

# City of Newport News



*retiree*

# benefits

*guide*

# 2020

OPTIMIZE **YOUR** *benefits*



## Benefit Basics

The City of Newport News provides a package of benefits for you and your family. Some benefits you pay for and other benefit costs are shared between you and the City of Newport News.

BENEFIT	WHO PAYS
Medical/Prescription	City of Newport News and You
Dental	City of Newport News and You
Vision	You
Fitness Membership	You
Basic Life Insurance	City of Newport News

Open enrollment provides retirees an opportunity to update existing benefits. Once you elect your benefit options, your elections remain in effect until the end of the plan year (January 1 through December 31). Retirees may not enroll in health or dental coverage or add dependents to existing coverage after retirement. Retirees may cancel health or dental coverage at any time, however, once coverage is cancelled, the retiree and/or dependents are ineligible to rejoin the plan. The City of Newport News encourages you to review all your benefits and make your selections wisely.

## Retiree Open Enrollment

Retiree open enrollment for 2020 benefits is November 1-29, 2019. Retirees who wish to change or cancel their plan during open enrollment may do so by returning a completed benefit enrollment or termination form, found at [www.nnva.gov/retirement](http://www.nnva.gov/retirement) to the Department of Finance. **If you want to keep the same coverage you had in 2019, no action is needed.**

## Benefit Changes and Highlights

- Optima Health will administer the city's pre-65 retiree health plans starting January 1, 2020. Retirees will continue to have access to three health plans. In general, plan benefits, including deductibles, copays and coinsurance, are not changing under Optima Health. Rates are decreasing on all plans.
- Humana will continue as the post-65 retiree health insurance carrier offering a PPO and HMO Medicare Advantage plan. Rates are decreasing on all plans.
- Dental benefits will continue to be provided by Delta Dental and vision benefits will continue to be provided by VSP. Rates are decreasing on all plans.
- Fitness membership will continue to be offered through Riverside Wellness and Fitness, OneLife Fitness and the Peninsula YMCA. Visit the facility to add or cancel fitness membership.

## Open Enrollment Meetings

### Pre-65 Retirees (Optima Health)

LOCATION	DATE	TIME(S)
Denbigh Community Center	Tues., October 15	10:00 am & 2:00 pm
	Fri., October 25	10:00 am & 2:00 pm
	Wed., November 6	10:00 am & 2:00 pm
Midtown Community Center	Wed., October 23	10:00 am & 2:00 pm
	Tues., October 29	10:00 am & 2:00 pm
	Thur., November 7	10:00 am & 2:00 pm

### Post-65 Retirees (Humana)

LOCATION	DATE	TIME(S)
Denbigh Community Center	Wed., November 13	10:00 am & 2:00 pm
	Thur., November 14	10:00 am & 2:00 pm

## Pre-65 Retiree Medical Coverage

We recently announced that Optima Health has been selected to provide our pre-65 retiree medical benefits starting January 1, 2020. The City and Optima Health are excited for this new partnership and we are diligently working to make sure the transition is smooth for you and your family members. We believe that you will be pleased with the updates we are making to the city's benefits plans. A few highlights of the 2020 health plans are listed below:

- Optima Health will administer the city's health plans starting January 1, 2020. In the meantime, continue to use your current health plan through December 31, 2019.
- Retirees will continue to have access to three health plans. In general, plan benefits, including deductibles, copays and coinsurance, are not changing under Optima Health. The city works hard to offer you quality health benefits and we believe these plan choices will provide you with a choice of cost options to best meet your financial and health needs.
- With your new Optima Health plans, all of the major hospital systems in the Hampton Roads area are included as in-network on all of the plans. Here in Newport News and surrounding areas, this includes Riverside Health System, Sentara CarePlex, all Sentara facilities and medical groups, Children's Hospital of the Kings Daughters and more.
- For retirees or dependent children in other regions, Optima Health offers PHCS, a national network outside of the greater Hampton Roads area. If you or your dependents seek care from a PHCS participating provider, then you will receive coverage at the in-network level.
- Your new plans will not require selection of a Primary Care Physician and will not require referrals to seek specialist care.
- In December, you'll receive your new Optima Health ID card. After January 1, you'll be able to explore the variety of tools and resources within the new Optima Health plans to support you and your family with managing your health and well-being.
- Through the Optima Health Mobile App you can safely and securely access important health information when you need it— at home, at the doctor, and even on the road.

We hope you will attend one of the informational events prior to open enrollment so that you are well-informed when it's time to make your benefits decisions. Optima Health member services representatives can also answer your questions by phone. Additionally, an Optima Health dedicated website located at [www.optimahealth.com/nnva](http://www.optimahealth.com/nnva) is available with resources to help you make the most of your new plan.

## Post-65 Retiree Medical Coverage

City Code requires all Medicare eligible retirees and dependents who wish to continue health insurance coverage after age 65 to enroll in Medicare Part A and B and transition to the city's Medicare Advantage and Prescription Drug plan. The Medicare Advantage plan provides benefits that supplement Medicare coverage. If you are turning 65 in 2020, be on the lookout for communication from the Center for Medicare and Medicaid Services (CMS) and the Department of Finance for additional information on transitioning to Medicare and the Medicare Advantage plan.

## Optima Health - Pre-65 Retiree Medical Plans

BENEFIT	EQUITY POS HDHP 2800/20%	POS 1500/40/20%	POS 750/35/20%
Comparable plan from 2019	Lumenos Health Savings 2700	HealthKeepers POS 1500	KeyCare PPO 750
Network	POS with PHCS	POS with PHCS	POS with PHCS
In Network			
Calendar year deductible (Individual/Family)	\$2,800/\$5,400 Includes medical and pharmacy	\$1,500/\$3,000	\$750/\$1,500
Out-of-Pocket maximum (Individual/Family)	\$4,500/\$9,000	\$5,000/\$10,000	\$4,000/\$8,000
Hospital Benefits			
Inpatient (facility)	20% after the deductible	20% after the deductible	20% after the deductible
Outpatient surgery (facility)	20% after the deductible	20% after the deductible	20% after the deductible
Emergency room	20% after the deductible	20% after the deductible	20% after the deductible
Physician Benefits			
Referral required	No	No	No
Preventive care	0%	0%	0%
PCP office visit	20% after the deductible	\$40 copay	\$35 copay
Specialist office Visit	20% after the deductible	\$50 copay	\$45 copay
Urgent care center	20% after the deductible	\$50 copay	\$45 copay
Diagnostic X-ray & lab	20% after the deductible	20% after the deductible	20% after the deductible
Advanced radiological imaging	20% after the deductible	20% after the deductible	20% after the deductible
Prescription Drug			
Pharmacy Specific Deductible	Subject to the Combined Medical/Pharmacy Calendar Year Deductible	N/A	N/A
Tier 1/Tier 2/Tier 3/ Tier 4 Retail 31-day supply	\$15/\$50/\$85/20% to a maximum of \$250 per 31 day supply	\$15/\$50/\$85/20% to a maximum of \$250 per 31 day supply	\$15/\$50/\$85/20% to a maximum of \$250 per 31 day supply
Tier 1/Tier 2/Tier 3/ Tier 4 Mail Order 90-day supply	\$38/\$125/\$213/n/a	\$38/\$125/\$213/n/a	\$38/\$125/\$213/n/a
Out-of-Network			
Calendar year deductible	Combined with in-network deductible	\$2,000/\$4,000	\$1,000/\$2,000
Out-of-Pocket maximum	\$5,000/\$10,000	\$7,500/\$15,000	\$5,500/\$11,000
Coinsurance	40%	40%	30%

Visit [www.optimahealth.com/nnva](http://www.optimahealth.com/nnva) for more on plan designs or to research providers. You may also call Optima Health Member Services at 1-800-229-1199 or 757-552-7110, Mon. – Fri. 8 a.m. – 6 p.m.

## Humana - Post-65 Retiree Medicare Advantage Plans

Humana will continue as the post-65 retiree medical provider offering a PPO and HMO Medicare Advantage plan. Prescription drug benefits (Part D) are included in both plans. See the Summary of Benefits at [www.nnva.gov/retirement](http://www.nnva.gov/retirement) or contact the Department of Finance for information on plan benefits.

## Dental Coverage

Delta Dental remains the dental provider for 2020. The City of Newport News Delta Dental Plan covers four types of dental expenses:

- Diagnostic / Preventive: routine exams and cleaning, fluoride treatments, sealants and x-rays
- Basic Treatment: fillings and extractions
- Major Treatment: treatment such as crowns and dentures
- Orthodontia

BENEFIT	IN- & OUT-OF-NETWORK
Annual Deductible	
Single	\$50
Family	\$150
Diagnostic / Preventive Care	100%
Basic Treatment	80%
Major Treatment	50%
Orthodontia	50%, \$1,500 Lifetime Maximum
Annual Maximum Benefit	\$2,500

## Vision Coverage

Vision coverage continues to be offered through the Vision Service Plan (VSP). In order to access vision care benefits, simply contact your VSP participating doctor to make an appointment and identify yourself as a VSP patient.

Providers can be located at [www.vsp.com](http://www.vsp.com). Your Social Security Number is your VSP identification number; however, if you prefer, you may download a member card on the VSP website once you register. The VSP participating doctor will obtain the necessary authorization.

Vision benefits may only be added or cancelled during open enrollment.

SERVICES	CHOICE PLAN	
	IN-NETWORK	OUT-OF-NETWORK
Eye Exam (every calendar year)	\$0 copay	Up to \$45
Frames (every calendar year)	\$10 materials copay \$150 allowance	Up to \$70
Lenses (every calendar year)*	Included in \$10 materials copay	Up to \$30 Up to \$50 Up to \$65
Contacts (every calendar year, in lieu of frames and lenses)	\$130 allowance	
Necessary **	Up to \$60 copay	Up to \$105
Elective	Up to \$60 copay	Up to \$105

\* covered lenses are 'clear, plastic lenses' only. Discounts are available on cosmetic extras, please contact VSP for additional information

\*\* contacts are considered "necessary" in limited situations, please contact VSP for more information

## Life Insurance

Life insurance is an important part of your financial security. Basic life is provided to all eligible NNERF retirees at no cost. The benefit amount is based on your retirement date and final salary, with a minimum life insurance benefit of \$10,000.

## Fitness Membership

Studies have shown retirees who have a planned exercise program require less health care, are less prone to injuries, and experience less stress. To assist you in your quest for an overall healthy lifestyle, you have a choice of three fitness programs; OneLife Fitness, Riverside Wellness & Fitness Center, and Peninsula YMCA. This enables you to choose the fitness center that supports your particular needs.

Retirees may make changes to their election for the program during open enrollment or in the case of a life event. Membership through the city’s program is open to retirees, spouses, and families. Visit the facility to enroll or cancel your membership.

REFERENCES AND RESOURCES			
Medical Plan – Pre-65	Optima Health	<a href="http://www.optimahealth.com">www.optimahealth.com</a>	757-552-7110 800-229-1199
Medical Plan – Post-65	Humana	<a href="http://www.humana.com">www.humana.com</a>	866-396-8810
	Center for Medicare & Medicaid Services	<a href="http://www.medicare.gov">www.medicare.gov</a>	800-633-4227
Dental Plan	Delta Dental of Virginia	<a href="http://www.deltadentalva.com">www.deltadentalva.com</a>	800-237-6060
Vision Plan	VSP	<a href="http://www.vsp.com">www.vsp.com</a>	800-877-7195
457 Retirement Plan	ICMA-RC	<a href="http://www.icma.org">www.icma.org</a>	800-669-7400
Life Insurance	CIGNA	<a href="http://www.cigna.com">www.cigna.com</a>	800-36-CIGNA
Social Security Retirement	Social Security Administration	<a href="http://www.ssa.gov">www.ssa.gov</a>	800-772-1213
Enrollment	Finance Department	<a href="http://www.nnva.gov/retirement">www.nnva.gov/retirement</a>	757-926-3929



## 2020 Retiree Plan Rates

### Optima Health – Pre-65 Medical

POS 750/35/20%	CITY PAYS	RETIREE PAYS*
Single	\$422.74	\$549.74
Single + 1 Child	\$686.19	\$896.00
Single + Spouse	\$961.88	\$1,257.58
Family	\$1,161.00	\$1,497.12
POS 1500/40/20%	CITY PAYS	RETIREE PAYS*
Single	\$422.74	\$501.12
Single + 1 Child	\$686.19	\$816.88
Single + Spouse	\$961.88	\$1,146.60
Family	\$1,161.00	\$1,364.19
Equity POS HDHP 2800/20%	CITY PAYS	RETIREE PAYS*
Single	\$422.74	\$306.62
Single + 1 Child	\$686.19	\$500.44
Single + Spouse	\$961.88	\$702.72
Family	\$1,161.00	\$832.58

### Humana Medicare Advantage – Post-65 Medical

	CITY PAYS	RETIREE PAYS*
PPO	\$262.49	\$70.24
HMO	\$242.57	\$40.55

### Delta Dental – Dental

PPO + PREMIER	CITY PAYS	RETIREE PAYS*
Single	\$21.84	\$11.35
Single + 1	\$37.58	\$21.15
Family	\$65.58	\$34.00

### VSP - Vision

CHOICE	RETIREE PAYS
Single	\$7.50
Single + 1	\$11.60
Family	\$20.00

### Fitness Centers

YMCA	RETIREE PAYS
Single	\$30.00
Single + Spouse	\$50.00
One Adult + Children	\$53.00
Family	\$58.00
ONE LIFE FITNESS	RETIREE PAYS
Single	\$25.00
Single + Spouse	\$50.00
RIVERSIDE WELLNESS & FITNESS CENTER	RETIREE PAYS
Single	\$28.00
Single + Spouse	\$56.00

\*The retiree premiums published are for qualified NNERF retirees who receive 100% of the city's contribution.

More information on plans and rates can be found at: [www.nnva.gov/retirement](http://www.nnva.gov/retirement).

## Frequently Asked Questions

### What you need to know about the Optima Health Transition

#### Why are we changing from Anthem BCBS to Optima Health?

The city received several proposals from medical carriers as part of the normal procurement process. Each proposal was carefully reviewed, with consideration given to each carrier's network of doctors and hospitals, customer service and cost. Overall, Optima Health offered the most attractive proposal. We are confident that the Optima Health broad network of doctors and hospitals, excellent customer service, and quality administration will best serve our employees' and retirees' healthcare needs.

#### When is this change happening?

Optima Health will be the city's health plan administrator effective January 1, 2020. After January 1, 2020, the city's three Anthem health plans will no longer be available and retirees and dependents will be transferred to an Optima Health plan. You may continue using your current Anthem health coverage until midnight on December 31, 2019.

#### What is Open Enrollment? When will 2020 Open Enrollment be held?

Open Enrollment is your annual opportunity to update your benefits to best meet you and your family's needs for the upcoming plan year. Open enrollment for the 2020 plan year will take place November 1-29, 2019, with your new benefit selections effective January 1, 2020.

#### Will I get a new member ID card? When?

Yes. After the city benefits team has finalized the open enrollment data, Optima Health will process your new ID cards. You can expect to receive your new ID card by mail prior to the January 1, 2020 effective date.

Beginning January 1, 2020, you will also be able to view and print your ID card from your account on [optimahealth.com](http://optimahealth.com) and the Optima Health mobile app. In order to register for an account, you will need to have your unique Member ID number which will be assigned during the enrollment data processing in December. You can obtain this number when you receive your new ID card or you can call Optima Health Member Services later in December at 757-552-7110 or 1-800-229-1199 from 8 a.m.—6 p.m., Monday through Friday.

#### What is the Optima Health Plan? What are the benefits and how much do the plans cost?

Under Optima Health, the city will offer health plans that are similar to the current plans. Pre-65 retirees will have a choice of three plans: two traditional Point of Service (POS) plans with copayments and one High Deductible Health Plan (HDHP).

With all Optima Health plans, you are not required to select a primary care physician (PCP) and you are not required to obtain referrals to seek specialist care. You may find it helpful to have a PCP who can provide routine medical assistance and guidance when seeking care within the Optima Health network. If you need to see a Plan specialist, your PCP may coordinate your care, or you can make your own appointment.

With each Optima Health plan, all of the major health systems in greater Hampton Roads are considered in-network. This includes Riverside Health System, Sentara CarePlex, Children's Hospital of the King's Daughters, and more. In addition to the strong local presence of Optima Health, there is also national coverage through the PHCS network. See page 7 for plan rates.



### **How do I know if my current doctor is in the Optima Health network?**

All Optima Health plans will use the Optima Health POS with PHCS Network. To search for doctors, visit [www.optimahealth.com/nnva](http://www.optimahealth.com/nnva) and select Find Doctors. Filter your search by provider type and your zip code. Note that if your doctor practices in multiple locations throughout the Hampton Roads area, you may wish to filter your search within a large radius (such as 30 miles) since your doctor's address in the Optima Health database may be a different location than you normally visit.

If you do not find your doctor on the website, you may call your doctor's office to inquire whether they accept Optima Health. Optima Health participating providers who are not accepting new patients may not appear on the website, but if you are an existing patient with your doctor, he/she would continue to see you with your new Optima Health benefits.

If you find that your doctor is out-of-network, you may utilize your out-of-network benefits or you may also recommend that your provider join the network by calling the Optima Health Member Services line. The provider must meet Optima Health credentialing requirements in order to be eligible for contracting.

### **Will Optima Health cover pre-existing conditions?**

Yes. All plans offered by the city cover pre-existing conditions.

### **What do I do if I am in the middle of receiving care for a medical condition?**

Optima Health will work with you and your doctor to make sure your transition process over to Optima Health is as smooth as possible. You will have access to Optima Health resources to help you navigate your specific situation. The new Optima Health benefit plans are designed to provide continuity of coverage and benefits.

#### Here are some guidelines:

If you currently receive obstetrics care, medical treatment, or have a procedure scheduled, it is recommended that you call your treating doctor's office and inform them your medical benefits are transitioning from Anthem to Optima Health effective January 1, 2020. In December, once you are enrolled, your doctor can work with Optima Health to send any clinical notes and authorizations to the Optima Health Clinical Care Services team. The Optima Health team will work to ensure that you continue in your course of care.

If you are currently in the middle of a course of treatment with a provider who is not in the Optima Health network, then Optima Health will work with you to transition your course of care. Optima Health will review your case with you and your treating physician. Depending on your situation, you may be able to receive benefits at the in-network level for a period of time.

If you have specific questions about your condition or on-going course of care, please call member services at Optima Health to discuss your situation.

### **What happens if something happens and I am in the hospital on December 31 or January 1?**

Your coverage with Optima Health begins on your plan effective date, which is January 1, 2020. If you receive emergency care and/or are admitted on or after January 1, 2020, your doctor or the hospital will most likely call Optima Health on your behalf. You or a family member should also contact Optima Health within 48 hours (two business days) or as soon as medically possible.

If you are admitted to the hospital on or before December 31, continue to use your current health plan coverage. Any hospital admission that begins on or before December 31, 2019, at midnight, will be handled by your Anthem inpatient hospital benefit in effect during 2019 – even if you are released from the hospital in January of 2020. Any follow-up or ancillary care will be handled by the appropriate insurance company based on the date of service.

### **What if I have received authorization for a medical procedure that will take place in early January after my Optima Health coverage goes into effect. Do I need to get a new authorization?**

If you currently have a procedure scheduled, please call your treating doctor or specialist and tell them you are changing your coverage to Optima Health. Once you are enrolled, ask your doctor to send any clinical notes and authorizations to the Optima Health Clinical Care Services team. The Optima Health Clinical team will work with you and your doctor to ensure the proper authorizations are in place and confirm your benefit coverage.

### **How do I know if my medication is in the Optima Health drug formulary? What about authorizations and refills?**

Your prescription drug benefit will have 4 tiers just like the current benefit. Optima Health has a different formulary as compared to your current plan, but for most people, there will be very little change to the cost you currently pay for your medications. The Optima Health network for pharmacies includes most major chains such as CVS, Walgreens, Kroger, Walmart, Costco, Sam's as well as other local pharmacies.

Here are some important things to remember to make sure your transition is smooth:

- You can find the formulary tier for your drug at [optimahealth.com](http://optimahealth.com). Click on Search Medications and select "Optima Health Plan Open Formulary."
- The tier your drug is placed in will determine your cost-share. The city plan has a cost-share\* for 30 day supplies at retail pharmacies:
  - \$15 for Tier 1 (commonly prescribed generic drugs)
  - \$50 for Tier 2 (selected brand & other generic)
  - \$85 for Tier 3 (non-selected brand drugs)
  - Specialty Drugs or Tier 4 - you pay 20% of the cost of the drug up to a maximum of \$250

\*Note: If you select the High Deductible Health Plan, these cost-shares are effective after you have met your plan deductible.

- Remember that some drugs require prior authorization by Optima Health in order to be covered. Your prescribing provider is responsible for initiating prior authorization. In order to ease your transition to the new plan, Optima Health has agreed to temporarily waive prior authorization requirements for members taking drugs that would usually require prior authorization. Your prescription must be filled within 60 days after January 1, 2020 at a retail pharmacy (or 120 days after January 1, 2020 if filling at Mail Order). There are some exceptions to this and Optima Health representatives can help you with your transition. If, after January 1, 2020 you begin taking a new medication for which prior authorization applies then you will need to work with your doctor and pharmacist for approvals.
- If you or your prescribing provider requests a brand medication when a generic equivalent is available, you will be responsible for the difference in the cost between the generic and the brand name drug in addition to your copayment/coinsurance and/or deductible.

- If your medication is available over-the-counter (OTC), then your transaction for purchase will be at the OTC price at a retailer of your choice rather than through the pharmacy. Examples of such medications might include common digestive medications, skin creams and lotions, allergy medications and their generic equivalents.
- If you are looking for ways to save, you should know that there are some drugs that can cost less than your copayment. You will pay the lesser of the cost of the drug or the copayment for covered drugs. Some pharmacies advertise a “\$4 drug list” however this may not be the lowest price for you. For some drugs, the actual cost of the drug with your Optima Health member ID card may be less than the advertised \$4 generic program.
- For more ways to save, consider the mail order pharmacy for lower out-of-pocket costs for your maintenance medications.

### What if I’m taking a specialty prescription drug? How do I verify if this prescription drug is on the Optima Health Specialty Drug List?

Specialty drugs are only available through Proprium Pharmacy, the specialty mail order pharmacy for Optima Health. Proprium Pharmacy is local and is in Chesapeake, Virginia. In some special instances, Proprium Pharmacy may use another specialty pharmacy to dispense your drug. As part of the transition and implementation, Optima Health will help members transfer their specialty medication prescriptions. Optima Health recognizes the importance of medication adherence and special handling for these types of drugs. You will have access to assistance with member services and we encourage you to confirm your information after receiving your new ID Card. You can check the Optima Health website for a listing of specialty medications.

### What are drug tiers?

The Optima Health formulary groups drugs into tiers based on standard categories. The tier of your medication determines your copayment. You can find information about what you pay by drug tier in the Optima Health Plan Summary of Benefits. The following are the four drug tier levels:

1. **Selected Generic**  
Commonly prescribed generic drugs.
2. **Selected Brand & Other Generic**  
Brand-name drugs, and some generic drugs with higher costs than Tier 1 generics, that are considered by the Plan to be standard therapy.
3. **Non-Selected Brand**  
Brand name drugs not included by the Plan on Tier 1 or Tier 2. These may include single-source brand name drugs that do not have a generic equivalent or a therapeutic equivalent. Drugs on this tier may be higher in cost than equivalent drugs, or drugs determined to be no more effective than equivalent drugs on lower tiers.
4. **Specialty Drugs**  
Drugs classified by the Plan as Specialty Drugs. Tier 4 also includes covered compound prescription medications. Specialty Drugs have unique uses and are generally prescribed for people with complex or ongoing medical conditions. Specialty Drugs typically require special dosing, administration, and additional education and support from a health care professional.

### **How does Optima Health determine the prescription drug tier placement?**

Optima Health has a Pharmacy and Therapeutics Committee, which is composed of doctors and pharmacists. The committee reviews all drugs, including generics, for efficacy, safety, overall disease factors, and lastly, cost. Drugs are placed in tiers based on their review and recommendation. Most generic drugs usually fall into the Selected Generic Drugs tier (tier 1); more expensive generic drugs will be available in Select Brand and Other Generic Drugs tier (tier 2).

### **Do I have coverage if I live or travel outside of Virginia?**

Yes. With your Optima Health plan, you can receive covered benefits from network providers in all 50 states. You have access to Optima Health local network providers in the Optima Health service area and PHCS/MultiPlan national network providers outside of the Optima Health service area.

The PHCS and MultiPlan provider networks are available to you when you are seeking care outside of the Optima Health service area. These providers will appear when you use the Optima Health Doctor Search tool and you choose the POS with PHCS network.

### **Do I have emergency coverage if I travel out of the state or out of the US?**

All Optima Health plans cover emergency services no matter where you are. In any life-threatening emergency situation, always go to the closest emergency room or call 911.

Your plan also includes free emergency travel assistance whenever you are traveling 100 miles or more away from your permanent residence, or to another country. This benefit can help you and any dependents on your Optima Health plan handle and resolve your medical and travel emergencies. Treatment and services, other than emergency services, received while traveling outside of the U.S. are not covered.

### **Are other benefit carriers (dental, vision, life insurance) changing?**

All other retiree health and welfare benefit providers, including dental, vision, and group life insurance will remain unchanged for the 2020 plan year.

### **I am over 65 / on Medicare and have the city's Humana Medicare Advantage plan. Does this impact me?**

No, the transition to Optima Health does not impact Medicare eligible retiree on the city's Humana Medicare Advantage plan. However, dependents of Medicare eligible retirees who are currently on an Anthem plan will transition to the Optima Health plans effective January 1, 2020.

### **How can I find out more information?**

Additional information is available on the NNERF webpage at [www.nnva.gov/retirement](http://www.nnva.gov/retirement) and on the dedicated Optima Health website at [www.optimahealth.com/nnva](http://www.optimahealth.com/nnva). You may contact the Department of Finance, Retirement Division at 757-926-3929 or via email at [retirement@nnva.gov](mailto:retirement@nnva.gov) or call Optima Health Member Services at 757-552-7110 or 1-800-229-1199 from 8 a.m.- 6 p.m., Monday - Friday.