

# Open Enrollment Guide for Employees

2015 Plan Year



## Open Enrollment: Oct. 14 - Nov. 5

The annual Open Enrollment period for county government employees will run from Tuesday, October 14, 2014 through Wednesday, November 5, 2014. During this period, benefits-eligible employees may elect or make changes in plans, levels of coverage or dependents covered in the county's benefits program. All changes in coverage will be effective on January 1, 2015.

Following the significant changes implemented for the 2014 plan year, the plan benefits for the 2015 plan year will remain virtually unchanged from 2014. This "status quo" will allow employees to look more closely at their personal medical needs and how they are best met by the health plans offered. The county will continue to offer the three self-insured plans managed by Cigna and the fully insured HMO managed by Kaiser-Permanente.

The information provided in the following pages is designed to help you make the best selection of Medical Plans for you and your family. Please take time to fully read the information provided. Make time to attend one of the on-site Open Enrollment Benefit Presentations and contact the vendors or the Benefit Staff with any questions or clarifications you need to make the right choice to meet your needs and budget.

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## Medical Plans Offered

OAP Co-Pay Plan	OAP 90% Co-Insurance Plan	OAP 80% Co-Insurance 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.
Co-pay structure for in-network services; Co-insurance with annual deductible for out-of-network services.	Co-insurance design with modest deductible and 90% co-insurance on in-network services. Features low out-of-pocket maximum.	Lowest premium cost. Co-insurance design with annual deductible and 80% co-insurance for in-network services. Out-of-pocket maximum to cap financial risk for unexpected services.	

## Enroll on FOCUS ESS

Employees can make their 2015 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.

# Plan Change Highlights for 2015

All County Plans administered by Cigna –

- Age Limitations removed for Autism Spectrum Disorder Therapies
- Chiropractic Care:
  - In-Network services – 12 visits before medical review is necessary
  - Out-of-Network services – Maximum 12 visits per year, no medical review necessary

Kaiser-Permanente HMO – Increase in Prescription Co-Pay for Mail Order (\$20/\$40/\$70)

## What to Consider When Choosing Your Health Plan

Most Americans spend more time researching the purchase of a new flat screen TV or smart phone than their health plan. Your health plan is essentially a "maintenance" policy on your body – the most expensive machine you will ever own. Just as you would review and consider each line of an automobile maintenance contract, you should consider all the coverage options available to you through your choice of medical plans and select the one that best suits your needs and your budget.

### First assess your needs:

- Are you single with no dependents or do you need coverage for yourself and your family?
- Are you relatively healthy, maintain a healthy lifestyle?
- Do you have a chronic medical condition that you are able to manage with annual exams and medication?
- Are you retired and covered by Medicare, so your County coverage is a secondary payor?
- Are your physicians and facilities all in-network or do you access a number of out-of-network providers?
- What medical services have you accessed in the past 12 months?

Reviewing your claims history on the Cigna or Kaiser websites is an excellent way to assess your medical needs.

After you have determined your needs, you should **review the plans to look for the coverage and benefits that will best meet your needs**. There are several places to research this information. On pages 6 & 7 of this guide you will find a side-by-side plan comparison summary. For more detailed information, see the Summary of Benefits and Coverage or access the full Summary Plan Descriptions on the Open Enrollment page on FairfaxNet. If you still need additional information on specific services and how they are covered you should contact the plan representative (see the contact list on page 11).

**Lastly, look at the cost of the plans.** When reviewing cost, you need to consider:

- The premium that will be deducted.
- The co-pays, deductibles and co-insurance, (out-of-pocket costs) associated with receiving medical care.

All plans offered include annual out-of-pocket maximums to protect your financial security in the event of unexpected medical expenses. If you utilize out-of-network providers, you are responsible for the difference between the charges and plan allowed amount, which is not considered in the Out-of-Pocket maximum.

For more information, attend an Open Enrollment Meeting with DHR Benefits staff and plan representatives.

### An Ounce of Prevention...

The best way to keep your health care costs under control is to reduce your risk for serious medical conditions by getting your annual physical exam, taking your maintenance medications as prescribed and living a healthier life style. All of the county's medical plans feature In-Network Preventive Care benefits fully paid for by the plan. Taking advantage of this benefit can help identify health risks before they become chronic conditions or lower your risk level if you already have an identified condition.

# 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 2015 MotivateME program will start on Oct. 1, 2014 and run through Sept. 30, 2015. To begin earning rewards, you will need to logon to [www.myCigna.com](http://www.myCigna.com) and take the on-line health assessment. (Please note: Completion of the health assessment 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 2014, you will need to take it again after Oct. 1 for the 2015 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 Lunch and Learns 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 2015 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 have completed 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](http://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 2015 will be paid into a HealthCare Flexible Spending Account (FSA) on January 1, 2016. If you do not participate in a HealthCare FSA, an account will be opened for you. You can then use your rewards dollars to offset co-payments, deductibles and co-insurance costs for the 2016 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 2015 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

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** coverage 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.
- Accelerated Benefit Option for employees diagnosed with a terminal illness with a life expectancy of less than 12 months.
- MEDEX Travel Assist, 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

The LiveWell Workforce Wellness Program 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 and on-site meetings
- 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 retirees covered by one of the four 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](http://www.myCigna.com)
- Kaiser Permanente's online Health Assessment can be found at: [www.kp.org/register](http://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 from INOVA 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, the LiveWell Workforce Wellness Program 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.

Benefits at a Glance	CIGNA OAP Co-Pay Plan		CIGNA OAP 90%
	In-Network – National	Out-of-Network	In-Network – National
<b>Primary Care Physician (PCP)</b>	\$15 PCP co-pay; then plan pays 100%	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
<b>Specialty Care</b>	\$30 specialist co-pay; then plan pays 100%	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
<b>Annual Year Deductible</b>	\$0	\$250 Individual \$500 Family	\$100 Individual \$200 Family
<b>Annual Out-of-Pocket Limit</b>	\$2,000 Individual \$4,000 Family	\$4,250 Individual \$8,500 Family	\$1,000 Individual \$2,000 Family
<b>Preventive Care - All Ages Routine Preventive Care Immunizations Mammogram, PAP, PSA Tests</b>	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%
<b>Inpatient Hospital Facility</b>	\$200 per admission co-pay, then plan pays 100% co-insurance	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
<b>Outpatient Facility Services</b>	\$50 per facility visit co-pay, then plan pays 100% co-insurance	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
<b>Outpatient Professional services</b>	Plan pays 100% co-insurance	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
<b>Chiropractic Care</b>	\$20 per visit co-pay; then plan pays 100%	Plan pays 70% co-insurance after plan deductible is met 12 visits per year	Plan pays 90% co-insurance after plan deductible is met
<b>Hearing Aids</b>	Plan pays 100% Maximum benefit is \$2,800 every 36 months	Plan pays 100% Maximum benefit is \$2,800 every 36 months	Plan pays 90% co-insurance no deductible Maximum benefit is \$2,800 every 36 months
<b>Vision Therapy</b>	Plan pays 100%	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
<b>Emergency Room</b>	\$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%
<b>Urgent Care</b>	\$25 per visit (co-pay waived if admitted); then plan pays 100%	\$25 per visit (co-pay waived if admitted); then plan pays 100%	\$25 per visit (co-pay waived if admitted); then plan pays 100%
<b>TMJ, Surgical and Non-Surgical</b>	\$15 PCP or \$30 specialist co-pay; then plan pays 100%	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
<b>Mental Health and Substance Abuse Treatment</b>	\$200 per admission co-pay, then plan pays 100% co-insurance	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
<b>Annual Prescription Drug Deductible</b>			\$50 In-Network \$100 Out-of-Network
<b>Annual Prescription Drug Out-of-Pocket Limit</b>			\$1,000 In-Network \$2,000 Out-of-Network
<b>Prescription Drugs</b>	<b>Retail</b> – 30 day supply \$7 co-pay - Generic 20% - Preferred Brand (maximum \$50) 30% - Non-Preferred (maximum \$100) <b>Home Delivery</b> – 90 day supply \$0 co-pay – Generic maintenance medications; \$14 co-pay Generics non-maintenance 20% - Preferred Brand (maximum \$100) 30% - Non-Preferred (maximum \$200)	<b>Retail</b> – You pay 30% after Pharmacy deductible <b>Home Delivery</b> – Not Covered	<b>Retail</b> – 30 day supply \$7 co-pay - Generic 20% - Preferred Brand (maximum \$50) 30% - Non-Preferred (maximum \$100) <b>Home Delivery</b> – 90 day supply \$0 co-pay – Generic maintenance medications; \$14 co-pay Generics non-maintenance 20% - Preferred Brand (maximum \$100) 30% - Non-Preferred (maximum \$200)

Co-Insurance Plan	CIGNA OAP 80% Co-Insurance Plan		Kaiser Permanente
Out-of-Network	In-Network – National	Out-of-Network	In Network Only - Local
Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	\$10 PCP co-pay no charge for children up to age 5
Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	\$10 PCP co-pay
\$200 Individual \$400 Family	\$250 Individual \$500 Family	\$500 Individual \$1,000 Family	\$0
\$2,000 Individual \$4,000 Family	\$2,000 Individual \$4,000 Family	\$4,000 Individual \$8,000 Family	\$3,500 Individual \$9,400 Family
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 60% co-insurance, no plan deductible Ages 18 and above: Plan pays 60% co-insurance after plan deductible is met	No charge
Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	No charge
Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	\$10 visit
Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	\$10 visit
Plan pays 70% co-insurance after plan deductible is met 12 visits per year	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met 12 visits per year	\$15 co-pay; annual limit 20 visits
Plan pays 90% 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 80% co-insurance no deductible Maximum benefit is \$2,800 every 36 months	Covered in full to maximum. One hearing aid/ear every 36 months - \$1,000 maximum
Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after deductible is met	Plan pays 60% co-insurance after plan deductible is met	
\$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 visit (waived if admitted other than for observation)
\$25 per visit (co-pay waived if admitted); then plan pays 100%	\$25 per visit (co-pay waived if admitted); then plan pays 100%	\$25 per visit (co-pay waived if admitted); then plan pays 100%	\$10 visit
Plan pays 70% co-insurance after plan deductible is met	Not covered	Not covered	Not covered
Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after deductible is met	Plan pays 60% co-insurance after plan deductible is met	Inpatient – covered in full when medically necessary Outpatient: \$10 individual visit \$5 group visit
Individual Family			\$0
Individual Family			\$0
<b>Retail</b> – You pay 30% after Pharmacy deductible <b>Home Delivery</b> – Not Covered	<b>Retail</b> – 30 day supply \$7 co-pay - Generic 20% - Preferred Brand (maximum \$50) 30% - Non-Preferred (maximum \$100) <b>Home Delivery</b> – 90 day supply \$0 co-pay – Generic maintenance medications; \$14 co-pay Generics non-maintenance 20% - Preferred Brand (maximum \$100) 30% - Non-Preferred (maximum \$200)	<b>Retail</b> – You pay 30% after Pharmacy deductible <b>Home Delivery</b> – Not Covered	<b>Kaiser pharmacy</b> – 30 day supply \$10 Generic \$20 Preferred brand drugs \$35 Non-preferred brand drugs <b>Community pharmacy</b> –\$20 Generic \$40 Preferred brand drugs \$55 Non-preferred brand drugs <b>Mail Order</b> – 90 day supply \$20 Generic \$40 Preferred brand drugs \$70 Non-preferred brand drugs

# 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
<b>Plan Contact Information</b>	Managed by Davis Vision and provided to all employees with medical coverage. 800-208-2112 • <a href="http://www.davisvision.com">www.davisvision.com</a> ; client control code 4443	
<b>Routine Eye Examination (once every 12 months)</b>	\$15 co-pay (includes eye examination with dilation, as professionally indicated)	Covered up to \$40.
<b>Frames (once every 12 months in lieu of contact lenses)</b>	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.
<b>Spectacle Lenses (once every 12 months in lieu of contact lenses)</b>		
<b>Single Vision</b>	Covered in full.	Covered up to \$50.
<b>Bifocal Lenses</b>	Covered in full.	Covered up to \$75.
<b>Trifocal Lenses</b>	Covered in full.	Covered up to \$100.
<b>Lenticular Lenses</b>	Covered in full.	Covered up to \$150.
<b>Scratch Resistant Coating</b>	Covered in full.	Included in base lens reimbursements above.
<b>Other Lens Options</b>	Available at discounted fixed fees.	Not covered.
<b>Contact Lenses (once every 12 months in lieu of eyeglasses)</b>		
<b>Contact Lens Materials</b>	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.
<b>Contact Lens Fitting Fee with Two Follow-up Visits</b>	Covered in full after \$20 co-pay for Formulary contact lenses.	Covered up to \$40.
<b>Medically Necessary Contact Lenses (with prior approval)</b>	Covered in full.	Covered up to \$225.
<b>Additional Features</b>		
<b>One-Year Eyeglass Breakage Warranty</b>	Included for all spectacle lenses, Davis Vision Collection frames and retailer supplied frames.	Not included.
<b>Lens 1-2-3!® Membership</b>	Included.	N/A
<b>Laser Vision Correction Discount</b>	Up to 25 percent off the provider's usual and customary fees, or a 5 percent discount on any advertised special.	Not covered.
<b>Low-Vision Coverage</b>	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		
<b>Diagnostic and Preventive Care</b>	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/panelipse 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.
<b>Basic Dental Care</b>	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				
<b>Other Basic Dental Care</b>	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.
<b>Major Dental Care</b>	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.
<b>Orthodontic Benefits</b>	50%	50%	35%	Deductible applies. Only for dependents under 19.

## 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 \$2,500 and Dependent Care maximum limit continues to be \$5,000 for 2015. Dependent Care accounts are for child and elder day care expenses.

Note: If you wish to participate in Flexible Spending Accounts for 2015 you **must** make an election during Open Enrollment.

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.

### 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:

- Problem assessment.
- Short-term counseling.
- Referral for personal problems of employees or family members.

Your county EAP benefits provide an initial private assessment and short-term counseling, if appropriate. If an issue is more serious and requires specialty care or medication, counselors can assist in obtaining the appropriate treatment from a mental health provider associated with your insurance plan. 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 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.

A wide range of investment options is available – each with a differing level of risk, return and fees. Plan design features include loan, financial planning services and self-directed brokerage arrangements. 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.

### Pension Program

Fairfax County manages three separate defined benefit retirement systems – Employees', Police Officers' and Uniformed – managed by the Fairfax County Retirement Administration Agency.

Detailed information for all plans is available online at [www.fairfaxcounty.gov/retirement](http://www.fairfaxcounty.gov/retirement). Questions should be directed to Fairfax Retirement Administration Agency staff at 703-279-8200 (TTY 711) Monday – Friday, 8 a.m. to 4:30 p.m. All retirement system benefits are subject to provisions in the Code of Virginia, Fairfax County Code and applicable rules, regulations and resolutions of the Board of Trustees of each of the three retirement systems.

The annual Open Enrollment period is a good time to **review and update your beneficiary designations for your Life, Deferred Compensation and Retirement Plans.**

## 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 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 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 that 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 Open 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

## 2015 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 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
<b>OAP Co-Pay Plan managed by Cigna</b>								
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
<b>OAP 90% Co-Insurance managed by Cigna</b>								
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
<b>OAP 80% Co-Insurance managed by Cigna</b>								
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
<b>Kaiser Permanente HMO</b>								
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
<b>Dental</b>								
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).

