



BENEFIT GUIDE

Active Fairfax County Employees

2019 Plan Year



Open Enrollment

Are you the kind of person who will read this guide cover-to-cover or do you just feel overwhelmed and skip to the end to find out the new premiums without ever changing a thing? No matter how you feel about benefits, you should always review the materials provided and try to attend an Open Enrollment meeting. Your benefits can make a difference in your health, wellness and lifestyle. This guide, and the other resources provided by the Benefits Division, are designed to help you take advantage of this once-a-year opportunity to learn about what is offered and make changes that could improve your health and keep more money in your pocket.

Select Topic

At-A-Glance	8
Deferred Comp/457	19
Defined Benefit	19
Dental	17
EAP	22
Enrollment Checklist	3
Federal Notices	23
Flex Spending/FSAs	14
HSAs	15
Life Insurance	18
LiveWell	11
Long Term Disability	18
Medical Plans	7
MotivateMe	12
Premiums	26
Pre-Retirement	20
Qualifying Events	6
Quick Contacts	22
TeleHealth	10
Vision	16
What's New	2

What You Need To Know

- Open Enrollment is October 9 through October 26, 2018. Changes go into effect January 1, 2019.
- Enroll and make changes using FOCUS Employee Self Service (ESS) before midnight on October 26, 2018.
- When using FOCUS remember to save your changes and print a confirmation. No election changes or corrections are permitted without a printed benefits statement/confirmation.
- Elections are binding for the 2019 plan year unless you have a mid-year qualifying event.
- It is the employee's responsibility to notify the Benefits Division of changes in their family status or of any mid-year qualifying events that affect their coverage within **30 calendar days of the event**.
- The IRS requires re-enrollment in Flexible Spending Accounts, Healthcare and Dependent Care, every year. These benefits **DO NOT** rollover. You must logon to FOCUS ESS to elect each year.
- Payroll deductions for Flexible Spending Accounts and Health Savings Accounts (FSAs and HSAs) are on a calendar year and are taken on the first payroll dated for 2019. All other deductions follow the normal Fairfax County payroll schedule.
- Status E Non-Merit Benefits Eligible employees can now participate in the Fairfax County Deferred Compensation Plan. So do not miss out on this opportunity to build a substantial nest egg for your future.
- ALEX, Fairfax County's virtual benefits counselor is available 24/7 to assist you in choosing your benefits for the upcoming year. ALEX can be found at www.myALEX.com/fairfaxcounty/2019
- Click the topic to the left and go directly to the page you are looking for.

What's New

Tier Changes

Traditionally, Fairfax County Government has offered three tiers of coverage to its employees: Individual, Two-Party and Family. Effective on January 1, 2019 four tiers will be offered. Benefit eligible employees can now choose from Individual, Employee & Child, Employee & Spouse and Family coverage. No action is needed by you. Everyone will be moved to the appropriate tier for their family.

Healthcare Flexible Spending Accounts

Employees can put an extra \$50 into their health care flexible spending accounts for 2019. The total allowable contribution is \$2,650

Co-Insurance Plans: New ER/Urgent Care Co-Insurances and New Deductibles

Effective January 1, 2019, Emergency Room and Urgent Care visits for participants in one of the Cigna managed Co-Insurance Plans will be charged a co-insurance after the plan deductible is met.

CIGNA OAP 90% Co-Insurance Plan Deductibles		
Individual/Two-Party or Family*	In-Network	Out-of-Network
	\$300/\$600	\$600/\$1,200
CIGNA OAP 80% Co-Insurance Plan Deductibles		
Individual/Two-Party or Family*	In-Network	Out-of-Network
	\$450/\$900	\$900/\$1,800



MyChoice CDHP: Increases in IRS Contribution Limit

MyChoice CDHP	2019
Individual	\$3,500
Two-Party or Family*	\$7,000
Over Age 55 Catch-Up	\$1,000

Co-Pay Plan: New In-Network Co-Pays

Medical Service	2019 In-Network Co-Pay
Primary Care Physician (PCP)	\$35 PCP co-pay; then Plan pays 100%
Specialty Care	\$70 Specialist co-pay; then Plan pays 100%
Outpatient Hospital Facility	\$75 per facility visit co-pay, then Plan pays 100%
Chiropractic Care	\$35 per visit; then Plan pays 100%
TMJ, Surgical and NonSurgical (Physician's Office)	\$35 PCP or \$70 Specialist co-pay; then Plan pays 100%

Cigna One Guide

Cigna's One Guide Service gives members personalized customer service and one-on-one support. Whether it's finding a provider, exploring ways to improve your health or just better understanding your plan, One Guide offers specialized support and cost-saving guidance. Access One Guide via app, chat, online or phone.

Cigna's Healthy Pregnancies, Healthy Babies Program

This program is designed to help you and your baby stay healthy during your pregnancy and in the days and weeks following your baby's birth. To find out more, visit MyCigna.com.

Cigna Pharmacy

Cigna 90 Now - This maintenance medication program allows a 90-day retail benefit at select network pharmacies. It limits the retail locations where participants can obtain a 90-day supply of medications. For a full list of participating pharmacies visit the Benefits Page on FairfaxNet.

Essential Protection Package - Fairfax County has the opportunity to improve the health and safety of members and help avoid costs by moving to the Essential Protection Package. Similar to formulary management, which is already in place, this pharmaceutical program promotes safe and appropriate use of cost-effective medications through additional utilization management including prior authorization, quantity limits and Global Step Therapy. Opioids can have serious side effects and can be extremely dangerous if taken too often or in the wrong way. The Essential Protection packages oversees proper utilization of these powerful medications and others like them.

Open Enrollment Checklist

- Attend an Open Enrollment Meeting** - The Benefits Division offers several educational sessions to help you to make informed decisions. Whether its information on active benefits or those for retirees, look for the schedule of meetings and fairs or our new Open Enrollment webinars on FairfaxNet.
- Know What's Offered** - Review all available resources thoroughly. Read this Enrollment Guide, visit the Benefits Page on FairfaxNet or watch one of our benefit videos.
- Use ALEX** - Our benefits comparison tool has been around awhile but your circumstances may have changed or you may want to save some money. ALEX can be viewed from any computer, tablet or smartphone. Visit ALEX: www.myalex.com/fairfaxcounty/2019
- Know Your FSAs** - Pay close attention to which type of Flexible Spending Account (FSA) you select. Dependent Care FSAs are for expenses like daycare and summer camp. Healthcare FSAs are for non-reimbursed medical, Rx, dental and vision expenses for you and your eligible dependents.
- PRINT a Confirmation** - All changes must be completed on FOCUS ESS before midnight on October 26, 2018. Save your changes and print a confirmation. This will be your receipt.
- Check Contribution Amounts** - When enrolling in an FSA, enter the amount you want to contribute for the entire year; for the MyChoice HSA, enter the per pay period contribution amount.
- Who's getting your money?** - Remember to complete/update and submit your beneficiary information for: Life Insurance, Retirement/Pension and Deferred Compensation/457. **This cannot be done on FOCUS ESS.**
- Documentation** - Did you add a dependent to any of your plans? If so, you will need to provide proof of eligibility to the Benefits Division.
- Check your email** - Remember to keep up with your county email. This is how you will receive updates or follow-ups from the Benefits Division.



Take Control of Your Benefits

Family Co-Pay Plan	
Annual Premium	-\$9,456
Deductible	-\$0
Preventive Visit	-\$0
Specialists Visit	-\$70
MotivateMe	+\$200
Total Cost	-\$9,326

Family 90% Plan	
Annual Premium	-\$6,639
Deductible	-\$600
Preventive Visit	-\$0
Specialists Visit	-\$30
MotivateMe	+\$200
Total Cost	-\$7,069

That's a \$2,257 savings!

The Cigna OAP Co-Pay plan has been closed to new entrants since 2017. You may ask why?

The co-pay plan is the most expensive plan offered by Fairfax County Government both in premium and overall cost. It costs you more because it costs us more.

Unfortunately, many employees equate the high premium to mean that it must be the "best" plan available however, best is a relative term when it comes to benefit plans. What is best for you and your family is not necessarily what is best for your co-worker.

Let's just compare the family Co-Pay Plan to the family 90% Co-Insurance Plan. Both have access to the same national network of doctors. Both offer in- and out-of-network services without a referral. Both have the same prescription plan and both cover all of the same medically necessary services.

Let's start our discussion with the annual premium. A family in the OAP Co-Pay Plan pays \$9,456 annually. A family in the OAP 90% Co-Insurance Plan pays \$6,639 That's a \$2,257 savings before you even use the plan.

Now you're saying, "but that plan has a deductible." For a family seeking in-network services, the deductible is \$600. Ok, now you're only saving \$1,657 per year.

"My spouse takes several medications." The prescriptions plans for both the CO-Pay Plan and the 90% Co-Insurance Plan are the same. Same formulary. Same deductibles.

"But I need to see a specialist in February?" In the Co-pay Plan, an office visit with a Specialist is \$70. When enrolled in the family 90% Co-Insurance Plan, once you have met your deductible, you are only responsible for 10% of the negotiated rate for in-network Specialists. If the doctor charges \$300 that is only \$30, less than half of the cost in the Co-Pay Plan. "What if the doctor is \$500?" That is still only \$50.

Want learn more about how to save visit ALEX. There you can review all of the plans offered and explore tax savings from Health Savings Accounts and Healthcare Flexible Spending Account.

Find the Benefit Plans Your Wallet Will Love



One thing your wallet hates? Paying too much for health insurance when you don't have to. ALEX®, your easy-to-use online benefits counselor, will look at how you and your family use insurance and point out what makes the most sense for you. That way you and your wallet can live happily ever after.

**Discover your lowest-cost benefit options (and more) at
www.myALEX.com/fairfaxcounty/2019**



Talk to ALEX on
Whatever You Like



It's Your Choice

The following pages will give an overview of the benefits offered by Fairfax County for plan year 2019, including medical, dental, life, long-term disability, flexible spending accounts, health savings accounts and more. More detailed information can be found online, at our Open Enrollment meetings and Health Fairs. And don't forget about ALEX. ALEX can help you review medical plans, estimate life insurance and you save money. The best part about ALEX is that it can be anywhere you are. ALEX is mobile and can be used by a spouse, friend or financial advisor: www.myALEX.com/fairfaxcounty/2019



Who Can Be Covered

You have the option of covering eligible dependents on your health and life insurance plans.

- Spouses as recognized by the Commonwealth of Virginia. To verify eligibility, a copy of your marriage certificate or the top page of last year's tax form showing you have filed as married will be required.
- Children, step-children, adoptive children or any child you have been granted legal custody through the courts that is under the age of 18. A copy of the child's birth certificate or appropriate court documents will be required.

Health Insurance Orders

The county is required to enroll qualified dependent(s) listed on court issued Qualified Medical Support Orders into your county-sponsored health plan. If you are not enrolled in a plan when we receive an order, you may choose a health plan or you will be enrolled with any named dependent(s) into the Cigna 80% Co-Insurance Plan.

Prior Authorization/Pre-Certification

Cigna helps you access the right care, at the right time, and in the right setting. With pre-certification, you know in advance whether a procedure, treatment or service will be covered under your health plan. Call Cigna to see if an upcoming procedure like advanced imaging, short-term rehabilitative therapies, or infertility treatment requires a pre-authorization. Remember that for in-network services, your doctor can help you with pre-certification. It could save you time and money.

Qualifying Events - It's Your Responsibility

Qualifying Events are special circumstances, like changes in your family status, your job, or the job of your spouse, that allow you the opportunity to add or change your benefit elections during the plan year. (A list of qualified events can be found on the Benefits Page of FairfaxNet) If you experience a qualifying event, and need to make a mid-year change to your benefits, it is your responsibility to notify DHR Benefits Division within 30 calendar days of the event. These changes cannot be made in FOCUS or by your agency.

Failure to notify the Benefits Division within 30 days of a qualifying event, or to provide documentation of the event, will result in no change to your current benefits. Your dependents could be left with no coverage until the next open enrollment.

If you are thinking about expanding your family, check out LiveWell's Parenthood Event. This quarterly program is open to employees and their significant others. Join us and learn more about leave programs, FMLA, medical benefits, the Employee Child Care Center and more. Sign-up in EmployeeU.

Medical Plans

The Benefit's Division often hears, "I am in the *best* plan" or "I want the best plan". But the *best* plan is different for everyone. Fairfax County offers a wide variety of plan options which allows you to choose a plan that is best for you. And remember just because a plan has a deductible or a lower premium does not mean you are getting sub-par service. For more information on all of the plans, visit the Benefits Page on FairfaxNet.

CIGNA Managed OAP 90% Co-Insurance Plan

A co-insurance is the percentage of the bill that an employee is responsible for after meeting an annual deductible. Participants in this plan are responsible for 10% of the negotiated rate for services they receive in-network. After the \$300 deductible, a service for \$100 would cost 10% or \$10. That's less than a co-pay! Participants have access to both in- and out-of-network services and pay co-insurances until they reach the out-of-pocket maximum. This plan gives you access to the Open Access Plus (OAP) Network and requires no referrals or PCP selection. A Pharmacy Plan with separate deductible is included.

Cigna Managed OAP 80% Co-Insurance Plan

Similar to the 90% Plan above, this lower premium plan offers a co-insurance. After meeting an annual deductible, participants are responsible for a 20% co-insurance for a service of \$100 your cost would be 20% or \$20. Participants have access to in- and out-of-network services and pay co-insurances until they reach the out-of-pocket maximum. This plan gives you access to the Open Access Plus (OAP) Network and requires no referrals or PCP selection. A Pharmacy Plan with separate deductible is included.

Cigna OAP MyChoice CDHP

This plan is similar to the 90% Co-Insurance Plan discussed above. The main differences are the lower premium, higher deductibles. Participants have access to in- and out-of-network services and pay co-insurances until they reach the out-of-pocket maximum. This plan gives you access to the OAP network, requires no referrals, or PCP selection. Both drug and medical costs count against the annual deductible. Additionally, this plan allows you to contribute to a Health Savings Account (HSA), a tax-advantaged, medical savings account. Funds in an HSA are not use-or-lose, are fully controlled by you, and can be used for medical expenses or future retirement. Don't be scared off by the high deductible, the County will make a lump sum contribution to your HSA to use towards your deductible or any other qualified expenses. See page 15 for more details.

Cigna Managed OAP Co-Pay Plan (closed to new enrollees)

This plan offers a Co-pay structure or a flat fee for services that are in the in-network. There is no deductible for in-network services but those seeking services with non-Cigna providers will have to meet an annual deductible and pay a co-insurance. This plan gives you access to the Open Access Plus (OAP) Network and requires no referrals or PCP selection. A Pharmacy Plan with separate deductible is included. This plan has the highest premium and is closed to new entrants. **NOTE: This plan will be discontinued December 31, 2020.**

Kaiser Permanente HMO

This plan is a local medical center based HMO or Health Maintenance Organization. Participants pay a co-pay for in-network services at Kaiser Facilities. From medical care to specialty treatment and wellness programs, most participant services are handled at one location. You don't even have to stop at the pharmacy on the way home, there is one of those on-site too. With Kaiser, there are no out-of-network services allowed. PCP designation and referrals are required but this is a great plan for families who love the convenience of having all of their doctors in one place.



	NEW: CIGNA OAP MyChoice CDHP with HSA		CIGNA OAP 90%
	In-Network	Out-of-Network	In-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
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
HSA Fund	County Fund Contribution: \$675 Individual/\$1,350 Family		Not Eligible for Fund
Annual Deductible	\$1,350 Individual \$2,700 Family	\$2,700 Individual \$5,400 Family	\$300 Individual \$600 Family
Annual Out-of-Pocket Limit	\$4,000 Individual \$8,000 Family	\$8,000 Individual \$16,000 Family	\$2,000 Individual \$4,000 Family
Preventive Care - All Ages	Plan Pays 100%	Through age 17: Plan pays 70% co-insurance, no plan deductible Ages 18 and above: Plan pays 70% co-insurance after deductible is met	Plan Pays 100%
Routine Preventive Care, Immunizations, Mammogram, PAP, PSA Tests			
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
Outpatient 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
Outpatient Professional Service	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
Chiropractic Care	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met. Max 12 visits per year.	Plan pays 90% co-insurance after plan deductible is met
Hearing Aids	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
	Max benefit is \$2,800 every 36 months	Max benefit is \$2,800 every 36 months	Max benefit is \$2,800 every 36 months
Emergency Room	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
Urgent Care Facility	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% 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
Annual Prescription Drug Deductible	Medical and Prescription Drug deductible combined		\$50 Individual
Annual RX Out-of-Pocket Limit	Medical and Prescription Drug limit combined		\$1,500 Individual
NOTE: Diabetic Medications and Supplies are free for participants in all Cigna managed plans when the prescription is filled via home delivery pharmacy or at a retail pharmacy	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) Retail – 90 day supply Only at Cigna 90 Now Pharmacies 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) Retail – 90 day supply Only at Cigna 90 Now Pharmacies 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)

Co-Insurance Plan	CIGNA OAP 80% Co-Insurance Plan		Kaiser Permanente HMO
Out-of-Network	In-Network	Out-of-Network	In-Network - 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 under 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
Not Eligible for Fund	Not Eligible for Fund	Not Eligible for Fund	Not Eligible for Fund
\$600 Individual \$1,200 Family	\$450 Individual \$900 Family	\$900 Individual \$1,800 Family	\$0
\$4,000 Individual \$8,000 Family	\$2,500 Individual \$5,000 Family	\$5,000 Individual \$10,000 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 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 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. Max 12 visits per year.	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met. Max 12 visits per year.	\$15 co-pay; Annual limit 20 visits
Plan pays 90% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Covered in full to maximum. One hearing aid/ear every 36 months- max \$1,000
Max benefit is \$2,800 every 36 months	Max benefit is \$2,800 every 36 months	Max benefit is \$2,800 every 36 months	
Plan pays 90% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	\$150 per visit (co-pay waived if admitted other than observation)
Plan pays 90% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 80% 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	Inpatient - covered in full when medically necessary Outpatient - \$10 individual \$5 group
al/\$100 Family	\$50 Individual/\$100 Family		Kaiser-Pharmacy – 30 day supply \$10 Generic \$20 Preferred Brand \$35 Non-preferred Brand Community Pharmacy – 30 day supply \$20 Generic \$40 Preferred Brand \$55 Non-Preferred Brand Mail Order – 90 day supply \$20 Generic \$40 Preferred Brand \$70 Non Preferred Brand
al/\$3,000 Family	\$1,500 Individual/\$3,000 Family		
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 – 90 day supply Only at Cigna 90 Now Pharmacies	Retail – You pay 30% after Pharmacy deductible	
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	

CIGNA OAP Co-Pay Plan		
	In-Network	Out-of-Network
Primary Care Physician (PCP)	\$35 PCP co-pay; then Plan pays 100%	Plan pays 70% co-insurance after plan deductible is met
Specialty Care	\$70 Specialist co-pay; then Plan pays 100%	Plan pays 70% co-insurance after plan deductible is met
Annual Deductible	\$0	\$250 Individual/\$500 Family
Annual Out-of-Pocket Limit	\$2,500 Individual/\$5,000 Family	\$5,250 Individual/\$10,500 Family
Preventive Care - All Ages	Plan Pays 100%	Through age 17: Plan pays 70% co-insurance, no plan deductible Ages 18 and above: Plan pays 70% co-insurance after deductible is met
Routine Preventive Care, Immunizations, Mammogram, PAP, PSA Tests		
Inpatient Hospital Facility	\$200 per admission co-pay then Plan pays 100% co-insurance	Plan pays 70% co-insurance after plan deductible is met
Outpatient Hospital Facility	\$75 per facility visit co-pay, then Plan pays 100% co-insurance	Plan pays 70% co-insurance after plan deductible is met
Outpatient Professional Service	Plan pays 100% co-insurance	Plan pays 70% co-insurance after plan deductible is met
Chiropractic Care	\$35 per visit; then Plan pays 100%	Plan pays 70% co-insurance after plan deductible is met. Max 12 visits per year.
Hearing Aids	Plan pays 100%	Plan pays 100%
	Maximum benefit is \$2,800 every 36 months	Maximum benefit is \$2,800 every 36 months
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%
Urgent Care Facility	\$50 per visit (co-pay waived if admitted);	\$50 per visit (co-pay waived if admitted); then Plan pays 100%
TMJ, Surgical and NonSurgical (Physician's Office)	\$35 PCP or \$70 Specialist co-pay; then Plan pays 100%	Plan pays 70% co-insurance after plan deductible is met
Mental Health & Substance Abuse Treatment (In-Patient)	\$200 per admission co-pay, then Plan pays 100% co-insurance	Plan pays 70% co-insurance after plan deductible is met
Annual Prescription Drug Deductible	\$50 Individual/\$100 Family	
Annual RX Out-of-Pocket Limit	\$1,500 Individual/\$3,000 Family	
NOTE: Diabetic Medications and Supplies are free for participants in all Cigna managed plans when the prescription is filled via home delivery pharmacy or at a retail pharmacy	Retail – 30 day supply \$7 co-pay Generic 20% Preferred Brand (max. \$50) 30% Non-preferred (max. \$100) Retail – 90 day supply Only at Cigna 90 Now Pharmacies 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% after Pharmacy deductible Home Delivery – Not Covered

Telehealth: The internet has transformed our lives and as a result, seeing a doctor is more convenient than ever. Whether it's a late night illness or you're not feeling well on vacation, Cigna participants have access to telehealth providers, American Well® and MDLIVE®. Through these services, you can speak with a doctor for help with minor acute conditions like flu, sinus infections, pink eye, strep throat, knee pain, migraines and more. So next time you're feeling under the weather and just can't make it to the doctor, take a few minutes and see a doctor you choose from a list that shows their experience and ratings before you start your visit. And because you're never sure when illness can strike, download the app and enroll today.





Mission

LiveWell cultivates a culture of wellbeing that empowers, educates and engages Fairfax County employees and retirees to make life-long choices that promote total wellbeing—physical, mental, emotional, social, spiritual and financial.



Total Wellbeing

LiveWell is not just about physical health—it is about total wellbeing. We offer special events around a variety of health topics, like the Work-Out of the Darkness and Employee Field & Fitness Day. Plus, ongoing programs such as Weight Watchers at Work, workshops, and webinars.



Employee Fitness & Wellness Center

The Employee Fitness & Wellness Center, located at the Government Center, offers health and fitness services for employees and their family members. Members of all levels of fitness and experience are welcome. The fitness center features state of the art equipment, personal training, locker rooms, flexible morning and evening hours, and more than 15 group fitness classes per week. The Fitness Center also hosts special events throughout the year, such as table tennis tournaments, flag football and soccer games, and more!



LiveWell Ambassadors

LiveWell Ambassadors are a team of over 50 county employees who volunteer to promote wellbeing and LiveWell resources within their department. Ambassadors represent over 30 agencies and serve for 2 years. Get to know your department's ambassador, and consider becoming an ambassador yourself!



Additional Resources

Fairfax County employees and retirees have access to a tremendous number of free resources through Cigna, Kaiser Permanente, T. Rowe Price, Cigna EAP, and other benefit partners. Programs like online and telephonic coaching, confidential EAP counseling, financial and legal guidance, and Omada for Cigna are great resources to help you work toward your wellbeing goals.



Stay in Touch

LiveWell shares updates through NewsLink articles, posters, a blog, Ambassadors, monthly newsletter and emails to a listserv. To join the listserv, email LiveWell@fairfaxcounty.gov.



Programs & Resources

- MotivateMe Incentives
- Employee Fitness & Wellness Center
- Weight Watchers at Work
- Flu Vaccines
- Biometric Screenings
- On-Site Health Coaching
- Workshops and Webinars
- RECenter Discounts
- Blood Drives
- Online Challenges

Special Events

- Employee Field & Fitness Day
- County Exec Trek
- Work-Out of the Darkness
- Wellbeing Expos
- Health Fairs
- Parenthood Event
- Outreach Events
- Department Workshops
- Fitness Center Events

MotivateMe



Total Well-Being Incentive Rewards 2019

Earn up to \$200 per year for making healthy choices!

Cigna subscribers: Cigna subscribers must track and manage their rewards through mycigna.com. Cigna participants are required to complete a physical with a primary care provider **and** Cigna's online health assessment annually to receive any rewards. All activities must be completed and tracked on mycigna.com by December 31, 2019.

Kaiser Permanente subscribers: Kaiser Permanente subscribers must track their rewards using a paper "passport". The passport can be downloaded from the LiveWell website on FairfaxNet or by emailing LiveWell@fairfaxcounty.gov. Kaiser participants are required to complete Kaiser's total health assessment at kp.org every year. Annual physical and biometric screening results must **also** be up to date in Kaiser's medical portal to meet the physical requirement. The completed "passport" must be scanned and emailed to LiveWell@fairfaxcounty.gov by December 31, 2019.

Goal Type	Description	Award Type	Amount
Annual physical	A preventive exam with a primary care provider, including lab work, that's used to reinforce good health and address potential or chronic health issues.	Required annually for Cigna members	Combined \$100 for completing both goals
Health Assessment: Employee	A confidential online questionnaire that asks about your health behaviors and wellbeing. Available through mycigna.com or kp.org .	Required annually for Cigna members Required annually for Kaiser members	
Health Assessment: Spouse covered under a Fairfax County health plan	A confidential questionnaire that asks about your health behaviors and wellbeing. Spouses must be covered under a Fairfax County health plan.	One per year	\$25
Screenings	Choice of one screening per year: <ul style="list-style-type: none"> • Colon cancer screening • Cervical cancer screening • Prostate cancer screening • Skin cancer screening • Mammogram 	One per year	\$30
Online Health Coaching	Online health coaching programs, available through mycigna.com or kp.org .	One per year	\$10
Telephonic Health Coaching	Reach your health goals with personalized coaching. Call your health plan's member services number to access a coach.	One per year	\$10
Dental Exam*	Visit your dentist for a dental/oral examination.	Two per year	\$5 each
Vision Exam*	Visit an optometrist, ophthalmologist or other eye health professional for a vision exam.	One per year	\$10
LiveWell-Sponsored Workshop*	Participate in a live, on-site LiveWell workshop.	Two per year	\$10 each
LiveWell-Sponsored Webinar*	Participate in a live, online LiveWell webinar through Cigna, Kaiser Permanente, the EAP, Weight Watchers, and other partners.	Three per year	\$5 each

Tip: Plan ahead. Complete your goals as early as possible to ensure that the activities are fully completed and tracked by the end of the year.

MotivateMe FAQ's

What is the purpose of MotivateMe?

MotivateMe is an incentive program for employees and retirees who subscribe to a Fairfax County health plan. The purpose of the program is to encourage participants to *actively* engage in their health and wellbeing through a relationship with their primary care provider, educational activities, and screenings.

How do I register?

Participants don't need to register for MotivateMe, specifically. Subscribers to a Fairfax County health plan are automatically enrolled in the MotivateMe program.



Who can participate in MotivateMe?

Fairfax County Government employees and retirees who are over the age of 18 and subscribe to a County health plan (Cigna or Kaiser Permanente) are eligible to participate and earn rewards.

How do I manage my MotivateMe points?

Participants can manage their MotivateMe points through their health plan's portal. Cigna members can log into mycigna.com. Kaiser members can log into kp.org/engage.

What activities are required to earn rewards?

New for 2019--there are two requirements to earn rewards. Participants must have an annual physical **AND** complete their health plan's online health assessment during the calendar year. Additional points and activities can be completed or tracked before the requirements are completed, but points will not be awarded until the physical and health assessment are complete.

Does my CDL exam or public safety physical through Occupational Health count as the annual physical?

No. Starting in 2019, all physical exams must be completed through a primary care provider. The goal of MotivateMe is to encourage employees and retirees to build a relationship with a primary care provider and remain **actively engaged** in their health and wellbeing throughout the year.

I had an annual physical this year, but haven't received credit for it. What should I do?

It can take up to 5 weeks for an annual physical to appear in the wellness portal. If it has been 5 weeks and you do not see the credit in your wellness portal, please contact LiveWell@fairfaxcounty.gov. *Tip: Let your health care provider know that the visit is a well visit when you schedule the exam and confirm the coding before you leave the office visit.*

Does an annual "well woman" exam through an OB/GYN count as a wellness visit?

No. The preventive exam must be completed through a primary care provider and is different from a well woman exam.

When, and how, do I receive my MotivateMe rewards?

Rewards will be available in March of the following year. Employees enrolled in Kaiser or the CIGNA 80%, 90%, or co-pay plans will receive their rewards in a healthcare Flexible Spending Account (FSA). Employees enrolled in the CIGNA MyChoice plan will receive the rewards into their Health Savings Account (HSA).

Do I have to have a healthcare flexible spending account in order to receive rewards?

Rewards will be placed into an existing flexible spending account or, if you do not have one, Fairfax County will open an account on your behalf, using just the MotivateMe rewards earned during the prior year.



Did you know...

Fairfax County Cigna members are eligible to receive one annual physical per calendar year. The exam can take place anytime during the year, January-December. Plan ahead - receive your preventive exam before October to ensure that it is credited to MotivateMe before the year end.

More Ways to Save

Flexible Spending Accounts

A Flexible Spending Account (FSA) is a special account where you put your own pre-tax money to use for certain qualified expenses. You don't pay taxes on this money. You'll save the taxes you would have paid on the money you contribute. These accounts come in two types, Healthcare and Dependent Care.

A few important things to remember about these accounts:

- The Internal Revenue Service requires participants to make a new election each year. You must log into FOCUS ESS during the Open Enrollment period and elect this benefit every year.
- When enrolling in an FSA or making any benefit changes during Open Enrollment, it is important to print a confirmation. Your printed confirmation is like your receipt. Without it, you cannot prove you enrolled in an account and no retroactive changes will be permitted.
- Money in your FSA does not carry over from one year to the next. The money is "use or lose". There is a 90-day run-out period which means that until March 31, 2019 you can request reimbursement for eligible expenses. Please see below, for information on the run-out period for your type of account. Both Flexible Spending Account types are administered through WageWorks.

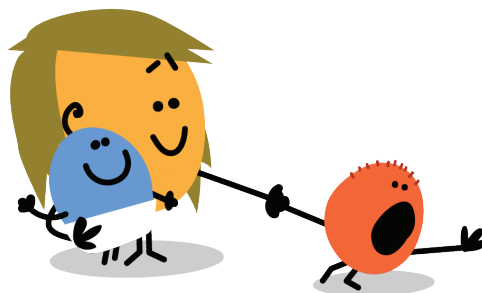
Healthcare Flexible Spending Account

- In 2019, The Healthcare maximum annual contribution is \$2,650 per individual
- All funds are available January 1st of each year. (Unlike other payroll deductions for benefits, FSA contributions are based on a calendar year, not Fairfax County's payroll schedule)
- Funds can be accessed with a debit card issued by WageWorks or receipts/claims can be submitted to WageWorks for reimbursement. Additional documentation may be required. FSAs are governed by the IRS and you must be able to prove the expenses qualify for reimbursement and were used for you or one of your dependents.
- If you choose a Healthcare FSA, you can continue using your Healthcare FSA funds during the grace period of two months and 15 days after the end of your plan year, March 15, 2019. Be sure to submit your grace period claims before the end of your 90-day run-out period of March 31, 2019.

For a complete list of qualified expenses see IRS Publication 502.

Dependent Care Flexible Spending Account

- In 2019, The Dependent Care maximum annual contribution is \$5,000 per household.
- Unlike a Healthcare FSA, there is no debit card. Participants must submit receipts from their dependent care provider to WageWorks for reimbursement. Reimbursements are not made until funds have been deposited.
- Qualified Dependents include a child or children under the age of 13 years of age or adult dependents who cannot take care of themselves. The dependents must be claimed by you on your tax return.
- A Dependent Care FSA covers a wide variety of dependent care services, such as preschool, summer day camp, before-and-after school programs and child or elder daycare. The expenses must be incurred for time that you or your spouse are working, looking for work or full-time students.
- If you choose a Dependent Care FSA, all claims must be for dates during the calendar year. **There is no grace period.** The funds in the account are use-or-lose and any funds that are not claimed before the run-out period of March 31, 2019 will be lost.



What Is A Health Savings Account?

A Health Savings Account, or HSA, is a tax-advantaged, medical savings account available to participants in the Cigna MyChoice Plan. The funds contributed to your HSA are not subject to federal income tax withholding and are fully controlled by you, not your employer or your insurance company. HSA funds roll-over from year-to-year so you are able to build a nest egg for future medical, dental and vision expenses.



You can also use an HSA as a retirement account. Funds withdrawn from an HSA for non-qualified expenses are taxable and can incur a 20% penalty. But, if you are disabled or 65 years of age or older funds can be withdrawn penalty-free. This includes any interest or investment growth on the account. Funds in the account can also be used on additional medical costs like Medicare premiums.

- Fairfax County contributes a portion of the deductible to your account to get you started.
- The County contribution and any MotivateMe Incentive Rewards you earn count against your annual IRS Contribution Maximum.
- Flexible contribution options. Contribute nothing or all the way up to the IRS maximum. Change, start or stop your contributions at any time. Contribute through payroll or directly through HSA Bank.
- You own the money in your HSA and you control how the money is spent. Any unused money remains in the account even if you change plans or jobs. There is no deadline for using the money.

Is An HSA Like A FSA?

	FSA	HSA
Can it be used for healthcare expenses?	Yes	Yes
Are contributions pre-tax?	Yes	Yes
Does the county contribute to my account?	No	Yes
Is it used for my MotivateMe Rewards?	Yes	Yes
Is there an annual IRS contribution limit?	\$2,650	\$3,500/\$7,000
I am over 55, is there a catch-up contribution?	No	Yes
Can I change my contribution amount any time?	No	Yes
Is the money use-it-or-lose-it?	Yes	No
Does unused money rollover at the end of the year	No	Yes
Can I invest or earn interest on the funds?	No	Yes
Do I need to submit receipts for claims?	Yes	No
Can I keep my account after I leave the county?	No	Yes
Can I use the money for expenses after I retire?	No	Yes
Do I need to be enrolled in the MyChoice Plan to participate?	No	Yes

How do I access my HSA funds?

There are lots of ways to use your Health Savings Account. The most convenient way is by using the Cigna Debit Card that HSA Bank will send you. You can use this card just like a credit card and pay for services directly at the point of sale, such as the pharmacy, or you can pay your doctor by telephone or online service after receiving your bill.

Another easy way to monitor and access your funds is MyCigna.com. From both the site and the app, you can see your current balance and review recent medical claims that may need payment. When reviewing your claims, you can simply click on "Pay Now" and have a payment sent to the provider. Already paid the bill and don't want to miss out on the tax savings? Have HSA Bank reimburse you via check or direct deposit.

Vision

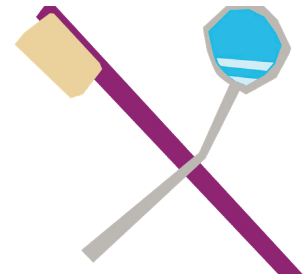


Vision insurance, provided by Davis Vision, covers eye exams, glasses and contacts. Typically you only need one eye exam per year and by using an in-network provider, your exam is only a \$15 co-payment. Have glasses already? In lieu of eyeglasses, you may select contact lenses. Vision is bundled with your medical plan so no election is required if you are enrolled in a County medical plan.

Benefits at a Glance	In-Network	Out-of-Network
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 Vision Works	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 Vision	Covered in Full	Covered up to \$75
Trifocals Vision	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 reimbursement 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. Note: Number of lenses in box varies by brand.	Covered up to \$100
	Elective contact lenses outside of Davis Vision Formulary, \$150 allowance	
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 on 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

Your teeth can be expensive to maintain, especially if you don't take care of them, but with regular dental care, you can prevent cavities, stop tooth loss, boost your overall health and save money. With Fairfax County's Dental Benefit offered through Delta Dental's national PPO and Premier Networks, you will have access to providers who perform a range of covered services including orthodontia, for children under age 19.



Plan Benefit Design		General Plan Information		
Annual Deductible	\$50 /\$150	\$50 per person, \$150 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.		
Coverage	In-Network		Out-of-Network	Benefit Limitations
	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 the age of 19.
Bitewing/vertical bitewing X-rays				Once each calendar year, limited to posterior teeth.
Full mouth/panellipse X-rays				Limit of one in a 5-year period.
Space maintainers				One per quadrant, per arch 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				One per surface in a 24-month period
Stainless steel crowns				Primary (baby) teeth for enrollees under the age of 14.
Denture repair and re-cementation of crowns, bridges and dentures				Once in a 12-month period.
Simple extractions				
Other Basic Dental Care	60%	50%	50%	Deductible applies. No benefit waiting period.
Endontic services/root canal therapy				Retreatment only after 24 months from initial root canal therapy treatment.
Periodontics services				Once per quadrant in a 24-36 month period based on services rendered.
Complex Oral Surgery				Surgical extractions and other surgical procedures.
Major Dental Care	60%	50%	50%	Deductible applies. No benefit waiting period.
Crowns				Once per tooth every 7 years for enrollees age 12 and older.
Prosthodontics				Once every 7 years for enrollees age 16 and older.
Implants				Once per site for enrollees age 16 and older.
TMJ				Occlusal orthotic device.
Orthodontic services	50%	50%	35%	For dependent children through the end of the month they reach age 19.

Because Life Can Be Uncertain

Open Enrollment isn't just for health benefits, it is also a great time to review all of the benefits available to you through Fairfax County. This section is dedicated to your financial health. Are you doing the most you can to provide yourself with a solid foundation for every stage of your life? Do you have an emergency fund? How can you save more money on taxes? What if you needed to miss work due to an accident or the illness of a loved one?



Long Term Disability

I bet you never asked yourself what would happen if you couldn't work for an extended period of time due to an illness or injury? How would you pay your bills and provide for your family? When you select this benefit, The Standard Insurance Company will pay you a monthly benefit if you are out of work more than 60 days due to illness or disability. The benefit would cover 60% of your monthly basic earnings up to \$5,000 per month for a qualified disability. The premium is 100% paid by you on an After-Tax basis, but if you need it, the benefit is paid to you tax free. Note: Electing Long Term Disability after your 30 days of initial eligibility requires an EOI completion and approval by Standard Life Insurance underwriters.

Life Insurance

No one likes to think about it but what if something worse happened as a result of that illness or injury? Fairfax County offers Group Term Life Insurance to merit employees. This benefit provides Basic Term Life and Accidental Death and Dismemberment Insurance (AD&D) equal to 1 times your annual salary. This means that in the event of your death, your beneficiary will receive one times your annual salary. Think about how much you make, now round that up to the next \$1,000, (up to a maximum of \$350,000) and that's the benefit your beneficiary will receive. If your death is a result of an accident, with the AD&D coverage, your loved ones will receive two times your annual salary. The county pays the full cost of this coverage for active employees.

Optional Life Insurance is available too. You can buy extra life insurance for your family's security. Select one, two, three or four times your annual salary, rounded to the next higher \$1,000 with a maximum coverage of \$1 million. These amounts are in addition to your basic coverage discussed above and you are responsible for 100 percent of the premium. Interested but want to know more? For a schedule of the age-banded rates and plan details and highlights, refer to the 2019 Open Enrollment Page on FairfaxNet or contact the Standard Insurance On-Site Representative at 703-324-3351. It is also important to remember that coverage amounts are reduced to 65% of the original face value when you turn 65 or retire, whichever comes first. The amount reduces again to 50% of the original face amount at age 70 if you are still working. If you are retired, coverage reduces to 30% of the original face value of the policy at age 70.

The county also offers **Spouse and Dependent Life** Insurance for your family members. 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

Important to Note: Any increase in Optional Life Insurance coverage and/or Spouse and Dependent Life coverage, requires Evidence of Insurability (EOI) and approval by Standard Life Insurance underwriters. So what is EOI? Usually its just a medical form you complete letting the insurance company know some information about your health. In some cases, you may need to see a doctor to show you are medically eligible for this benefit. Based on provided information you could be denied optional coverage.

MONEY MATTERS



Are you taking full advantage of all of your benefits?

- Healthcare and Dependent Care Flexible Spending Accounts
- Health Savings Accounts, or "your other retirement account"
- LiveWell's Financial Wellness Educational opportunities, check out the LiveWell Page on FairfaxNet for upcoming events.
- Access to an onsite T. Rowe Price Financial Specialist
- Target Date Funds and Auto-Increase for the Deferred Compensation, 457 Plan
- Retirement and D.R.O.P. Workshops offered by the Retirement Systems
- Financial Fitness Classes with OD&T
- Financial services with the Employee Assistance Program (see page 22)

Defined Benefit Plan

The Defined Benefit Plan is more commonly known as the pension plan. It is just one of the retirement planning options offered at Fairfax County. If you are considering D.R.O.P. or retirement, please see the special Benefits in Retirement section in this guide or enroll in one of the many educational trainings offered by the Retirement Administration Agency including the D.R.O.P. Workshop or Planning for Retirement class.

If you have questions about this benefit or just want to learn more, contact the Fairfax County Retirement Systems at (703) 279-8200 or visit their website at www/fairfaxcounty.gov/retirement

Deferred Compensation (457 Plan)

You're probably thinking you have the pension plan so you're all set for retirement or maybe that you are too young and don't plan on being here that long. With the Deferred Compensation Plan it is never too early, or too late, to start saving for your future.

This plan is designed to complement the Defined Benefit or Pension Plan and to help you plan for a financially secure retirement. The 457 Plan managed by T. Rowe Price offers the opportunity to save a portion of your wages for retirement on a pre- or post tax basis.

Status E Part-time, Non-Merit employees are now eligible to participate in the Fairfax County Deferred Compensation Plan. So do not miss out on this opportunity to build a substantial nest egg for your future.

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

Savings Spotlight: Target Date Funds

Called "set-it-and-forget it", this financial option provides a simple solution to an overwhelming investment landscape. You may have heard about the importance of rebalancing your investments but don't worry, if your head is already swimming, here is all you need to know. A Target Date fund with T. Rowe Price projects your retirement date based on your age. Using that information, you are enrolled in a mutual fund or asset allocation mix that follows the investment strategy of taking more risk when you're young. As you approach retirement or the target date, the mix becomes more conservative. So if you don't know your NASDAQ from your Bull Market, Target Date Funds are an easy and convenient way for you to save for retirement.





For Now and Later

Fairfax County Employees who are benefit eligible in retirement can elect to continue participation in the medical, dental and life insurance benefits as well as the LiveWell Program.

Medical

The Kaiser Permanente HMO Plan and the Cigna OAP 90% and 80% Co-Insurance Plans, managed by Cigna, are available to retirees. Beginning January 1, 2019, the Cigna OAP MyChoice Plan will also be available and the Cigna Co-Pay plan is available to those who are grandfathered in. Note: As a retiree, you will pay the full cost of the coverage.

Fairfax County Government (FCG) understands that after your years of service to the County you may wish to spend your retirement elsewhere. All of the plans managed by Cigna are nationwide. Kaiser's HMO is limited to the local area. If you are covered by Kaiser Permanente and you move outside of their plan's service area, you must contact the Department of Human Resources and elect a new plan for which you are eligible. **You must also notify Kaiser in writing of your move.** These actions must be taken within 30 calendar days of your move out of Kaiser Permanente's service area.

Medicare

Retirees who become eligible for Medicare, due to age or disability, are required to apply for and maintain Medicare Part A and Part B at their earliest eligibility and submit a copy of their Medicare card to the Benefits Division to continue their coverage under the County's health plan. Medicare enrollment is not required until enrollment in the retiree health benefits.

It is recommended that you apply for Medicare at the earliest opportunity, 90 days before your eligible birth month or qualified disability date, to ensure your coverage is in effect on time. Retirees are not required to elect an outside Medicare Part D because it is included in the plans offered by Fairfax County. Retirees who do not maintain Medicare Part A and Part B coverage will not be eligible for county medical coverage.

Life Insurance

Should you choose to maintain your life insurance into retirement, note that the face value will be reduced to 65% when you turn age 65 or retire. The coverage will reduce again to 30% at age 70. For more information on the costs of Retiree benefits or the reductions in Life Insurance, please visit the Benefits Page on FairfaxNet.

Your Benefits in D.R.O.P.

D.R.O.P. participants are still considered active employees and will remain enrolled in the active plans and pay active rates. Medicare enrollment is not required until enrollment in the retiree health benefits.

Considering Retirement Checklist

- Review your current benefits and the benefits available to retirees by visiting the Benefits Page on FairfaxNet or attending a Retiree Open Enrollment Meeting.
- Will you be over 65 when you retire? Have you applied for Medicare?
- For additional information on retirement, call the Retirement Systems at (703) 279-8200
- Did you know you can attend a D.R.O.P. Workshop or Planning for Retirement trainings. Find out more at www.fairfaxcounty.gov/retirement.
- Do you have a 457 account or do you plan to defer your leave payout and D.R.O.P. funds into a tax deferred account. Make an appointment with T. Rowe Price at Fairfax457@troweprice.com

Benefits in Retirement F.A.Q's

How do I find out what benefits I am currently enrolled in?

Employees can view and print a current benefits statement from FOCUS ESS.

Is benefits enrollment after retirement automatic?

No. To continue benefits or permanently cancel coverage, a completed retiree benefits form must be submitted to the Benefits Division. If you or your dependents are not Medicare eligible, the form can be submitted 30 days prior to your retirement. If you or any of your dependents are Medicare eligible, the completed form must be submitted 90 days prior to retirement.

My spouse plans on continuing to work. Can I add them later?

Retirees may add qualified dependents or change plans during the Annual Open Enrollment Period or due to a Qualifying Event. Retirees may cancel coverage at any time but may not add or increase benefits post retirement. If coverage is dropped for any reason, there is no option to reelect later.

How much do health benefits cost after retirement?

As a retiree you will pay the full cost of your coverage. Retiree premium rates are available on FairfaxNet. Visit the Benefits Page for information or attend one of our Retiree Open Enrollment meetings to learn more.

When will my new benefit deductions start?

Benefit deductions for active coverage will be taken out of active paychecks for the pay period coverage was in effect. For questions about when retiree benefit deductions begin, contact the Retirement Systems.

Am I required to enroll in Medicare?

Fairfax County requires that retirees and dependents covered under one of the retiree medical plans be enrolled in Medicare Parts A & B at their earliest eligibility. Proof of coverage must be submitted to the Benefits Division or coverage will be cancelled permanently. If you are actively working past the age of 65, you are not required to enroll in Medicare Part B. As you approach your retirement date, you will be able to apply for Medicare during their Special Enrollment Period without penalty.

I am enrolled in the MyChoice Plan. What happens to the money in my HSA?

An HSA or Health Savings Account is a private bank account in your name that is associated with a qualified High Deductible Health Plan. You can continue to use the funds for qualified medical expenses. If you are retiring mid-year, remember that the IRS maximum allowable contribution must be pro-rated to match the number of months you were enrolled in the MyChoice.

What happens with my Leave Payout and D.R.O.P. funds?

Both your Leave Payout and the funds in your D.R.O.P. account can be contributed to your 457 or deferred compensation account. You must have an active account open prior to your retirement date. Contact the T. Rowe Price help desk at Fairfax457@troweprice.com for more information.

Where can I learn more?

Both the Retirement Systems and the Benefits Division have information available under the Employee Center on the FairfaxNet's homepage. Here you can find current retiree plan pricing, videos on how benefits work in retirement, access to your retirement account and more.

I tried all of these resources and still have questions. Who can I speak to?

Our Retiree Benefits Specialist is available by appointment to speak to retirees and active employees who are within 90-days of their retirement date. Please note that the Benefits Division can only review plans offered by Fairfax County. We cannot explain Medicare or any other plans administered elsewhere. Please call HR Central at (703) 324-3311 for more information.



Employee Assistance Program (EAP)

Ever have one of those days...one of those weeks...one of those months? Maybe the EAP can help. The County's EAP managed by Cigna offers more than free, confidential assessments and short-term counseling. This program helps employees and current members of their household with anything from last minute daycare to help finding a lawyer. Information from home-buying to dog-sitting are just one call or one click away. This service is available to **all** employees regardless of medical plan enrollment. Take advantage of these free services:

Legal Assistance: 30-minute consultation with an attorney face-to-face or by phone.

Financial: 30-minute telephone consultation with a qualified specialist on topics such as debt counseling or planning for retirement.

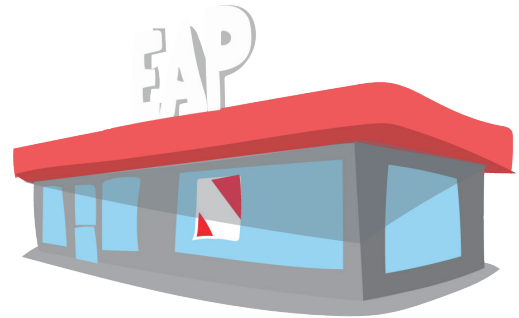
Parenting: Resources and referrals for childcare providers, before and after school programs, camps, adoption organizations, child development prenatal care and more.

Eldercare: Resources and referrals for home health agencies, assisted living facilities, social and recreational programs and long-distance caregiving.

Pet care: Resources and referrals for pet sitting, obedience training, veterinarians and pet stores.

Identity Theft: 60-minute consultation with a fraud resolution specialist.

And More



EAP is Available any day, anytime
 Call 1.877.622.4327
myCigna.com
 Employer ID: fairfaxcounty
 Initially Register or log in at myCigna.com to access EAP under "Review MY Coverage"

Quick Contacts			
Contact	Organization	Phone No.	Web or Email Address
Benefits/HR Central	Fairfax County	(703) 324-3311	HRCentral@fairfaxcounty.gov
Deferred Compensation	T. Rowe Price	(888) 457-5770	www.rps.troweprice.com
Marie Canterbury	T. Rowe Help Desk	(703) 324-4995	Fairfax457@TRowePrice.com
Kelli Parris			
Dental	Delta Dental of Virginia	(800) 237-6060	www.deltadentalva.com
Employee Assistance Program (EAP)	Cigna	(877) 622-4327	www.myCigna.com
Group Life/LTD	The Standard	(800) 628-8600	www.standard.com
Lonna Owens	Standard, On-Site Rep	(703) 324-3351	lonna.owens@standard.com
HSA Accounts	HSA Bank	(800) 357-6246	www.hsabank.com
Medical: Cigna OAP	Cigna	(800) 244-6224	www.myCigna.com
Keisha Lewis	Cigna, On-Site Rep	(703) 324-2446	keisha.lewis@cigna.com
Medical: Kaiser HMO	Kaiser Permanente	(301) 468-6000	www.kp.org
Retirement Systems	Fairfax County	(703) 279-8200	
Vision	Davis Vision	(800) 208-2112	www.davisvision.com

NEW for 2019: Can't make it to an Open Enrollment meeting or Health Fair this year? Join us for a webinar. This Open Enrollment the Benefits Division will be offering online opportunities to learn more about your benefits and the plans offered in 2019. Employees and participants will be able to access these presentations from home. Sign-Up on EmployeeU.

October 2nd	11:00 am - 12:00 pm
October 10th	12:00 pm - 1:00 pm
October 11th	7:00 pm - 8:00 pm
October 15th	11:00 am - 12:00 pm
October 22nd	7:00 pm - 8:00 pm
October 24th	12:00 pm - 1:00 pm



IMPORTANT FEDERALLY MANDATED NOTICES

Newborns' and Mothers' Health Protection Act of 1996 (NMHPA)

This federal law includes important protection for mothers and their newborn children with regard to the length of hospital stays following the birth of a child. The law stipulates that "group health plans and health insurance issuers generally may not under federal law restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section." However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). Plans and issuers may not under Federal law require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay less than 48 hours (or 96 hours).

Genetic Information Nondiscrimination Act (GINA)

GINA sets a national level of protection by prohibiting employers from requiring or purchasing genetic information about you or your family members. The law also prohibits group and individual health insurers from using your genetic information in determining eligibility or premiums.

Women's Health and Cancer Rights Act of 1998 (WHCRA)

This federal law requires group health plans that provide coverage for medically necessary mastectomies to also provide the following coverage for those that elect breast reconstruction:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to provide a symmetrical appearance; and
- Protheses and physical complications of all stages of the mastectomy, including lymphedema.

The county's medical plans cover mastectomies and the benefits required by this act.

Health Insurance Portability and Accountability Act (HIPAA)

To obtain a copy of the Notice of Privacy Practices for the Fairfax County Health Plans you may contact the Benefits Office at 703-324-3311, E-Mail: HRCentral@fairfaxcounty.gov or you may download a copy from FairfaxNET.

If you wish to obtain more information on the HIPAA law, you may contact Medicare and Medicaid Services (CMS) at <http://cms.hhs.gov/hipaa/hipaa1/default.asp>; Phone: 410-786-1565 (not toll free).



FEDERALLY MANDATED NOTICES CONTINUED

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1-866-444-EBSA (3272).

Prescription Drug Coverage and Medicare

NOTICE OF CREDITABLE COVERAGE

Important Notice from Fairfax County Government About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Fairfax County Government and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Fairfax County Government has determined that the prescription drug coverage offered by all of the Cigna plans offered by the County and the Kaiser HMO are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a different Medicare drug plan, your current Fairfax County Government Health Plan coverage may be affected.

You have the following options regarding your health and prescription drug coverage:

- Keep your current Fairfax County Government Health Plan coverage (which includes prescription drug coverage) and don't enroll in a different Medicare Part D plan; or
- Opt out of your current Fairfax County Government Health Plan coverage (which includes prescription drug coverage) and enroll in a different Medicare Part D plan. You will not be able to get your Fairfax County Government Health plan coverage back if you opt out of it, unless (as a dependent) you become eligible to re-enroll due to a Qualifying Change in Status Event.

Remember: Your current county health coverage pays for other health expenses, in addition to prescription drugs, and you will not be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a different Medicare prescription drug plan and drop your health coverage with the county.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the Fairfax County Government and do not join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

More Information About This Notice or Your Current Prescription Drug Coverage

Contact HR Central at 703-324-3311 for further information or call CIGNA at 800-244-6224, or Kaiser Permanente at 800-777-7902.

Note: You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through Fairfax County Government changes. You also may request a copy of this notice at any time.

More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your state Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov or call them at 1-800-772-1213 (TTY 1-800-325-0778).



2019 Health and Dental Premiums

Open Enrollment: October 9 - 26, 2018

Premiums for all benefits, except Long Term Disability and Dependent Life are deducted on a bi-weekly, pre-tax basis over 26 pay periods. Note: Employees in a leave without pay status may be subject to additional premiums.

	Full Time Employees				Part Time Employees		
	County Bi-Weekly Share	Employee Bi-Weekly Share	Difference from 2018	Employee Annual Premium	County Bi-Weekly Share	Employee Bi-Weekly Share	Difference from 2018
OAP Co-Pay Plan, managed by CIGNA - Plan Closed to New Entrants							
Individual	\$329.77	\$72.39	\$11.25	\$1,892.02	\$164.88	\$237.28	\$6.68
Employee+Child	\$537.54	\$230.38	\$30.99	\$5,989.88	\$268.77	\$499.15	\$7.35
Employee+Spouse	\$593.84	\$254.51	\$55.12	\$6,617.26	\$296.92	\$551.43	\$59.63
Family	\$848.69	\$363.72	\$66.19	\$9,456.72	\$424.35	\$788.07	\$54.22
OAP 90% Co-Insurance Plan, managed by CIGNA							
Individual	\$285.42	\$51.16	\$0.97	\$1,330.16	\$142.71	\$193.87	\$3.77
Employee+Child	\$480.11	\$159.18	(\$4.95)	\$4,138.68	\$240.05	\$399.24	(\$7.12)
Employee+Spouse	\$529.63	\$176.54	\$12.41	\$4,590.04	\$264.82	\$441.36	\$35.00
Family	\$753.96	\$255.36	\$14.08	\$6,639.36	\$376.98	\$632.34	\$34.79
OAP 80% Co-Insurance Plan, managed by CIGNA							
Individual	\$201.92	\$35.63	\$1.03	\$926.38	\$201.92	\$35.63	\$1.03
Employee+Child	\$338.35	\$112.78	\$0.32	\$2,932.28	\$169.17	\$281.96	\$0.81
Employee+Spouse	\$373.66	\$124.56	\$12.10	\$3,238.56	\$186.83	\$311.39	\$30.24
Family	\$534.17	\$178.06	\$10.24	\$4,629.56	\$267.08	\$445.14	\$25.58
MyChoice CDHP, managed by CIGNA							
Individual	\$185.47	\$32.73	\$0	\$850.98	\$92.73	\$125.46	\$0.00
Employee+Child	\$310.77	\$103.59	(\$2.77)	\$2,693.34	\$155.39	\$258.98	(\$6.93)
Employee+Spouse	\$343.19	\$114.40	\$8.04	\$2,974.40	\$171.59	\$285.99	\$20.08
Family	\$490.62	\$163.54	\$4.81	\$4,252.04	\$245.31	\$408.85	\$12.03
Kaiser Permanente HMO							
Individual	\$240.36	\$42.75	\$0.54	\$1,111.50	\$120.18	\$162.93	\$2.25
Employee+Child	\$402.53	\$134.89	(\$2.06)	\$3,507.14	\$201.26	\$336.16	(\$4.34)
Employee+Spouse	\$444.71	\$149.82	\$12.87	\$3,895.32	\$222.35	\$372.18	\$31.68
Family	\$635.28	\$214.03	\$10.31	\$5,564.78	\$317.64	\$531.67	\$25.13
Delta Dental of Virginia							
Individual	\$9.57	\$9.57	\$0	\$248.82	\$4.79	\$14.35	\$0
Two-Party	\$18.07	\$18.07	\$0	\$469.82	\$9.04	\$27.11	\$0
Family	\$29.79	\$29.79	\$0	\$774.54	\$14.89	\$44.68	\$0

*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 E employees.

**Part Time premium rate for Individual coverage in the OAP 80% Co-insurance Plan has been adjusted to comply with the Affordable Care Act (ACA).



To request this information in an alternate format or for reasonable ADA accommodations, please call HR Central at 703-324-3311 (TTY 711)

Back to the top



A Fairfax County, Va. Publication
September 2018