receive a Health Insurance Credit (HIC) from the Virginia Retirement System (VRS). How will I receive this benefit?

A27: *Some retirees are eligible to receive this state health insurance credit based on the position they held (such as Teachers, Administrators, School Nutrition managers and clerical staff) and their length of service. VRS includes your HIC with your monthly benefit deposit as an eligible retiree. The amount of your HIC is*

based on your years of service and will not exceed the cost of your health, dental and Medicare Part B premiums. If eligible, you may receive the HIC regardless of where you obtain your health coverage. You must notify VRS whenever there is a change in your coverage and premium. After selecting your plan as a retiree, complete VRS Form 45 (available from VRS at www.varetire.org or 1+888-827-3847) to notify VRS of your new coverage and premium and the date it will become effective. Submit the form directly to VRS in order to receive your proper HIC.

CONTACT INFORMATION

Anthem Health

Premier & Standard POS	800-451-1527	www.anthem.com
NurseLine	800-337-4770	
Blue View Vision	800-451-1527	
HK HDHP with HSA	800-582-6941	www.anthem.com
NurseLine	866-800-8780	
Blue View Vision	800-582-6941	
Out-of-Area PPO	800-451-1527	www.anthem.com
NurseLine	800-337-4770	
Blue View Vision	800-451-1527	
Mail Order Pharmacy	866-281-4279	
LiveHealth Online	855-603-7985	www.livehealthonline.com
Express Scripts	866-505-6162	express-scripts.com

Via Benefits

844-256-0914
[www.my.viabenefits.com/
Henrico](http://www.my.viabenefits.com/Henrico)

Delta Dental

High or Low PPO	800-237-6060	www.deltadentalva.com
Delta PPO-EPO	800-862-0838	www.deltadentalva.com

Virginia Retirement System 888-827-3847 www.varetire.org

Social Security Administration 800-772-1213 www.ssa.gov

ACA Marketplace 800-318-2596 www.healthcare.gov

Henrico County Public Schools www.henrico.k12.va.us

Benefits	804-652-3624
Human Resources	804-652-3664
Payroll	804-652-3623