

# My Benefits at Retirement

Benefits Unit, Public Service Commission



## Congratulations on your retirement!

This guide has been created to give you information on the impact that retirement will have on your benefits coverages and costs.

Keep in mind that this guide applies specifically to:

- Employees retiring from the Province of Nova Scotia who will be in immediate receipt of a monthly pension from the Province of Nova Scotia Public Service Superannuation Plan.
- Employees retiring from member employers who will be in immediate receipt of a monthly pension from the Province of Nova Scotia Public Service Superannuation Plan and currently participate in the Province of Nova Scotia Employee Health, Life insurance, and Pension plans. Please contact your employer to confirm eligibility for these benefits.

The Benefits Unit staff at the PSC is available to answer any of your questions. We sincerely hope that you find this guide useful and wish you all the best in your retirement.

### What you need to do

- Review this guide to ensure you understand the benefits available to you as a retired civil servant. Note the differences in the Health plan benefits.
- Review the enclosed Worksheet/Checklist to help you calculate the cost of your benefits at retirement and to help you decide if you want to continue these benefits or make any changes.
- Complete the enclosed *Beneficiary Nomination* form, **only** if you need to update this information.
- Complete the enclosed *Retired Employee Benefits Change Request* form, **only** if you want to reduce or cancel any coverage.
- Enjoy your retirement!

### What you can expect

- If you are presently enrolled in the Province of Nova Scotia Employees Life insurance and Health benefits plans just prior to retirement, membership in these plans will **automatically be transferred** into the retiree benefit plans at retirement to ensure there is no lapse in coverage. No forms are required.
- If you are not enrolled in the Province of Nova Scotia Employees Health benefits prior to retirement and are eligible to join the Province of Nova Scotia Retired Employee Health plan, you will need to complete and submit an Application for Retired Employee Group Health Benefits to join the plan.
- The costs of your retiree benefits will be deducted from your monthly pension payment. Typically, the initial deductions will be reflected on your second pension payment and will be retroactive to the beginning of your retirement. Thereafter the deductions will occur each month.

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[Benefits Unit, Public Service Commission](#)

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902-424-3240

## Retired Employee Group Life Insurance\*

The amount of Employee Basic and Optional Group Life Insurance coverage you had in place immediately prior to your retirement can be continued, or it can be reduced or cancelled. There is no action required on your part if you decide to continue this insurance at your pre-retirement coverage level. But if you decide to reduce or cancel the coverage, you will need to complete a *Retired Employees Change Request* form. Once coverage is reduced or cancelled, it cannot be reinstated. Depending on your age at retirement, coverage can be extended as follows:

- If you are under age 65 when you retire, Retiree Group Life insurance coverage will continue until you reach age 65.
- If you are age 65 or over at retirement, Retiree Group Life insurance coverage will terminate 3 months after your retirement date.

### Life Insurance Conversion Option

Once you are no longer eligible for Retired Employee Group Life insurance per the above termination rules, you will be offered a 31-day Conversion Option. During this period, you will have the option to convert your group life insurance coverage to an individual life insurance policy (up to a maximum of \$200,000) without having to be medically approved by the insurer. The Benefits Unit, PSC will notify you in advance of the coverage termination date with details on the conversion process.

### Spouse and Child Optional Life Insurance

Spouse Optional Life insurance and Child Optional Life insurance are not available after retirement. Spouse Optional Life insurance can be converted to an individual plan at retirement. Child Optional Life insurance cannot be converted. For more information on the Spouse Optional Life insurance conversion option, please contact Sun Life at 1-877-893-9893.

### Beneficiary Nomination

Your life Insurance beneficiary nomination(s) are kept on file at the Benefits Unit, PSC. To update your beneficiary(ies), please complete and submit an original signed *Beneficiary Nomination* form to the address on the form:

<https://beta.novascotia.ca/nominate-beneficiaries-your-basic-and-optional-life-insurance-plans>

*\*Available to the retirees of the Province of Nova Scotia and some participating Member Employers. Check with your employer for eligibility.*

#### Do you know who your beneficiary is?

Life happens. You can change your beneficiary at any time by submitting a *Beneficiary Nomination* form. See page 9.

#### Don't have a beneficiary nominated?

In the absence of a nominated beneficiary, proceeds are paid to your estate.

#### What is a Contingent Beneficiary?

You can also nominate a Contingent Beneficiary who would receive the Life Insurance proceeds if the primary beneficiary is deceased at time of claim. See Page 9.

## Retired Employee Health Plan\*

Your coverage under the Employee Health and Dental plan will remain in place for 28 days after your retirement date. Thereafter you (and your eligible dependents) will automatically be enrolled in the Retired Employees Health plan to ensure there is no lapse in coverage.

### What you can expect:

- All your previous health plan claims history with Medavie Blue Cross will transfer with you and will be applied to benefit maximums under the Retirees Health plan.
- Your Blue Cross identification number will stay the same but your Medavie Blue Cross group policy number will change once you are transferred into the Retirees Health Plan.  
Please advise your providers who direct bill (i.e. pharmacy) of your new policy number:
  - Under 65 on retirement: Policy # 0016000001
  - 65 & over on retirement: Policy # 0016500001
- You will receive new Blue Cross cards about 4-5 weeks after your retirement

### Important to note:

- The Retired Employee Health plan has different co-pay amounts and benefit maximums than the Employee Health Plan.
- The Retired Employee Health plan does **not** include Travel coverage or Dental benefits.
- At age 65, prescription drug coverage ceases to be a benefit regardless if you are an employee or retiree. If your spouse is under 65, their drug coverage will stay in place until their 65th birthday.
- After age 65, your other health benefits (ie. eyeglasses, physiotherapy, semi-private hospital room, etc.) will continue.

*\*Available to the retirees of the Province of Nova Scotia and some participating Member Employers. Check with your employer for eligibility.*

### Drug Coverage under this plan stops at AGE 65

For drug coverage past age 65 please contact the Seniors or Family Pharmacare programs:

<https://novascotia.ca/dhw/parmacare/>

### Need to make a change to your Health Plan?

Complete a *Retired Employee Benefits Change Request* form.  
See page 8.

### Travel and Dental coverage after retirement

The Nova Scotia Government Retired Employees Association (NSGREA) offers Travel and Dental coverage to Retirees of the Provincial Government. For more information, please contact the NSGREA for details:  
[www.nsgrea.ca](http://www.nsgrea.ca)

## Benefits Comparison

The following chart highlights important information that employees need to know about their group insurance benefits and the changes to expect upon retirement. Because some employees will retire before age 65, we've provided a breakdown of benefits based on whether you are still working (active member), a retiree who is under age 65, or a retiree who is age 65 and over.

<b>Province of Nova Scotia Government Employees and Retirees Benefits</b>			
<b>Benefit</b>	<b>Active Member (Employee)</b>	<b>Retired (Under Age 65)</b>	<b>Retired (Age 65 and over)</b>
Health Plan Premium Cost-Share	65% paid by Employer, 35% paid by Employee/Retiree.	65% paid by Employer, 35% paid by Employee/Retiree.	65% paid by Employer, 35% paid by Employee/Retiree.
Health – Prescription Drugs. The plan will cover mandatory generic or lowest priced interchangeable drug substitution.	Yes. Co-pay = Dispensing fee Coverage <b>stops at age 65</b>	Yes. Co-pay = \$5.00 Coverage <b>stops at age 65</b>	No.  Coverage <b>stops at age 65</b>
Weight Loss, Sexual Dysfunction Drugs	Yes. Coverage <b>stops at age 65</b>	No. Coverage ends when you retire.	
Health – Paramedical Practitioners	Yes.  Overall combined maximum of \$1500 per calendar year for:  Speech Therapist, Chiropodist/Podiatrist, Occupational Therapist, Physiotherapist, Acupuncturist, Massage Therapist, Chiropractor, Dietitian, Audiologist, Naturopath, Osteopath, Homeopath.  \$5000 combined maximum per calendar year for Psychologists, Social Worker, Registered Counseling Therapist, or Psychotherapist.	Yes.  \$25 per visit, 20 visits per calendar year for Physiotherapist, Massage Therapist and Acupuncturist combined.  \$25 per visit, 20 visits per calendar year for each of Speech Therapist, Occupational Therapist, Chiropodist/ Podiatrist and Chiropractor.  \$300 per calendar year for Psychologists.	
Health – Private Duty Nursing	\$5,000 every 12 months.	\$10,000 every 12 months.	
Health – Vision Care	Yes. \$300 for frames every 2 consecutive calendar years. Eye exam coverage is up to the Reasonable & Customary limit and every 2 consecutive calendar years. (every calendar year for dependent children under 18).	Yes. \$150 for frames every 2 consecutive calendar years. Eye exam coverage is up to the Reasonable & Customary limit every 2 consecutive calendar years. (every calendar year for dependent children under 18).	
Health – Hearing Aids	\$1000 per ear every 3 consecutive years.	\$600 per ear every 5 consecutive years.	

**Province of Nova Scotia Government Employees and Retirees Benefits**

<b>Benefit</b>	<b>Active Member (Employee)</b>	<b>Retired (Under Age 65)</b>	<b>Retired (Age 65 and over)</b>
Health – Medical Equipment (wheelchair, insulin pump, etc.)	Yes. Subject to internal plan maximums. Refer to Employees Health Plan booklet for details.	Yes. Subject to internal plan maximums and lifetime maximum of \$10,000. Refer to Retired Employees Health Plan booklet for details.	
Health Coaching, Gender Affirmation, Pharmacogenetic Testing, Family Bonding Benefits, Vaccines	Yes. Subject to internal plan maximums.	No. Coverage ends when you retire.	
Health – Emergency Travel	Yes.	No. Coverage ends when you retire.	
Dental	Yes. Refer to Employees Health Plan booklet for details.	No. Coverage ends when you retire.	
Employee Basic Life Insurance and Employee Optional Life Insurance	Yes.  Basic Life insurance premiums are 50% Employer paid and 50% Employee paid.  Optional Life premiums are 100% Employee paid.	Yes.  Original employee life insurance amounts can stay in place, or be reduced or cancelled. Coverage cannot be reinstated at a later date.  Coverage stops at age 65 and then 31-day conversion option is available.  Premiums are 100% Retiree Paid	Coverage terminates 3 months past retirement date and then 31-day conversion option is available.  Premiums are 100% Retiree Paid
Spouse Optional Life	Yes.  Coverage ends the earliest of the employee's 70 <sup>th</sup> birthday, or the spouse's 70 <sup>th</sup> birthday, or employee's retirement date. 31-day conversion option is available.	No.	
Child Optional Life	Yes.  Coverage ends the earliest of employee's retirement date or when the child no longer meets the eligibility criteria.	No.	
Living Benefit Loan (Employee Basic Life Insurance)	Yes. Loan is available.	No. Coverage ends when you retire.	
Long-Term Disability	Yes.	No. Coverage ends when you retire.	

This summary supersedes all previously issued summaries prepared by the Benefits Unit, PSC for Health and life. Although every effort has been made to summarize the benefits as of the issue date, the benefits may be changed at any time. This summarizes the benefits and some of the provisions of your group insurance plans but does not include all details, provisions, exclusions, and limitations. It is not a legal document, does not constitute the group insurance policies, and is not an official contract of insurance; nor does it create or confer any contractual or other rights. Every effort has been made to ensure that the information is accurate, but it is not a full statement of your contractual rights and obligations. If there is any question as to interpretation, all rights with respect to an insured person will be governed solely by the official group insurance policies and/or applicable trust agreements, regulations, and guidelines. You may obtain a copy of the official group insurance policies by visiting <https://beta.novascotia.ca/benefits-government-retirees-forms-and-documents>

## Who to Contact

There is a team of people ready to help you.  
Please find the topic you have questions about and call or click!

- Change your Beneficiary
- Reduce or Cancel Coverage
- Add / Remove Dependents from your Health plan

- **Complete the form(s) on Pages 8 and/or 9**
- **For questions, contact the Benefits Unit, PSC Benefits@novascotia.ca (902) 424-3240**

- Change your name / date of birth
- Address change
- Change in Marital Status

- **Nova Scotia Pension Services Corporation**
- **pensionsinfo@nspension.ca**
- **1-800-774-5070**

- Questions about your medical claims history
- Need to find a health care provider

- **Medavie Blue Cross**
- **www.medaviebc.ca**
- **1-800-667-4511**

- Drug Coverage at AGE 65

- **Nova Scotia Seniors Pharmacare Program**
- **1-800-544-6191**

- Travel or Dental Coverage after retirement

- **Nova Scotia Government Retired Employees Association**
- **office@nsgrea.ca**
- **1-800-677-8666**

- Life Insurance conversion once group life insurance has ended

- **Sun Life**
- **1-877-528-7655**

**Instructions: FOR YOUR USE ONLY.**

**Consider the following questions:**

1. Determine your current levels of coverage, costs and/or beneficiary(ies):

- Log into ESS at <https://prov-portal.cfms.gov.ns.ca/irj/portal>.  
\*If you do not have access to ESS, please contact your Benefits/Payroll department.
- Under My Benefits, click on Display Benefits/Beneficiaries and complete the following:

Health Coverage: (circle one) Single / Family  
 Basic Life Insurance: Volume: \$ \_\_\_\_\_ Biweekly premium: \$ \_\_\_\_\_  
 Optional Life Insurance: Volume: \$ \_\_\_\_\_ Biweekly premium: \$ \_\_\_\_\_

2. Determine your benefits costs at retirement:

- Circle the monthly Retiree Health rate that applies to you:

Benefit	Coverage	Monthly Rate Under age 65*	Monthly Rate Age 65 & Over*
Health	Single	\$28.73	\$15.26
	Family	\$63.74	\$30.61

- Calculate your monthly Life Insurance costs:

Benefit	Coverage (from ESS)	Multiply by Rate*	Equals	Divide by 1,000	Equals your retiree monthly cost*
Basic Life	\$ _____	X 0.159	=	/1000 =	

Benefit	Biweekly premium (from ESS)	Multiply by 26	Equals	Divide by 12	Equals your retiree monthly cost*
Optional Life**	\$ _____	X 26	=	/12 =	

- 3. If you want to make any changes to your benefits coverages, please complete and submit a Retired Employee Benefits Change Request form.
- 4. If you want to change your beneficiary, please complete and submit a Beneficiary Nomination form.

For more information on the benefits costs please see: <https://beta.novascotia.ca/benefits-government-retirees-forms-and-documents> or call the Benefits Unit, PSC at 902-424-3240.

\*All rates noted in this document are subject to change without notice. In particular, Optional Life rates are based on 5- year age banded rates and costs will automatically increase as you move through the age bands.

\*\*You must have Basic Life in order to continue your Optional Life coverage.

**Instructions:** To make changes to your coverage: 1) complete, 2) sign, 3) date and 4) submit this form to the Benefits Unit.

**Return original signed form to:** Benefits Unit, Nova Scotia Public Service Commission, P.O. Box 943, Halifax, NS B3J 2V9

**IF NO CHANGES ARE REQUIRED TO YOUR BENEFITS COVERAGE, DO NOT COMPLETE THIS FORM.**

**Section 1: Retiree Information**

Last Name	First Name	Employee ID	Date of Birth (DD-MM-YYYY)
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**Section 2: Retired Employee Health Plan**

Change coverage to:	Single	Family	Cancel Coverage
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**Eligible Dependents**

Spouse Last Name	Spouse First Name	Gender (M/F)	Date of Birth DD/MM/YYYY	Date of Cohabitation if Common Law	Indicate 'A' to add an individual; or 'R' to remove
Child Last Name	Child First Name	Gender (M/F)	Date of Birth	Status*	

(\*): Dependent Status:

Student - If dependent child is over age 21 and attending an accredited school, college or university an Overage Dependent Form is required Disabled - if the dependent child is physically or mentally disabled (Medavie Blue Cross approval required)

Grandchild - Required approval by the plan administrator - Proof of financial dependence is required for coverage of a grandchild

**Section 3: Life Insurance**

- I wish to REDUCE my Basic Life Insurance to \$ \_\_\_\_\_ (use multiples of \$1,000)
- I wish to REDUCE my Optional Life Insurance to \$ \_\_\_\_\_ (use multiples of \$1,000)
- I wish to CANCEL my Basic Life Insurance
- I wish to CANCEL my Optional Life Insurance

**Section 4: Declaration and Authorization**

Changes indicated above take effect on the date this form is received by the Benefits Unit, PSC.

Upon cancellation/reduction, I understand that I cannot reenroll in the Basic and/or Optional Life plans at a later date.

I understand that the personal information provided herein, as well as any other personal information currently held or collected in the future may be collected, used or disclosed to administer the terms of my policy or the group policy of which I am eligible member, to recommend suitable products and services to me, and to manage the providers' business. I understand that my personal information will be kept confidential and secure. I understand that I may revoke my consent at any time, however, in some instances doing so may prevent providers from providing me with the requested coverage or benefits. I understand why my personal information is needed and I am aware of the risks and benefits consenting or refusing to consent to its disclosure. I certify that all information contained herein is correct and hereby authorize payroll deductions, if required. If applying for benefits for my spouse and/or dependents, I certify that I am authorized to release information concerning my spouse and/or dependents, for the purposes of administering and managing the benefit plan. A photocopy of this authorization shall be valid as the original.

Member's Signature:	Date:
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**Instructions:** Please complete, sign and date this form. Initial any changes or deletions, but do not use correction fluid. By completing section 2, 3 or 4 all previously nominated beneficiaries, contingent beneficiaries and trustees are revoked.

**Please ensure that the percentage column for each section totals 100%. Please do not use fractions or decimals.**

\*This form applies to Employee Basic and Employee Optional Life proceeds only. For Spouse and Child Optional Life Insurance, the employee is the designated beneficiary.

**Return to:** Nova Scotia Public Service Commission, Benefits, P.O. Box 943, Halifax, NS B3J 2V9 or 5<sup>th</sup> Floor, World Trade Centre

**Section 1: Member Information**

Last Name:	First Name:	DOB: (DD/MM/YY)	Department:	Employee/Retiree ID Number:
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**Section 2: Beneficiary Nomination (to be completed by the Member)**

If you are nominating a beneficiary who is a minor (19 and under) see **Section 4**. If there are no surviving beneficiaries at the time of my death or if no beneficiaries are nominated, the proceeds shall be paid to my estate.

(No Decimals)

Last Name:	First Name:	Relationship to Member:	DOB: (DD/MM/YY)	Percentage:
Last Name:	First Name:	Relationship to Member:	DOB: (DD/MM/YY)	Percentage:
Last Name:	First Name:	Relationship to Member:	DOB: (DD/MM/YY)	Percentage:
Last Name:	First Name:	Relationship to Member:	DOB: (DD/MM/YY)	Percentage:
Last Name:	First Name:	Relationship to Member:	DOB: (DD/MM/YY)	Percentage:

**Section 3: Appointing Contingent Beneficiaries**

If there are no surviving beneficiaries at the time of my death, I declare that the following contingent beneficiaries shall receive the proceeds. If there are no surviving contingent beneficiaries at the time of my death, the proceeds shall be paid to my estate. Unless I specify otherwise, my contingent beneficiaries will apply to all benefits for which I have coverage. I revoke all previous contingent beneficiary appointments.

(No Decimals)

Last Name:	First Name:	Relationship to Member:	DOB: (DD/MM/YY)	Percentage:
Last Name:	First Name:	Relationship to Member:	DOB: (DD/MM/YY)	Percentage:
Last Name:	First Name:	Relationship to Member:	DOB: (DD/MM/YY)	Percentage:
Last Name:	First Name:	Relationship to Member:	DOB: (DD/MM/YY)	Percentage:

**Section 4: Trustee Nomination for Minor Beneficiary**

Any payments becoming due while the beneficiary(s) is a minor, are to be paid to the following as a trustee or failing such trustee to the duly appointed guardian of such minor child as trustee. Payment to said trustee will discharge the company.

Last Name:	First Name:	Relationship to Member:	DOB: (DD/MM/YY)	Contact Phone Number:
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**Section 5: Authorization**

I authorize Sun Life Assurance Company of Canada, my employer, its agents and service providers, its reinsurers and their service providers to collect, use and disclose relevant information collected about me to underwrite, administer my benefits and pay claims.

<b>Member's Signature:</b>	<b>Department:</b>	<b>Date:</b>
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*Note: Date of birth for beneficiaries is optional information. If provided it would be used to assist in beneficiary identification* FORM BEN 2019/03