



BENEFIT GUIDE

Active Fairfax County Employees

2017 Plan Year



Open Enrollment

The annual Open Enrollment period for County employees will run from **Monday, October 3, 2016 to Friday, October 28, 2016**. During this period, benefits-eligible employees may elect to make changes in plans, levels of coverage or dependents covered in the County's benefits program. All changes in coverage will be effective January 1, 2017.

You may change any of your elections during the Open Enrollment period. The FOCUS Employee Self-Service (ESS) will close at midnight on Friday, October 28, 2016. At that time, all elections will be final and cannot be changed until Open Enrollment 2018 or with a mid-year qualifying event.

Things to Know

- Open Enrollment is October 3, 2016 through October 28, 2016
- Enroll though FOCUS Employee Self Service (ESS)
- When enrolling with FOCUS, remember to **save** your changes and print a confirmation
- Elections are binding for the 2017 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 effect their coverage within **30 days of the event**

What's New in 2017

MYChoice CDHP:

- Increase to County's contribution into Health Savings Accounts (HSAs) from 40% to 45% of the deductible

Note: This account cannot be added to any other health benefit. The contribution amount is prorated for employees who enroll in the CDHP after January 1st.

Health Savings Accounts:

- IRS contribution limit for HSAs increase to \$3,400
(The family contribution limit has not changed from \$6,750)

All County Plans, Active and Retirees Under 65:

- Diabetic medications and supplies are no cost

Kaiser Permanente:

- MotivateMe Wellness Incentive Rewards Program available for employees who participate in the HMO plan

Group Term Life Insurance:

- Increase in age-banded rates for Optional Life

OAP Co-Pay Plan:

- For more information on the changes to this plan for 2017, see page 8



Offering Choice, Delivering Value

2017 Medical Plan Options

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

What to Consider when Choosing Your Health Plan

Have you talked to Alex? Don't forget about the County's on-line, interactive plan comparison tool. Alex will take you through a series of questions to build your profile and then provide you with cost estimates based on your profile and plan premium costs. Alex is designed to assist you in determining the most cost effective plan to meet your healthcare needs. Alex can be accessed from your computer, tablet or smart phone, anytime, anywhere and as often as you like by logging on to www.myalex.com/fairfaxcounty/2017.

If you feel you need more plan specific information after your assessment with Alex, you can review the plan comparison on pages 6-8, attend one of the on-site Open Enrollment Presentations, review the Summary of Benefits and Coverage or the full Summary Plan Descriptions on the 2017 Open Enrollment Page on FairfaxNet.

Once you have made your health plan selection, you can make your 2017 benefit elections through FOCUS Employee Self-Service (ESS). **Remember, Alex does not enroll you in any plans.** After completing your elections for 2017, review your choices and save your selections. You may change any of your elections during the Open Enrollment period, October 3rd — October 28th. The FOCUS ESS will close at midnight on Friday, October 28th and your elections will then be finalized. **Please print a confirmation of your 2017 elections for your records.**



Vision Coverage

Vision insurance, provided by Davis Vision, is included for all participants who elect coverage under the County's medical program. 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 Vision Works, Wal-Mart, Sam's Club or Costco. For more information, log on to the 2017 Open Enrollment Benefits Page on FairfaxNet or contact Davis Vision. Employees cannot elect the Davis Vision plan without a county medical plan.



Dental Plan

Delta Dental's national PPO and Premier Networks allow access to providers who perform a range of covered services including orthodontia, for children under age 19. Coverage varies according to services performed. 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 is available on the 2017 Open Enrollment Benefits Page on FairfaxNet or contact Delta Benefits Services.

Group Term Life Insurance

Fairfax County offers Group Term Life Insurance to merit employees through The Standard Insurance Company. 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.

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 with 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 rates. Coverage is term life insurance and has no cash value from which to borrow. For a schedule of these age-banded rates and plan detail highlights, refer to the 2017 Open Enrollment Page on FairfaxNet or contact the on-site Standard Insurance Representative at 703-324-3351.

Coverage amounts 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).

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

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

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 60% of monthly basic earnings up to \$5,000 per month in the event of a qualifying disability. Visit the 2017 Open Enrollment Benefits Page on FairfaxNet for more information.

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

Flexible Spending Accounts

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.

Health and Dependent Care Flexible Spending Accounts (FSAs) will continue to be administered through WageWorks. The Health Care maximum annual contribution for 2017 is \$2,550 and the Dependent Care maximum limit continues to be \$5,000. Medical Care accounts are for the qualified medical expenses for you and your dependents. Dependent Care accounts are for child and elder day care expenses. Please note if you wish to participate in a Flexible Spending Account for 2017 you must make an election during Open Enrollment.

Remember the money contributed to a Flexible Spending Account does not carry over from one year to the next. You have a 90-day run-out period (ending March 31, 2017) after your plan year ends to submit reimbursement requests for all eligible FSA expenses incurred DURING your plan year. You may, however, continue using only your Health Care Expense FSA during the grace period, which is two months and 15 days after the end of your plan year. Be sure to submit your grace period claims before the end of your 90-day run-out period.

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). For more information, log on to the Work/Life Balance section of FairfaxNet or contact INOVA directly 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. The program is governed by Section 457 of the Internal Revenue Code and is designed to complement the County's defined benefit pension plan.

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 have filed as married will be required.
- You must be the parent, step-parent, adoptive parent or have been granted legal custody through the courts in order to enroll a child. A copy of the child's birth certificate or appropriate court documents will be required. Children may be covered until 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 plan. 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.

Coordination with Medicare

Active employees and their dependents who are age 65 or older are not required to apply for Medicare while they are covered by the County's medical plans. These employees will be eligible for Medicare's Special Enrollment Period and will be able to apply for Medicare prior to their retirement without penalty.

Note: As an active employee, if you enroll in Medicare Part B, understand that Medicare becomes your secondary insurance and will only pay claims after the County's plan pays. Typically there is nothing left for Medicare to pay. For more information concerning Medicare please see the Retiree Enrollment Guide.

Employees over age 65 who plan on retiring MUST have their Medicare Part A and Part B coverage in effect on their retirement date. Proof of coverage must be submitted to the Benefits Division for coverage under the County's health plan to continue into retirement.

Continuous Coverage Requirement

The County requires retirees to have continuous coverage in a Fairfax County Government (FCG) health and/or dental plan. After retirement, if you lose coverage, for any reason, there is no opportunity to reelect coverage at a later date.

The County, however, allows the coverage to be transferred from the active County Government employee group to the retiree group and vice versa. Transfers to and from the Fairfax County Public Schools (FCPS) are not allowed for purposes of retaining continuous coverage, as FCPS is a separate employer.

Mid-Year Changes and Qualifying Events

The benefit elections you make during Open Enrollment are binding until next year's Open Enrollment period. There are special exceptions you may experience that could be considered *qualifying events*. These events are 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. For a list of qualified events, log on to the Benefits Page of FairfaxNet.

If you experience a qualifying event and need to make a mid-year change, it is the employee's responsibility to notify DHR Benefits Division **within 30 calendar days of the event**. Additionally, when you notify DHR Benefits Division, documentation of the event will be required. 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. Without the proper updates, you or your loved one(s) may be left without medical coverage.



**Getting
Married or
Having a
Baby?**

DHR Benefits Division must be notified of coverage changes within 30 calendar days of event.

	MyChoice CIGNA CDHP		CIGNA OAP 90%
	In-Network - National	Out of Network	In-Network - National
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: \$585 Individual/ \$1,170 Family		Not eligible for Fund
Annual Deductible	\$1,300 Individual \$2,600 Family	\$2,600 Individual \$5,200 Family	\$100 Individual \$200 Family
Annual Out-of-Pocket Limit	\$4,000 Individual \$8,000 Family	\$8,000 Individual \$16,000 Family	\$1,500 Individual \$3,000 Family
Preventive Care – All Ages Routine Preventive Care Immunizations Mammogram, PAP, PSA Tests	Plan Pays 100%	Through age 17: Plan pays 70% co-insurance, no plan deductible Ages 18 and above: Plan pays 70% co-insurance after plan deductible is met	Plan Pays 100%
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 Facility Services	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
Outpatient Professional Ser-	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. Maximum 12 visits per year	Plan pays 90% co-insurance after plan deductible is met
Hearing Aids	Plan pays 90% co-insurance no deductible Maximum benefit is \$2,800 every 36 months	Plan pays 90% co-insurance no deductible Maximum benefit is \$2,800 every 36 months	Plan pays 90% co-insurance no deductible Maximum benefit is \$2,800 every 36 months
Vision Therapy	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
Emergency Room	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	\$150 per visit (co-pay waived if admitted); then Plan pays 100%
Urgent Care Facility	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	\$50 per visit (co-pay waived if admitted); then Plan pays 100%
TMJ, Surgical and Non-Surgical (Physician's Office)	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
Mental Health & Substance Abuse 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		
Annual Prescription Drug Out-of-Pocket Limit	Medical and Prescription Drug deductible combined		
Diabetic Supplies and Medications are No Cost for All Plans	Retail – 30 day supply \$4 co-pay Generic Preventive Drugs \$4 co-pay Generic 20% Preferred Brand (max. \$50) 35% Non-preferred (max. \$100) Home Delivery – 90 day supply \$0 co-pay Generic Preventive Drugs (deductible waived) \$8 co-pay Generic 20% Preferred Brand (max. \$100) 35% Non-preferred (max. \$200)	Retail – You pay 30% after deductible Home Delivery – Not Covered	Retail – 30 day supply \$7 co-pay Generic 20% Preferred Brand (max. \$50) 30% Non-preferred (max. \$100) Home Delivery – 90 day supply \$0 co-pay Generic Maintenance Medications; \$14 co-pay Generics non-maintenance 20% Preferred Brand (max. \$100) 30% Non-preferred (max. \$200)

Co-Insurance Plan	CIGNA OAP 80% Co-Insurance Plan		Kaiser Permanente HMO
Out of Network	In-Network - National	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
\$200 Individual \$400 Family	\$250 Individual \$500 Family	\$500 Individual \$1,000 Family	\$0
\$3,000 Individual \$6,000 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 70% co-insurance, no plan deductible Ages 18 and above: Plan pays 70% 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. Maximum 12 visits per year	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met. Maximum 12 visits per year	\$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-maximum \$1,000
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	Not covered
\$150 per visit (co-pay waived if admitted); then Plan pays 100%	\$150 per visit (co-pay waived if admitted); then Plan pays 100%	\$150 per visit (co-pay waived if admitted); then Plan pays 100%	\$150 per visit (co-pay waived if admitted other than observation)
\$50 per visit (co-pay waived if admitted); then Plan pays 100%	\$50 per visit (co-pay waived if admitted); then Plan pays 100%	\$50 per visit (co-pay waived if admitted); then Plan pays 100%	\$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-\$1- individual visit; \$5 group
\$50 Individual Deductible \$100 Family Deductible			Kaiser-Pharmacy – 30 day supply \$10 Generic \$20 Preferred Brand \$35 Non-preferred Brand
\$1,500 Individual \$3,000 Family			
Retail – You pay 30% after Pharmacy deductible Home Delivery – Not Covered	Retail – 30 day supply \$7 co-pay Generic 20% Preferred Brand (max. \$50) 30% Non-preferred (max. \$100) Home Delivery – 90 day supply \$0 co-pay Generic Maintenance Medications; \$14 co-pay Generics non-maintenance 20% Preferred Brand (max. \$100) 30% Non-preferred (max. \$200)	Retail – You pay 30% after Pharmacy deductible Home Delivery – Not Covered	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

CIGNA OAP Co-Pay Plan		
	In-Network National	Out-of-Network
Primary Care Physician (PCP)	\$25 PCP co-pay; then Plan pays	Plan pays 70% co-insurance after plan deductible is met
Specialty Care	\$50 Specialist co-pay; then Plan pays 100%	Plan pays 70% co-insurance after plan deductible is met
HSA Fund	Not eligible for Fund	
Annual Deductible	\$0	\$250 Individual \$500 Family
Annual Out-of-Pocket Limit	\$2,000 Individual \$4,000 Family	\$4,250 Individual \$8,500 Family
Preventive Care – All Ages Routine Preventive Care Immunizations Mammogram, PAP, PSA Tests	Plan Pays 100%	Through age 17: Plan pays 70% co-insurance, no plan deductible Ages 18 and above: Plan pays 70% co-insurance after plan deductible is met
Inpatient Hospital Facility	\$200 per admission co-pay, then Plan pays 100% co-	Plan pays 70% co-insurance after after plan deductible is met
Outpatient Facility Services	\$50 per facility visit co-pay, then Plan pays 100% co-insurance	Plan pays 70% co-insurance after plan deductible is met
Outpatient Professional Services	Plan pays 100% co-insurance	Plan pays 70% co-insurance after after plan deductible is met
Chiropractic Care	\$20 per visit co-pay; then Plan pays 100%	Plan pays 70% co-insurance after plan deductible is met. Maximum 12 visits per year
Hearing Aids	Plan pays 100% Maximum benefit is \$2,800 every 36 months	Plan pays 100% Maximum benefit is \$2,800 every 36 months
Vision Therapy	Plan pays 100%	Plan pays 70% co-insurance after plan deductible is met
Emergency Room	\$150 per visit (co-pay waived if admitted); then Plan pays 100%	\$150 per visit (co-pay waived if admitted); then Plan pays 100%
Urgent Care Facility	\$50 per visit (co-pay waived if admitted); then plan pays 100%	\$50 per visit (co-pay waived if admitted); then Plan pays 100%
TMJ, Surgical and Non-Surgical (Physician's Office)	\$25 PCP or \$50 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 Deductible \$100 Family Deductible	
Annual Prescription Drug Out-of-Pocket Limit	\$1,500 Individual \$3,000 Family	
Diabetic Supplies and Medications are No Cost for All Plans	Retail – 30 day supply \$7 co-pay Generic 20% Preferred Brand (max. \$50) 30% Non-preferred (max. \$100)	Retail – You pay 30% after Pharmacy deductible
	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

OAP Co-Pay Plan Change for 2017

Due to cost considerations and an effort to increase consumerism and cost visibility for participants, the Co-Pay Plan will be closed to new participants **effective January 1, 2017**. Employees in the Co-Pay Plan will be able to stay in the plan for 2017 and employees not currently in the Co-Pay Plan will be able to enroll during the upcoming open enrollment period.



Cigna TeleHealth

Whether you are at home, at work, travelling or you simply want a more convenient way to see a doctor, MDLIVE is available for all Fairfax County Employees who participate in a Cigna managed plan. This easy to use service provides 24/7/365 access to board-certified doctors by video, phone or email:

MDLIVE: 855-667-9722
mdlive.com/fairfaxgov

or

AmWell: 888-726-3171
AmWellforCigna.com

Additional Contacts

Contacts	Vendor	Phone	Web
Benefits/HR Central		703-324-3311	HRCentral@fairfaxcounty.gov
OAP Plans	Cigna	800-244-6224	www.mycigna.com
Keisha Lewis	On-Site Rep	703-324-2446	keisha.lewis@fairfaxcounty.gov
HMO	Kaiser Permanente	301-468-6000	www.kaiserpermanente.org
Dental	Delta Dental of Virginia	800-237-6060	www.deltadentalva.com
Vision	Davis Vision	800-208-2112	www.davisvision.com
Group Life/LTD	The Standard	703-324-3351	lonna.owens@fairfaxcounty.gov
Deferred Compensation	T. Rowe Price	888-457-5770	www.rps.troweprice.com
Marie Canterbury	On-Site Rep	703-324-4995	marie.canterbury@fairfaxcounty.gov
Employee Assistance Program	Inova	800-346-0110	www.inova.org/eap/
HSA Accounts	HSA Bank	800-357-6246	www.hsabank.com
Flexible Spending Accounts	WageWorks	855-428-0446	www.wageworks.com

Additional Resources

Making benefit decisions for you and your family can be overwhelming. Fairfax County provides plenty of additional resources to help you make your final decision in a timely manner.

- **FairfaxNET** — the Fairfax County intranet is a great resource. Visit the 2017 Open Enrollment Benefits Page for more information on all of the plans described in this guide.
- **ALEX** — to assist you in determining the most cost effective plan, visit Alex, our online interactive plan comparison tool. Alex is accessible from your computer, tablet or smart phone, anytime anywhere and as often as you would like at www.myalex.com/fairfaxcounty/2017.
- **HR Central and the Benefits Division** — a whole team of professionals are available to assist you with any questions you may have. Contact us at (703) 324-3311.

Did you know that the Benefits Division has a video library? Our growing cache includes brief informative videos that cover a range of topics including Leave, the Family Medical Leave Act, Benefits in Retirement and more. Find all of our videos by visiting the Employee Center on FairfaxNet.



LiveWell, Fairfax County's award winning workforce wellness program focuses on improving the total well-being of our employees, retirees and their families. The program supports and encourages employees and retirees to stay active, healthy and lead a balanced life.



LiveWell supports your goals by offering:

- ⇒ Reduced membership fees at Fairfax County RECenters
- ⇒ Weight Watcher member discounts
- ⇒ Weight Watcher Diabetics program
- ⇒ Annual free on-site Flu Vaccination Clinics
- ⇒ Bi-annual Biometric Screenings
- ⇒ Annual Employee Health and Fitness Day

An Ounce of Prevention.....

The little things you do for yourself everyday go a long way toward your total well-being. Simple choices like reducing the amount of sugar and fat in your diet or taking a 15-minute walk can make a difference in your overall health.

Another way to make a difference is “Knowing Your Numbers.” Annual exams with your primary care physician supplemented with health screenings can help monitor important changes in your health. LiveWell offers free Biometric Screenings to employees and retirees twice a year, during Employee Health and Fitness Day and during the Open Enrollment Season at the Benefits Fairs. You can also check your Blood Pressure while waiting to pick-up your prescriptions. If you are managing a chronic medical condition, purchase a small journal and make note of your numbers to discuss with your physician. Take a little extra time for YOU!

2017 LiveWell Sponsored Events

Throughout the year, LiveWell will sponsor a variety of events focused on fitness, nutrition, financial well-being, and alleviating stress. Here are just a few events to watch for in the coming year:

- ⇒ Monthly Webinars on a variety of topics
- ⇒ The Long Walk (Spring and Fall)
- ⇒ Online Health Challenges



MotivateMe

Total Well-Being Incentive Rewards

What is it?

MotivateMe Total Well-Being Incentive Rewards program is for eligible employees enrolled in any of the county's medical plans. This program can help you change unhealthy behaviors and begin taking healthy actions to reduce your risk of illness, disease and costly medical treatment. With MotivateMe, you'll be earning rewards dollars for the healthy behaviors you already complete, and be encouraged to try and participate in other fun opportunities to improve your health.

Changes for the 2017 incentive program:

- *MotivateMe Total Well-Being Incentive Rewards program will now be open for eligible employees in any of the Cigna health plans as well as the Kaiser Permanente plan.*
- To begin earning rewards, you must complete your annual preventive physical exam with your primary care physician. This step earns you \$100 in rewards and opens the door to earning other rewards throughout the year.
- Once your physical has been credited to your account, you can begin logging and receiving credit for other rewards.
- Some rewards values have been changed. Make sure to check the rewards values charts available on the LiveWell page on FairfaxNet.

Where do I start?

To learn more about MotivateMe and other programs through LiveWell visit the LiveWell page on FairfaxNet.

- Rewards will be tracked and logged through your health plan website
- Be sure to create a personal account login on your health plan's web site to track rewards throughout the year.
- You can begin earning points right away, but be sure to keep track of the dates you complete various activities, as you will be unable to self-report or see the points credited on your account until your annual physical requirement has been met.
- Tip: Complete your annual physical early to ensure there is plenty of time to earn and report awards before the program ends!

Start Earning Now...

Annual Physical

Get your annual physical with your primary care physician to start earning rewards dollars. **(Required)**

Health Assessment

Complete an online health assessment and learn about the current status of your health, get suggestions on how to improve your health and well-being, and track your changes!

LiveWell Activities

Participate in many of the online and on-site activities sponsored annually by LiveWell including webinars and workshops.

And Lots More!

Participation in health coaching, as well as completing your preventive vision and dental exams can earn you rewards dollars as well.



2017 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. Note: Employees in a leave without pay status may be subject to additional premiums.

	Full Time Employees				Part Time Employees		
	Total Premium Cost	County Bi-Weekly Share	Employee Bi-Weekly Share	Difference from 2016	County Bi-Weekly Share	Employee Bi-Weekly Share	Difference from 2016
OAP Co-Pay Plan, managed by Cigna							
Individual	\$842.00	\$329.51	\$59.11	\$4.40	\$164.75	\$223.86	\$14.15
2 Party	\$1,641.88	\$566.74	\$191.05	\$13.24	\$283.37	\$474.42	\$29.90
Family	\$2,449.99	\$845.69	\$285.08	\$19.76	\$422.84	\$707.92	\$44.63
OAP 90% Co-Insurance Plan, managed by Cigna							
Individual	\$690.98	\$270.60	\$48.31	\$3.42	\$135.30	\$183.61	\$11.53
2 Party	\$1,357.98	\$469.12	\$157.64	\$10.59	\$234.56	\$392.20	\$24.48
Family	\$1997.09	\$689.95	\$231.78	\$15.53	\$344.98	\$576.76	\$36.14
OAP 80% Co-Insurance Plan, managed by Cigna							
Individual	\$485.37	\$190.42	\$33.60	\$0.00	\$190.42	\$33.60	\$0.00
2 Party	\$946.46	\$327.62	\$109.20	\$0.00	\$163.81	\$273.02	\$0.00
Family	\$1,412.40	\$488.91	\$162.97	\$0.00	\$244.45	\$407.42	\$0.00
MyChoice CDHP, managed by Cigna							
Individual	\$461.30	\$180.97	\$31.93	\$0.00	\$90.48	\$122.42	\$0.00
2 Party	\$899.48	\$311.36	\$103.79	\$0.00	\$155.68	\$259.47	\$0.00
Family	\$1,342.32	\$464.65	\$154.88	\$0.00	\$232.32	\$387.21	\$0.00
Kaiser Permanente HMO							
Individual	\$575.63	\$225.61	\$40.06	\$0.25	\$112.81	\$152.87	\$0.28
2 Party	\$1,121.81	\$387.91	\$129.85	\$0.55	\$193.96	\$323.81	\$0.55
Family	\$1,668.82	\$577.07	\$193.15	\$0.80	\$288.54	\$481.69	\$0.83
Dental							
Individual	\$42.74	\$9.86	\$9.86	\$0.15	\$4.93	\$14.80	\$0.23
2 Party	\$80.74	\$18.63	\$18.63	\$0.27	\$9.31	\$27.95	\$0.42
Family	\$133.06	\$30.71	\$30.71	\$0.46	\$15.35	\$46.06	\$0.69

*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 OAP 80% Co-insurance Plan has been adjusted to comply with the Affordable Care Act (ACA).