

Open Enrollment Guide for Employees

2016 Plan Year



Open Enrollment: Oct. 1 - Oct. 22

Enroll through FOCUS ESS

Employees can make their 2016 benefit elections through FOCUS Employee Self Service (ESS). Simply log on to Employee Self-Service and click on the My Benefits tab. Click through the tabs to update dependents, make Open Enrollment changes or to obtain further instructions by viewing the Quick Step Enrollment Guide.

The annual Open Enrollment period for county employees will run from Thursday, October 1, 2015 through Thursday, October 22, 2015. During this period, benefits-eligible employees may elect or make changes in plans, levels of coverage or dependents covered in the county's benefit program. All changes in coverage will be effective on January 1, 2016.

For the 2016 plan year, the county will continue to offer the three self-insured plans managed by Cigna, the fully insured HMO managed by Kaiser-Permanente along with a Consumer Directed Health Plan (CDHP) with a Health Savings Account (HSA). The MyChoice CDHP has a high deductible with a lower per pay period cost (see insert).

The information provided in the following pages is designed to help you select the best Medical Plan for you and your family. Please take the time to read the information provided. In addition to this guide and on-site Open Enrollment presentations, the county will be introducing an on-line interactive plan comparison tool called ALEX. You will be able to access ALEX from your computer, tablet or smartphone anytime, anywhere and as many times as you want. Stay tuned for the ALEX introduction.

MyChoice CDHP with HSA	OAP 90% Co-Insurance Plan	OAP 80% Co-Insurance Plan	OAP Co-Pay Plan	Kaiser Permanente HMO
Fairfax County Medical Plans managed by Cigna				Local HMO medical center based design. Co-pay structure for in-network services at centers. No out-of-network benefits available.
Lowest premium cost. High deductible, 90% co-insurance plan with a Health Savings Account. County contribution of 40% of deductible to HSA	Co-insurance plan with a modest deductible and 90% co-insurance on in-network services. Features low out-of-pocket maximum.	Low premium cost. Co-insurance plan with annual deductible and 80% co-insurance for in-network services.	Co-pay structure for in-network services; Co-insurance with annual deductible for out-of-network services.	

Plan Change Highlights for 2016

Cigna Co-Pay Plan – Increase in office visit co-pays

- Primary Care from \$15.00 to \$25.00
- Specialist from \$30.00 to \$50.00

Cigna 90% Co-insurance Plan – Increase in Out-of-Pocket maximum

- In-network Individual \$1,500/Family \$3,000
- Out-of-network Individual \$3,000/ Family \$6,000

All current County Plans administered by Cigna –

- Increase in Urgent Care co-pay from \$25 to \$50
- Increase in Pharmacy annual Out-of-Pocket
 - Individual \$1,500/Family \$3,000

NEW MyChoice CDHP with HSA –

- Managed by Cigna
- Lowest premium plan
- High deductible health plan with a Health Savings Account
 - Deductible: Individual \$1,300, Family \$2,600
- County contribution to HSA at 40% of deductible

Kaiser-Permanente – Open to Medicare Eligible Retirees and their dependents

Standard Life Insurance – Increase in Optional Life Age-Banded Rates

What to Consider When Choosing Your Health Plan

To assist you in determining the most cost effective plan to meet your healthcare needs, the county is providing ALEX, an on-line interactive plan comparison tool. ALEX will take you through a series of questions to build your profile and then will provide you with cost estimates based on your profile and plan premium costs. You will be able to access ALEX from your computer, tablet or smart phone, anytime, anywhere and as often as you like by logging onto www.myalex.com/fairfaxcounty/2016

If you feel you need more plan specific information after your review with ALEX, you can review the plan comparison on pages 6-8, attend one of the on-site Open Enrollment Presentations or review the Summary of Benefits and Coverage or full Summary Plan Descriptions on the 2016 Open Enrollment Page of FairfaxNet.

Once you have made your health plan selection, you can make your 2016 benefit elections through FOCUS Employee Self-Service (ESS). After completing your elections for 2016, review your choices and **SAVE** your selections. You may change any of your elections during the Open Enrollment period, October 1 – October 22. The FOCUS ESS will close at midnight on Thursday, October 22nd and your elections will then be finalized. **Please print a confirmation of your 2016 elections for your records.**

MotivateMe Wellness Incentive Rewards Program

Employees participating in one of the Cigna sponsored Health Plans have the opportunity to earn up to \$200 a year in wellness rewards by taking part in healthy activities sponsored by Cigna and the LiveWell program. The enrolled employee is eligible to participate; if you are an employee who is covered as a dependent on another employee's medical plan you are not eligible to participate at this time.

The 2016 MotivateME program will start on October 1, 2015 and run through September 30, 2016. To begin earning rewards, you will need to logon to www.myCigna.com and take the on-line health assessment. (Please note: Completion of the health assessment including your biometric numbers is required before any wellness rewards can be credited to you. Taking the health assessment is required every year, so if you took it in 2015, you will need to take it again after October 1 for the 2016 program.

How can I earn wellness rewards after completing the health assessment?

You can earn rewards throughout the year by getting your annual physical, dental check-ups, and vision exam. You can also earn rewards by participating in any of Cigna's on-line coaching programs, or enroll in any of the workshops or webinars sponsored by LiveWell. You can also earn rewards by participating in the annual Employee Health and Fitness Day or compete with your friends and co-workers in any of the Wellness Challenges offered during the year. For more information see the 2016 Program Flyer included in your Open Enrollment Kit.

How do my activities get credited to me?

Some activities are automatically credited to you when you complete the activity, such as the health assessment, annual physical and any Cigna on-line coaching programs. Other activities you will be able to self-report once your health assessment has been submitted and credited to your program.

How can I track my wellness rewards progress?

Your incentive points are tracked on the www.myCigna.com site. You can track and post your activities by logging in and clicking Manage My Health>>Wellness Incentive Awards Program.

How and when do I get paid my wellness rewards?

The rewards you earn in 2016 will be paid into a HealthCare Flexible Spending Account (FSA) or Health Savings Account (HSA) depending on your plan selection, on January 1, 2017. If you do not participate in a HealthCare FSA, an account will be opened for you unless you elected the MyChoice plan. You can then use your rewards dollars to offset co-payments, deductibles and co-insurance costs for the 2017 plan year.

Although premiums are going up this year...

Any employee who earned the full \$200 by taking advantage of the MotivateME Incentive Rewards Program effectively reduced their premium increase for 2016 by \$7.69 per pay period!

Make sure you participate in MotivateME now and maximize your 2016 rewards!

Benefits for Income Protection and Security

Group Term Life Insurance - Increase in Optional Rates

Fairfax County offers group term life insurance to merit employees through The Standard Insurance Company, a leading provider of life and disability insurance across the nation. All eligible employees are provided with Basic Term Life and Accidental Death and Dismemberment coverage equal to one times their annual salary rounded to the next higher \$1,000 with maximum coverage of \$350,000. The county pays the full cost of this coverage for active employees. Employees have the opportunity to purchase additional voluntary coverage as follows:

- **Optional Group Term Life Insurance and Accidental Death and Dismemberment Insurance** are available in amounts equal to one, two, three or four times annual salary rounded to the next higher \$1,000, to a maximum coverage of \$1 million. These amounts are in addition to basic coverage and employees are responsible for 100 percent of the associated premium based on the current age-banded

Benefits for Income Protection & Security

rates. Coverage is term life insurance and has no cash value from which to borrow. For a schedule of these age-banded rates, refer to the Benefits page on FairfaxNet or contact the on-site Standard Insurance Representative at 703-324-3351.

- **Spouse and Dependent Life Insurance** is available under this program. Two dependent life options are available:

	Spouse	Child	Rate/Month
Option 1 (Low)	\$10,000	\$5,000	\$2.64
Option 2 (High)	\$15,000	\$7,500	\$5.30

The plan requires Evidence of Insurability (EOI) and approval by Standard Life Insurance underwriters when electing any optional coverage in excess of two times annual salary, spouse coverage or any optional coverage elected after the 30 days of initial eligibility.

Coverage amounts for employees are reduced to 65 percent of the original face value when the employee turns 65 or retires, whichever comes first. Coverage for active employees reduces to 50 percent of the original face amount at age 70 (for retirees, coverage reduces to 30 percent of the original face value of the policy at age 70). Reductions in coverage take effect the first of the month following the reduction event. Premiums for optional coverage will be based upon the new reduced amounts.

Other features of the Group Term Life Coverage include:

- Portability and conversion opportunities for employees leaving the county for reasons other than retirement for participants under age 65.
- Accelerated Benefit Option for employees diagnosed with a terminal illness with a life expectancy of less than 12 months.
- United Healthcare Global, a program designed to respond to most medical care situations and emergencies when traveling more than 100 miles from home.

Note: Amounts of coverage over \$50,000 may result in imputed income to the employee. These amounts (if applicable) are reported on the county's pay advice available each pay period through the Employee Self-Service module of FOCUS.

Group Long-Term Disability

Fairfax County offers a voluntary Long-Term Disability insurance plan through The Standard Insurance Company, which provides a monthly benefit in the event of an accident or extended illness. Employees pay the full cost of this benefit on an after-tax basis. The monthly benefit covers up to 60 percent of monthly basic earnings up to \$5,000 per month in the event of a qualifying disability.

Benefits paid under this plan are reduced by any amounts received from other specified sources such as Social Security disability, retirement benefits or county disability retirement benefits (see plan summary on FairfaxNet for a complete list). The minimum monthly benefit will be the greater of 10 percent of gross monthly benefit or \$100. Long-term disability benefits are tax-free as premiums are not deducted on a pre-tax basis.

Benefits will begin on the 61st day of a qualified disability. Premiums are based on age and salary. Coverage after the initial 30-day eligibility period requires Evidence of Insurability and the approval of Standard Insurance underwriters. For more information on this benefit, log on to the Benefits section of FairfaxNet.

Focus on Wellness

LiveWell

LiveWell is focused on improving employee health and well-being, while serving to curb rising healthcare costs. The LiveWell Program encourages employees to stay active, educate themselves on various health topics, and take charge of their own health. Some of the ways LiveWell supports these goals is by providing:

- Reduced membership fees at Fairfax County RECenters
- Weight Watchers member discounts
- Smoking cessation telephonic and online coaching programs
- Free on-site flu vaccination clinics
- Annual Employee Health and Fitness Day
- Health Assessments

Health Assessments

Good Health doesn't just happen. Employees and their families are encouraged to become more actively engaged in the ongoing management of their health and welfare. In 2014, the county rolled out online Health Assessments available for employees and retirees covered by one of the five county medical plans. This is a confidential questionnaire that takes approximately 20 minutes to complete. Once the online questionnaire is completed and submitted, you will receive feedback on your current health status as well as recommendations to improve any areas in which you are at risk.

- Cigna's online Health Assessment can be found at: www.myCigna.com
- Kaiser Permanente's online Health Assessment can be found at: www.kp.org/register

Flu Shot Clinics

LiveWell will be sponsoring on-site Flu Shot Clinics at various county locations throughout the months of September and October. Flu shots are provided by trained nurses and are free for employees and retirees. Flu shots will also be offered at the Benefit Fairs held during Open Enrollment. For a complete list of Flu Shot Clinics please visit the LiveWell Page on FairfaxNet.

LiveWell Sponsored Events

Throughout the year, LiveWell will be sponsoring an assortment of other events including: wellness and fitness challenges, on-site workshops, online lunch-and-learn sessions, and more! Employees will receive education and tips on topics such as:

- Heart Health
- Goal Setting
- Nutrition
- Fitness
- Cancer Prevention
- Blood Pressure
- Sleep
- Hydration
- Diabetes
- Weight Loss
- Stress
- And more!

Employees who participate in Cigna's MotivateME Wellness Incentive Program will receive rewards for their participation in these programs. For more information on this program, please see page 3.

	MyChoice CIGNA CDHP		CIGNA OAP 90% Co-Insurance Plan	
	In-Network - National	Out of Network	In Network - National	Out of Network
Primary Care Physician (PCP)	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met
Specialty Care	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met
HSA Fund	County Fund contribution: \$520 Individual/ \$1,040 Family		Not eligible for Fund	Not eligible for Fund
Annual Deductible	\$1,300 Individual \$2,600 Family	\$2,600 Individual \$5,200 Family	\$100 Individual \$200 Family	\$200 Individual \$400 Family
Annual Out-of-Pocket Limit	\$4,000 Individual \$8,000 Family	\$8,000 Individual \$16,000 Family	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family
Preventive Care – All Ages Routine Preventive Care Immunizations Mammogram, PAP, PSA Tests	Plan Pays 100%	Through age 17: Plan pays 70% co-insurance, no plan deductible Ages 18 and above: Plan pays 70% co-insurance after plan deductible is met	Plan Pays 100%	Through age 17: Plan pays 70% co-insurance, no plan deductible Ages 18 and above: Plan pays 70% co-insurance after plan deductible is met
Inpatient Hospital Facility	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met
Outpatient Facility Services	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met
Outpatient Professional Services	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met
Chiropractic Care	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met. Maximum 12 visits per year	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met. Maximum 12 visits per year
Hearing Aids	Plan pays 90% co-insurance no deductible Maximum benefit is \$2,800 every 36 months	Plan pays 90% co-insurance no deductible Maximum benefit is \$2,800 every 36 months	Plan pays 90% co-insurance no deductible Maximum benefit is \$2,800 every 36 months	Plan pays 90% co-insurance no deductible Maximum benefit is \$2,800 every 36 months
Vision Therapy	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met
Emergency Room	\$150 per visit (co-pay waived if admitted); then Plan pays 100%	\$150 per visit (co-pay waived if admitted); then Plan pays 100%	\$150 per visit (co-pay waived if admitted); then Plan pays 100%	\$150 per visit (co-pay waived if admitted); then Plan pays 100%
Urgent Care Facility	\$50 per visit (co-pay waived if admitted); then Plan pays 100%	\$50 per visit (co-pay waived if admitted); then Plan pays 100%	\$50 per visit (co-pay waived if admitted); then Plan pays 100%	\$50 per visit (co-pay waived if admitted); then Plan pays 100%
TMJ, Surgical and Non-Surgical (Physician's Office)	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met
Mental Health & Substance Abuse Treatment In-Patient	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met
Annual Prescription Drug Deductible	Medical and Prescription Drug deductible combined			
Annual Prescription Drug Out-of-Pocket Limit	Medical and Prescription Drug Annual Out-of-Pocket combined			
	Retail – 30 day supply \$4 co-pay Generic Preventive Drugs (deductible waived) \$4 co-pay Generic 20% Preferred Brand (max. \$50) 35% Non-preferred (max. \$100) Home Delivery – 90 day supply \$0 co-pay Generic Preventive Drugs (deductible waived) \$8 co-pay Generic 20% Preferred Brand (max. \$100) 35% Non-preferred (max. \$200)	Retail – You pay 30% after deductible Home Delivery – Not Covered	Retail – 30 day supply \$7 co-pay Generic 20% Preferred Brand (max. \$50) 30% Non-preferred (max. \$100) Home Delivery – 90 day supply \$0 co-pay Generic Maintenance Medications; \$14 co-pay Generics non-maintenance 20% Preferred Brand (max. \$100) 30% Non-preferred (max. \$200)	Retail – You pay 30% Pharmacy deductible Home Delivery – Not Covered

Plan Network	CIGNA OAP 80% Co-Insurance Plan		CIGNA OAP Co-Pay Plan	
	In-Network - National	Out of Network	In Network - National	Out of Network
Co-insurance deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	\$25 PCP co-pay; then Plan pays 100%	Plan pays 70% co-insurance after plan deductible is met
Co-insurance deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	\$50 Specialist co-pay; then Plan pays 100%	Plan pays 70% co-insurance after plan deductible is met
Open Fund	Not eligible for Fund	Not eligible for Fund	Not eligible for Fund	Not eligible for Fund
Individual Family	\$250 Individual \$500 Family	\$500 Individual \$1,000 Family	\$0	\$250 Individual \$500 Family
Individual Family	\$2,000 Individual \$4,000 Family	\$4,000 Individual \$8,000 Family	\$2,000 Individual \$4,000 Family	\$4,250 Individual \$8,500 Family
Plan pays 70% co-insurance after deductible is met; Plan pays 100% after plan deductible is met	Plan Pays 100%	Through age 17: Plan pays 60% co-insurance, no plan deductible Ages 18 and above: Plan pays 60% co-insurance after plan deductible is met	Plan Pays 100%	Through age 17: Plan pays 70% co-insurance, no plan deductible Ages 18 and above: Plan pays 70% co-insurance after plan deductible is met
Co-insurance deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	\$200 per admission co-pay, then Plan pays 100% co-insurance	Plan pays 70% co-insurance after plan deductible is met
Co-insurance deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	\$50 per facility visit co-pay, then Plan pays 100% co-insurance	Plan pays 70% co-insurance after plan deductible is met
Co-insurance deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	Plan pays 100% co-insurance	Plan pays 70% co-insurance after plan deductible is met
Co-insurance deductible is met. Maximum 12 visits per year	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met. Maximum 12 visits per year	\$20 per visit co-pay; then Plan pays 100%	Plan pays 70% co-insurance after plan deductible is met. Maximum 12 visits per year
Co-insurance deductible is met. Maximum benefit is \$2,800 every 36 months	Plan pays 80% co-insurance no deductible Maximum benefit is \$2,800 every 36 months	Plan pays 80% co-insurance no deductible Maximum benefit is \$2,800 every 36 months	Plan pays 100% Maximum benefit is \$2,800 every 36 months	Plan pays 100% Maximum benefit is \$2,800 every 36 months
Co-insurance deductible is met	Plan pays 80% co-insurance after deductible is met	Plan pays 60% co-insurance after plan deductible is met	Plan pays 100%	Plan pays 70% co-insurance after plan deductible is met
Co-pay waived if plan pays 100%	\$150 per visit (co-pay waived if admitted); then Plan pays 100%	\$150 per visit (co-pay waived if admitted); then Plan pays 100%	\$150 per visit (co-pay waived if admitted); then Plan pays 100%	\$150 per visit (co-pay waived if admitted); then Plan pays 100%
Co-pay waived if plan pays 100%	\$50 per visit (co-pay waived if admitted); then Plan pays 100%	\$50 per visit (co-pay waived if admitted); then Plan pays 100%	\$50 per visit (co-pay waived if admitted); then plan pays 100%	\$50 per visit (co-pay waived if admitted); then Plan pays 100%
Co-insurance deductible is met	Not covered	Not covered	\$25 PCP or \$50 Specialist co-pay; then Plan pays 100%	Plan pays 70% co-insurance after plan deductible is met
Co-insurance deductible is met	Plan pays 80% co-insurance after deductible is met	Plan pays 60% co-insurance after plan deductible is met	\$200 per admission co-pay, then Plan pays 100% co-insurance	Plan pays 70% co-insurance after plan deductible is met
\$50 Individual Deductible \$100 Family Deductible				
\$1,500 Individual \$3,000 Family				
Co-pay after deductible	Retail – 30 day supply \$7 co-pay Generic 20% Preferred Brand (max. \$50) 30% Non-preferred (max. \$100)	Retail – You pay 30% after Pharmacy deductible	Retail – 30 day supply \$7 co-pay Generic 20% Preferred Brand (max. \$50) 30% Non-preferred (max. \$100)	Retail – You pay 30% after Pharmacy deductible
Not Covered	Home Delivery – 90 day supply \$0 co-pay Generic Maintenance Medications; \$14 co-pay Generics non-maintenance 20% Preferred Brand (max. \$100) 30% Non-preferred (max. \$200)	Home Delivery – Not Covered	Home Delivery – 90 day supply \$0 co-pay Generic Maintenance Medications; \$14 co-pay Generics non-maintenance 20% Preferred Brand (max. \$100) 30% Non-preferred (max. \$200)	Home Delivery – Not Covered

	Kaiser Permanente In-Network Only - Local
Primary Care Physician (PCP)	\$10 PCP co-pay No charge for Children under 5
Specialty Care	\$10 PCP co-pay
HSA Fund	Not eligible for Fund
Annual Deductible	\$0
Annual Out-of-Pocket Limit	\$3,500 Individual \$9,400 Family
Preventive Care – All Ages Routine Preventive Care Immunizations Mammogram, PAP, PSA Tests	No Charge
Inpatient Hospital Facility	No Charge
Outpatient Facility Services	\$10 visit
Outpatient Professional Services	\$10 visit
Chiropractic Care	\$15 co-pay; Annual limit 20 visits
Hearing Aids	Covered in full to maximum. One hearing aid/ear every 36 months – maximum \$1,000
Vision Therapy	Not covered
Emergency Room	\$150 per visit (co-pay waived if admitted other than for observation)
Urgent Care Facility	\$10 visit
TMJ, Surgical and Non-Surgical (Physician's Office)	Not Covered
Mental Health & Substance Abuse Treatment	Inpatient – covered in full when medically necessary Outpatient - \$10 individual visit \$5 group
Prescription Drugs	Kaiser Pharmacy – 30 day supply \$10 Generic \$20 Preferred brand drugs \$35 Non-preferred brand drugs Community Pharmacy – 30 day supply \$20 Generic \$40 Preferred brand drugs \$55 Non-preferred brand drugs Mail Order – 90 day supply \$20 Generic \$40 Preferred brand drugs \$70 Non-preferred brand drugs

Other Benefits

Flexible Spending Accounts (FSA)

Health Care and Dependent Care flexible spending accounts will continue to be administered through WageWorks. The Health Care maximum annual contribution is \$2,550 and Dependent Care maximum limit continues to be \$5,000 for 2016. Dependent Care accounts are for child and elder day care expenses.

Flexible Spending elections **do not carry over** from one year to the next.

Internal Revenue Service tax regulations require participants to make a new election each year.

Note: If you wish to participate in a Flexible

Spending Account for 2016 you **must** make an election during Open Enrollment.

Employee Assistance Program

The Employee Assistance Program (EAP) is a free, confidential counseling service available to all merit employees and members of their immediate households administered through INOVA Employee Assistance (IEA). The EAP offers:

For more information on this benefit, log onto the Work/Life Balance section of FairfaxNet or contact INOVA at 800-346-0110.

Deferred Compensation

The Fairfax County Deferred Compensation Plan is managed by T. Rowe Price. This plan provides merit employees with an opportunity to save a portion of their wages for retirement on a pre- or post-tax basis. This is in addition to the regular county defined benefit retirement plan.

The program is governed by Section 457 of the Internal Revenue Code and is designed to complement the county's defined benefit pension plans.

For more information on this benefit, log on to the Benefits section of FairfaxNet, contact T. Rowe directly or contact the on-site T. Rowe representative at 703-324-4995.

Vision Plan

Vision insurance, provided by Davis Vision, is included for all participants who elect coverage under the county's medical programs. The plan offers a nationwide network of more than 33,000 eye care and eyewear providers, including independent optometrists, ophthalmologists and retail providers such as VisionWorks, For Eyes and Wal-Mart. Be sure to review participating providers prior to your visit. Premiums for Davis Vision are included in the medical premiums. Employees cannot elect the Davis Vision plan without a county medical plan. For more information refer to the chart below, log onto the FairfaxNet benefits page or contact Davis Vision.

Benefits at a Glance	In-Network	Out-of-Network
Plan Contact Information	Managed by Davis Vision and provided to all employees with medical coverage. 800-208-2112 • www.davisvision.com ; client control code 4443	
Routine Eye Examination (once every 12 months)	\$15 co-pay (includes eye examination with dilation, as professionally indicated)	Covered up to \$40.
Frames (once every 12 months in lieu of contact lenses)	Davis Vision Designer and Premier Collection: Covered in full (Value up to \$225) Non- Davis Vision Collection (available at all independent and retail network providers): \$150 allowance/\$200 allowance at VisionWorks	Covered up to \$50.
Spectacle Lenses (once every 12 months in lieu of contact lenses)		
Single Vision	Covered in full.	Covered up to \$50.
Bifocal Lenses	Covered in full.	Covered up to \$75.
Trifocal Lenses	Covered in full.	Covered up to \$100.
Lenticular Lenses	Covered in full.	Covered up to \$150.
Scratch Resistant Coating	Covered in full.	Included in base lens reimbursements above.
Other Lens Options	Available at discounted fixed fees.	Not covered.
Contact Lenses (once every 12 months in lieu of eyeglasses)		
Contact Lens Materials	One pair of standard, soft daily wear; two boxes of planned replacement lenses or four boxes of disposables covered in full if from Davis Vision Formulary (available at independent network providers). Note: number of lenses in box varies by brand. Elective contact lenses outside of Davis Vision Formulary (available at all independent and retail network providers): \$150 allowance.	Covered up to \$100.
Contact Lens Fitting Fee with Two Follow-up Visits	Covered in full after \$20 co-pay for Formulary contact lenses.	Covered up to \$40.
Medically Necessary Contact Lenses (with prior approval)	Covered in full.	Covered up to \$225.
Additional Features		
One-Year Eyeglass Breakage Warranty	Included for all spectacle lenses, Davis Vision Collection frames and retailer supplied frames.	Not included.
Lens 1-2-3!® Membership	Included.	N/A
Laser Vision Correction Discount	Up to 25 percent off the provider's usual and customary fees, or a 5 percent discount on any advertised special.	Not covered.
Low-Vision Coverage	Included.	Not included.

Dental Plan

Delta's national PPO and Premier Networks allow access to providers who perform a range of covered services including orthodontia. Coverage varies according to services performed. (See below.) The plan also includes two programs designed to encourage good oral health. The Prevention First program provides preventive care and diagnostic services that do not count against your annual maximum benefit. The Healthy Smile, Healthy You program provides additional dental benefits for pregnant women and participants with diabetes and certain cardiac conditions. Additional information available on FairfaxNet or contact Delta Member Services.

Benefits at a Glance

Plan Benefit Design	General Plan Information			
Annual Deductible	\$50	Limit of three per family per calendar year.		
Annual Benefit Maximum	\$2,000	Per enrollee, per calendar year. Preventive care expenses do not count toward the annual benefit maximum.		
Orthodontic Lifetime Maximum	\$2,000	Per eligible covered dependent child.		
The amounts listed under the plan differential are the deductible and maximum benefits permitted. The in-network and out-of-network deductibles and maximums are not separate and amounts applied to one will apply to the other.				
	In-Network		Out-of-Network	Benefit Limitations
Coverage	PPO	Premier		
Diagnostic and Preventive Care	100%	100%	80%	Exempt from the deductible. No benefit waiting period.
• Oral exams and cleanings				Twice each calendar year.
• Fluoride applications				Twice each calendar year under age 19.
• Bitewing/vertical bitewing X-rays				Once each calendar year, limited to posterior teeth.
• Full mouth/panelpipse X-rays				Limit of one each seven years.
• Space maintainers				Under the age of 14.
• Sealants				Under the age of 19, with limitations.
• Healthy Smile, Healthy You [®] Program				Pregnant, diabetic and members with certain high-risk cardiac conditions are entitled to an additional cleaning and exam.
Basic Dental Care	90%	80%	80%	Deductible Applies. No benefit waiting period.
• Amalgam (silver) and composite (white) fillings				Retreatment only after two years from initial treatment.
• Stainless steel crowns				Limited to primary (baby) teeth for participants under age 14.
• Denture repair and re-cementation of crowns, bridges and dentures				Cost limited to 1/2 the allowance of a new denture or prosthesis.
• Simple extractions				
Other Basic Dental Care	60%	50%	50%	Deductible applies. No benefit waiting period.
• Oral surgery				Impactions and other surgical procedures.
• Endontic services/root canal therapy				Repeat treatment only after two years from initial root canal therapy treatment.
• Periodontics services (scaling and root planing, soft tissue and bony surgery, including grafts.)				Limitations of two to three years apply based on services rendered.
Major Dental Care	60%	50%	50%	Deductible applies. No benefit waiting period.
• Prosthodontics				Once every seven years, subject to age, other limitations.
• Crowns				Once per tooth every seven years, subject to age, other limitations.
• Implants • TMJ non-surgical mouth guards				Subject to limitations.
Orthodontic Benefits	50%	50%	35%	Deductible applies. Only for dependents under 19.

More Information

Who Can Be Covered?

Employees have the option of covering eligible dependents on their health and life insurance plans.

- You must be legally married (as recognized by the Commonwealth of Virginia) to cover your spouse. A copy of your marriage certificate or the top of last year's tax form showing you filed as married will be required.
- You must be the parent, stepparent, adoptive parent or have been granted legal custody through the courts in order to enroll a child. A copy of the child's birth certificate or appropriate court documents will be required. Children may be covered up to age 26.

Health Insurance Orders

The county is required to enroll any qualified dependent(s) listed on a valid health insurance order into the named employee's county-sponsored health plans. If the employee is not enrolled in a plan, the employee may choose a health plan or the county will enroll the employee and named dependent(s) into the least costly plan offered by the county.

Getting Married or Having a Baby? Spouse Changed Jobs? Divorce?

Coverage changes must be made within 30 days. If you experience a qualified change in family status during the plan year, you have the opportunity to add or change your benefit elections. For a list of qualifying events, log on to the benefits page of FairfaxNet. **Remember: DHR Benefits Division must be notified of coverage changes within 30 days of the event. Documentation of the event is required.**

Coordination with Medicare

Active employees and their dependents who are age 65 are not required to apply for Medicare while they are covered by the county's medical plans. In such cases, Medicare is secondary insurance and pays claims after the county's medical plan. Typically, there is nothing left for Medicare to pay since the county's medical plan paid what Medicare would have paid. Medicare has a Special Enrollment Period that allows new retirees and their dependents to elect Medicare without penalty when the covered employee retires.

For More Information

Plan	Vendor	Phone	Web
Benefits/HR Central		703-324-3311	HRCentral@fairfaxcounty.gov
OAP Plans	Cigna On-Site Rep	800-244-6224 703-324-2446	www.mycigna.com
HMO	Kaiser Permanente	301-468-6000	www.kaiserpermanente.org
Dental	Delta Dental	800-237-6060	www.deltadentalva.com
Vision	Davis Vision	800-208-2112	www.davisvision.com
Group Life Long-Term Disability	Standard Insurance On-Site Rep	703-324-3351	Lonna.owens@fairfaxcounty.gov
Deferred Compensation	T. Rowe Price On-Site Rep	888-457-5770 703-324-4995	www.rps.troweprice.com
Flexible Spending Accounts	WageWorks	855-428-0446	www.wageworks.com

2016 Health and Dental Premiums

Premiums for all benefits except Long Term Disability and Dependent Life are deducted on a bi-weekly, pre-tax basis over 26 pay periods. Pre-tax means that the payroll deductions are not included in your taxable income, and no federal, state or Social Security (FICA) taxes are withheld on those deductions. Since the cost of your coverage is pre-tax, the amount you pay in current federal income taxes is also reduced. Note: Employees in a leave without pay status may be subject to additional premium responsibilities while in that status.

	Full Time Employees					Part Time Employees		
	Total Premium Cost	County Bi-Weekly Share	Employee Bi-Weekly Share	Difference from 2015		County Bi-Weekly Share	Employee Bi-Weekly Share	Difference from 2015
OAP Co-Pay Plan managed by Cigna								
Individual	\$790.23	\$310.02	\$54.71	\$3.57		\$155.01	\$209.71	\$13.69
2 Party	\$1,540.99	\$533.42	\$177.81	\$11.63		\$266.71	\$444.52	\$29.08
Family	\$2,299.40	\$795.95	\$265.32	\$17.37		\$397.97	\$663.29	\$43.42
OAP 90% Co-Insurance managed by Cigna								
Individual	\$648.43	\$254.39	\$44.89	\$1.73		\$127.19	\$172.08	\$6.62
2 Party	\$1,274.42	\$441.14	\$147.05	\$5.68		\$220.57	\$367.62	\$14.18
Family	\$1,874.14	\$648.74	\$216.25	\$8.36		\$324.37	\$540.62	\$20.90
OAP 80% Co-Insurance managed by Cigna								
Individual	\$485.37	\$190.42	\$33.60	\$2.19		\$190.42	\$33.60	\$2.19
2 Party	\$946.46	\$327.62	\$109.20	\$7.14		\$163.81	\$273.02	\$17.86
Family	\$1,412.40	\$488.91	\$162.97	\$10.67		\$244.45	\$407.42	\$26.67
MyChoice CDHP managed by Cigna								
Individual	\$461.30	\$180.97	\$31.93	--		\$90.48	\$122.42	--
2 Party	\$899.48	\$311.36	\$103.79	--		\$155.68	\$259.47	--
Family	\$1,342.32	\$464.65	\$154.88	--		\$232.32	\$387.21	--
Kaiser-Permanente HMO								
Individual	\$574.98	\$225.57	\$39.81	\$0.02		\$112.79	\$152.59	\$0.04
2 Party	\$1,120.63	\$387.91	\$129.30	\$0.05		\$193.96	\$323.26	\$0.13
Family	\$1,666.99	\$577.03	\$192.35	\$0.09		\$288.52	\$480.86	\$0.20
Dental								
Individual	\$42.08	\$9.71	\$9.71	\$0.00		\$4.86	\$14.57	\$0.00
2 Party	\$79.54	\$18.36	\$18.36	\$0.00		\$9.18	\$27.53	\$0.00
Family	\$131.08	\$30.25	\$30.25	\$0.00		\$15.12	\$45.37	\$0.00

*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).

