Fairfax County Government
Health, Vision and Dental Premiums for Employees
January 1, 2015 – December 31, 2015

	Full Time Premiums					Part Time Premiums*		
	Total Premium Cost	County Bi-Weekly Share	Employee Bi-Weekly Share	Difference from 2014		County Bi-Weekly Share	Employee Bi-Weekly Share	Difference from 2014
OAP Co-Pay Plan managed by Cigna								
Individual	$738.64	$289.77	$51.14	$3.77		$144.89	$196.02	$14.44
2 Party	$1,440.20	$498.53	$166.18	$12.26		$249.27	$415.44	$30.63
Family	$2,148.90	$743.85	$247.95	$18.28		$371.93	$619.87	$45.70
OAP 90% Co-Insurance managed by Cigna								
Individual	$623.49	$244.60	$43.16	$2.23		$122.30	$165.46	$8.57
2 Party	$1,225.24	$424.12	$141.37	$7.33		$212.06	$353.44	$18.33
Family	$1,801.69	$623.66	$207.89	$10.78		$311.83	$519.72	$26.94
OAP 80% Co-Insurance managed by Cigna**								
Individual	$453.72	$178.00	$31.41	$1.62		$178.00	$31.41	-$82.77
2 Party	$884.56	$306.20	$102.06	$5.28		$153.10	$255.16	$13.20
Family	$1,319.92	$456.90	$152.30	$7.88		$228.45	$380.75	$19.70
Kaiser-Permanente HMO								
Individual	$574.83	$225.52	$39.79	$2.11		$112.76	$152.55	$8.09
2 Party	$1,120.20	$387.76	$129.25	$6.85		$193.88	$323.13	$17.15
Family	$1,666.27	$576.79	$192.26	$10.20		$288.39	$480.66	$25.51
Dental								
Individual	$42.08	$9.71	$9.71	$0.54		$4.86	$14.57	$0.82
2 Party	$79.54	$18.36	$18.36	$1.04		$9.18	$27.53	$1.55
Family	$131.08	$30.25	$30.25	$1.71		$15.13	$45.37	$2.56

*Part-time premiums apply to benefit-eligible employees (merit) hired after July 3, 2009, scheduled to work 30 hours or less per week and all Status B employees.
**Part-time premium rate for Individual coverage in the Cigna 80% Co-Insurance Plan has been adjusted to comply with Affordable Care Act (ACA).