

FREQUENTLY ASKED QUESTIONS

HEALTH

Do I have to visit my Primary Care Physician (PCP) in order to get a referral to a specialist?

No. A referral to see a participating specialist is not a requirement of any of the plans. Before seeking services, please confirm the participation status of the specialist and be sure that all preauthorization requirements are met.

*No referral
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any of the health
care plans!*

Are urgent care centers such as Patient First considered a PCP or a specialist?

When you choose a Patient First physician or Patient First as your primary care physician, you may visit any Patient First physician at any Patient First center at any time for urgent problems. Patient First does employ specialists, so when checking in, please confirm that you are there to see a primary care physician. Please note that Patient First does not serve as a primary care physician for patients under the age of seven based on their own policy.

What do I do in case of an emergency?

You are covered for emergency care anytime, anywhere in the world. Preauthorization is not required for a medical emergency. Emergency care includes those situations in which a prudent layperson considers that emergency treatment is necessary. The Emergency Room should not be utilized for non-emergency situations. Examples of emergencies: severe bleeding, trouble breathing, chest pain, choking, suspected poisoning, broken bone. Examples of what is NOT a medical emergency: sore throat, colds, stomachache, rashes, ear aches, mild fever, vomiting. Your claim may be denied if you go to the emergency room when it is not an emergency.

Will I be covered if I need care while I am away from home?

If you have a medical emergency when you are away from home, get treatment right away. Emergency services outside of the service area will be covered at the in-network level of benefits. If you are away from home and need urgent care, we suggest you call your PCP. He/she will let you know if you should seek treatment right away or if you can wait until you return home.

What is preauthorization?

Preauthorization is Southern Health approval that is required before you receive certain medical services. Preauthorization is designed to ensure that you and your family receive the right care in the right place at the right time. Please check the website at www.southerhealth.com or call customer service at 800 627-4872 for the most current list of medical services that require a preauthorization.

Are CVS minute clinics or similar clinics an option and what is the co-pay?

Yes. You may visit these types of clinics. If you are enrolled in Southern Health then you are responsible for the insurance copayment. If you are not enrolled in Southern Health then you are responsible for the price listed by the clinic.

Is there a co-pay to get allergy injections from my physician?

No. There is no co-pay for allergy injections or allergy serum after receiving your dosage/maintenance from your physician.

What is the difference between "as needed" medication , 30 day medication and maintenance medication

- **As Needed:** Your physician writes a prescription for a certain amount of days, refillable once if needed
- **30 day:** Your physician writes a prescription for 30 days, not refillable unless authorized by physician
- **Maintenance:** Your physician may write prescription for 30 days to a maximum of 90 days, refillable many times. If you take a specific maintenance medication on regular basis, you may be eligible to get your prescription filled through the Mail Order Program. This benefit allows up to a maximum of 90 days' supply to be delivered directly to your home, and pay for only 60 days supply.

VISION

Does Hanover County offer a Vision Plan?

Yes. Southern Health offers vision benefits through an agreement with Vision Service Provider (VSP) Select Plan. You must be enrolled in Southern Health in order to have access to the vision benefits.



How do I know who is a vision provider?

Visit: <https://www.vsp.com/>

- ⇒ Click "Members"
- ⇒ Click "Find a VSP Doctor" on left side of page
- ⇒ Log-in or register to log-in (to register, you may use your Southern Health member ID)
- ⇒ Once logged in, your benefit overview will appear
- ⇒ Click "Find a VSP Doctor at top of page & enter zip code"

When making an appointment, you should still verify that the provider is currently in the VSP network.

What are my vision benefits?

- A comprehensive refractive eye exam for eyeglasses every 12 months with a \$15 copayment.
- A contact lens exam every 12 months with no copayment.
- 20% discount on pairs of prescription & non-prescription glasses, including sunglasses. (This discount is available from any VSP doctor within 12 months of the last covered eye exam from a VSP doctor).
- 20% discount on cosmetic options, including anti-reflective coatings and tinted lenses.

Is Laser Correction Surgery available?

You can have laser correction surgery at a reduced price only from VSP-approved laser surgeons and centers. You get a discount on preoperative and postoperative care. You'll save an average of 15% off the regular price or 5% off the promotional price from participating facilities.

How are eye injuries and diseases treated?

Treatment of diseases and injuries of the eye are covered under your medical benefits and are not part of your vision benefit. Refer to your plan document for information on covered medical services from a Southern Health participating ophthalmologist or optometrist. Specialist office copayments will apply.

What is the difference in the three dental plans offered by the County?

Plans	Provider Choices	Monthly Cost	Patient Co-insurance	Benefit Level	Benefit Waiting Period	Orthodontic Provider Choice	Out of Network Benefits
Premier	Best	High	High	Standard	6 months for major Services	High	Yes
Preferred (PPO)	Good	Medium	Medium	High	6 months for major services 6 months for orthodontics	High	Yes
DeltaCare	Limited	Low	Medium	Standard	None	Low	No



Does our dental insurance provide diagnostic and preventive services?

Yes, all three plans pay 100% of the cost for diagnostic and preventive services (including x-rays, exams, and cleanings).

Why didn't I receive a new ID card?

ID cards are only sent to those making a plan or tier change. If you need a replacement card, you can call Delta Dental's Benefit Services to order new cards at 1-800-237-6060 or you can print a replacement card by visiting

www.deltadentalva.com

What will happen if I go out of network?

DeltaCare:

- There are no out-of-network benefits under DeltaCare. Therefore, you will be responsible for all charges.

DeltaPreferred(PPO) & DeltaPremier:

- You will be responsible for paying the differences between the non-participating dentist's charges and Delta Dental's payment
- Benefits may be lower when visiting a non-participating dentist.
- The dentist is not required to file the claim for you, and you may be required to pay the dentist at the time services are rendered and then file a claim for reimbursement from Delta Dental.

Do we have coverage for braces under our dental insurance?

Yes, all three dental plans have orthodontic coverage.

DeltaCare:

- Treatment must be provided by a DeltaCare orthodontist.
- There is no lifetime maximum.
- There is no waiting period.

DeltaPreferred(PPO) & DeltaPremier:

- Treatment can be provided by any licensed dentist, but you will obtain maximum benefits if services are provided by a DeltaPreferred or DeltaPremier orthodontist.
- Delta Dental will pay 50% of the plan allowance up to the \$1,000 lifetime maximum for each eligible family member

*All three dental plans
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coverage!*

VIRGINIA RETIREMENT SYSTEM FAQs

1. When will I be eligible to retire?

Plan 1 - (Members hired before July 1, 2010) (includes members who previously worked under VRS and did not take a refund)



FULL Retirement Eligibility:

- Normal Retirement – Age 65 with at least 5 years of service or age 50 with at least 30 years of service.
- Law Enforcement/Firefighters (LEOS) – Age 60 with at least 5 years of service or age 50 with at least 25 years of service.

ELIGIBLE to Retirement with Reduced Benefits:

- Normal Retirement – Age 55 with at least 5 years of service or age 50 with at least 10 years of service.
- Law Enforcement/Firefighters (LEOS) – Age 50 with at least 5 years of service

Plan 2 - (Members hired after July 1, 2010)

FULL Retirement Eligibility:

- Normal Retirement – Your Social Security Full Retirement Age with at least 5 years of service or age 60 with age and service equaling 90 (example: age 60 with 30 years of service).
- Law Enforcement/Firefighters (LEOS) – Age 60 with at least 5 years of service or age 50 with at least 25 years of service.

ELIGIBLE to Retirement with Reduced Benefits:

- Normal Retirement – Age 60 with at least 5 years of service
- Law Enforcement/Firefighters (LEOS) – Age 50 with at least 5 years of service

2. Can I retire early?

You may choose to retire with a reduced benefit as early as age 50 if you have at least 10 years of service or age 55 if you have at least five years of service. Some plans have different eligibility requirements.

3. How is My Benefit Calculated?



Your benefit is based on your age at retirement; years of service, including any prior service credit you may have purchased; and your average final compensation, which is the average of your 36 consecutive months of highest

compensation. You can estimate your benefit with the VRS Online Service Retirement Calculator at www.varetire.org/Members/Calculator.

4. When will I receive my benefits?

You will be retired on the first of the month and your first monthly benefit payment will be paid to you on the first of the following month provided your retirement application is received at least 90 days prior to your retirement date.

Benefit Payout Options

5. How is My Retirement Benefit Paid?

You receive your retirement benefit in the form of a lifetime monthly benefit according to the payout option you choose when you apply for service retirement. Payout options below:

- Basic Benefit Option – you will receive lifetime benefits. If you die before all the contributions in your member account have been paid to you, the remaining funds are paid in lump sum to your designated beneficiary. If you choose this option, you cannot change your selection after your effective date of retirement.
- Survivor Option – you may choose to receive a benefit amount lower than the Basic Benefit during your lifetime in order to provide a benefit to a person you select (called a contingent annuitant) after your death. You may choose any whole percentage from 10 to 100 percent of your basic benefit to leave to your contingent annuitant. When you die, this benefit is paid to your contingent annuitant for life.
- Partial Lump-Sum Option Payment – If you choose the Basic Benefit or Survivor Option and work beyond the time you become eligible for an unreduced benefit, you may also be eligible for a partial lump-sum option payment. This option allows you to receive a lump-sum distribution of up to three times your annual benefit amount at the time you retire.
- Advance Pension Option – allows you to temporarily increase your benefit from the time you retire to an age you select (at least age 62, but no later than your unreduced retirement age under the Social Security Act).

The payout option you select at retirement is irrevocable. You cannot change it after you have submitted your retirement application. If you choose the Survivor Option, you can change it only under certain circumstances. Before deciding the best option for you, review your Handbook for Members or contact Human Resources.

Health Insurance Credit. If you retire with at least 15 years of service, you may be eligible for a monthly health insurance credit for each year of service. The amount is \$1.50 for each year of service to a maximum health insurance credit of \$45.00 per month (paid to you along with your monthly VRS retirement benefit).

6. How May I Increase My Retirement Benefits?

You may add to your VRS years of service under the Purchase Prior Service Credit Options if any of the following apply to you:

- If you received a Refund from VRS - if you withdrew a refund under a previously held VRS covered position, you are eligible to purchase that refund.

- If you worked any Non-covered service with a VRS participating provider – If you are currently an active member under VRS who was previously employed by a VRS participating employer as a part-time employee, but were not eligible for VRS coverage, you can purchase up to four years of this service. This type of service will be calculated as one month of service for each 173 hours as certified by your employer at the time.
- If you have had any Active duty military service prior to being employed in a VRS covered position – Active duty military service means full time service of at least 180 consecutive days in the United States Army, Navy, Air Force, Marine Corps, Coast Guard or their reserve components. You may purchase up to four years of service, provided this prior service is not used in the calculation of an active duty retirement pension.
- If you have had any Public/Federal Service in Other Government Agencies – You can purchase up to four years of each type of service that you previously earned while employed in a full time, permanent, salaried position, provided the service does not entitle you to a benefit with your former employer's retirement system. This is service under another public retirement system in Virginia, the retirement system or public school system of another state, employment as a civilian employee of the federal government including the Peace Corps or as an employee of a U.S. Territory.
- Leave of Absence for Military Service (No Cost) - If you were granted an official leave to serve in the Armed Forces on active duty and were employed in a VRS covered position at the time, you may be credited with service at no cost. You must not have been dishonorably discharged and you must have returned to a VRS covered position within one year of discharge.

7. How do I Purchase Prior Service Credit?

Complete the Application for Purchase of Prior Service (VRS 26). If you apply for service that requires certification from a former employer, forward the application to that employer.

8. How Much Does a Purchase of Prior Service Credit Cost?

- VRS Plan 1 Members: Within three years of becoming eligible to purchase prior service credit, your cost is based on 5% of your current salary at the time of your purchase. This three-year eligibility period begins when you first become eligible and ends three calendar years from that date regardless of whether you are eligible to purchase throughout that three-year period.
- Plan 2 Members: Within one year of becoming eligible to purchase prior service credit, your cost is based on 5% of your current salary at the time of your purchase. This one-year eligibility period begins when you first become eligible and ends one calendar year from that date regardless of whether you are eligible to purchase throughout that one-year period.
- For VRS Refunded service (Plan 1 and Plan 2 Members): If you took a refund from VRS and then returned to covered employment, you may purchase the refunded service. The cost will be based on 5% of your current salary or average compensation, depending on the payment method you use. If you have not purchased the refunded service within three years of becoming eligible, you will be required to use a lump sum payment to purchase.
- After your eligibility period, your cost is based on an actuarial equivalent rate, which is generally much higher.
- If you received a refund for previous employment in a VRS covered position, you may purchase this service credit at 5% of your current salary at the time of purchase. If you wait until after your three-year eligibility period, your cost will be at the 5% rate but you must make your purchase with a lump-sum payment.

9. What Do I Need To Do and When?

Five or More Years to Retirement:

- Attend a VRS Retirement Seminar
- Review your contributions to the County's Lincoln Alliance Program (deferred compensation program). If you have not enrolled under the Lincoln Alliance Program, it is never too late to start.

Within Five years of Retirement:

- Attend a VRS Group Counseling Session

Within 18 Months of Retirement:

- Request a retirement estimate from VRS or Human Resources

Within 6 Months of Retirement:

- Notify Human Resources of your intent to retire. Human Resource will complete a VRS estimate for you.
- Review purchase of prior services credit to make sure all purchases will be made before your retirement date
- Obtain a copy of your birth certificate
- If you have chosen the survivor option you will need a copy of their birth certificate.

Within 90-120 Days Prior to your Retirement:

- To begin receiving your retirement benefits as soon as possible after you retire, submit your application for retirement to Human Resources at least 90 days (but no earlier than six months) before your planned retirement date.
- Review your beneficiary designations and submit any changes to Human Resources.

10. Can I work after retirement?

If you retire from VRS and decide to go back to work in a VRS covered position, your retirement benefits will stop and you will again become an active member. When you retire again, your monthly benefits will be recalculated to include additional service. Your benefit will be based on the benefit payout option you selected the first time you retired.