

Fairfax County Government Employee Benefits Guide Plan Year 2020



EMPLOYEE BENEFITS



Fairfax County Government

No matter how you feel about benefits, you should always review the materials provided, access online information and try to attend an Open Enrollment meeting. Your benefits can make a difference in your health, wellness and wallet. 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.

What Am I Eligible to Enroll In?

Fairfax County Government offers its employees a wide variety of benefits. From health benefits to disability and leave programs, there is a lot to choose from. Benefits eligibility is tied to your employment status.

Full-time and part-time merit employees can participate in all of the benefits offered by Fairfax County. Part-time, non-merit employees may elect to enroll in the medical (and vision) plan, the dental plan, flexible spending accounts, health savings accounts, the Employee Assistance Program (EAP) and the deferred compensation plan managed by T. Rowe Price.

All employees are eligible to participate in the EAP and LiveWell, our workforce wellness program. If you are unsure of your status, or what you are eligible for, check with the Payroll Contact or HR Manager in your agency.

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.
- Children, step-children, adoptive children or any child you have been granted legal custody of through the courts who is under the age of 18. A copy of the child's birth certificate or appropriate court documents will be required. Once added to plan dependent children can be covered to age 26.

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. Enrollments cannot be canceled without court order release.

Making Changes

Employees can make their 2020 benefit elections through **FOCUS Employee Self Service (ESS)**. Simply log on to Employee Self-Service and select the **My Benefits** tab. Click through the tabs to update dependents, make Open Enrollment changes or to obtain further instructions by viewing the Quick Step Enrollment Guide.

Be sure to save your changes! Use the "save" icon in the upper left hand corner of the screen to save your changes. Print a confirmation receipt or save it as a PDF. No corrections will be permitted without an official printed confirmation. **Screenshots of FOCUS do not verify enrollment.**

Status Changes

If the status of your position changes mid-year, this could be considered a qualifying event, allowing you to make changes to your benefits outside of our annual Open Enrollment period. If you move to a full-time or merit position, you may contact the Benefits Division **within 30 calendar days** to make changes. If you move from a full-time merit position to a non-benefits eligible position in the middle of the year, your elected medical benefits will remain in effect until the end of the year unless otherwise indicated by the employee. If you experience this type of status change and would like to cancel your benefit elections, you must do so by contacting the Benefits Division within **30 calendar days** of your status change.

Qualifying Events

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 benefit elections during the plan year. The change requested must be on account of, and consistent with, the qualifying event and must be requested **within 30 days** of the qualifying event. (For more information on qualifying events visit the Benefits Page on FairfaxNet).

If you experience a qualifying event, and need to make a mid-year change to your benefits, **it is the employee's responsibility to notify DHR Benefits Division within 30 calendar days of the event.** These changes cannot be made in FOCUS or by your agency. All changes take effect on the first of the month following the qualified event except for birth/adoption/placement for adoption which take effect on the date of birth/adoption/placement.



Failure to notify the Benefits Division within 30 calendar days of a qualifying event, or to provide appropriate and timely documentation of the event, will result in no change to your current benefits.

You or your dependents could be left without coverage.

Children Turning 26

If you are covering a child who will be turning 26 this plan year, your child's coverage under Fairfax County benefits will end the last day of the month in which they turn 26. These dependents will be automatically removed from the medical and dental plans. A COBRA Notice will be mailed to the subscribers' address on record in FOCUS. COBRA or the Consolidated Omnibus Budget Reconciliation Act of 1985, requires the county to offer employees and their families the opportunity to extend their health and dental insurance coverage at group rates in certain instances where coverage would otherwise end. For more information on COBRA, visit the Benefits Page on FairfaxNet.

Note that while medical and dental coverage is removed automatically, if this is your sole dependent covered under the Dependent Life Insurance, you must notify the Benefits Division to remove them and cancel your enrollment in this benefit.

Dependents over the age of 18 who are removed from a benefit plan cannot be re-enrolled mid-year as a result of their own qualifying event, i.e. losing coverage through their employer. Qualifying events are special circumstances in employment, benefit eligibility, or status for employees and their spouses only. Children over the age of 18 are emancipated in the state of Virginia. They may be added during Open Enrollment providing they meet all other eligibility criteria.

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Online Users:

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What's New for 2020

Updates to Optional and Dependent Life Insurance

Fairfax County Government will be entering a new contract with Standard for our life insurance and long term disability benefits. This Open Enrollment, employees can elect up to two times their annual salaries in optional life insurance with guaranteed issue, even if previously denied. For more information on how to take advantage of this unique enrollment opportunity, or to learn about enhanced benefit offerings, see the Life Insurance and Long Term Disability sections of this guide.

NEW Vision Care Program

Beginning on January 1, 2020, Fairfax County Government employees and retirees will have a new Vision Care Program provider. Please see the Vision section of this guide for more information on the benefits offered and to learn more about EyeMed.

Tier Changes

Effective on January 1, 2020, Fairfax County Government will alter our four-tier structure to: **Individual, Employee + Child(ren), Employee + Spouse and Family** coverage. This new Employee + Children tier will replace the Employee + Child tier. Employees currently enrolled in the Family tier with more than one child and no spouse enrolled in the plan will be moved to the new Employee + Children tier. This tier will be for one employee with no limit on the number of children that can be covered. No action is needed by you.

Health Savings Account Contributions

For Plan year 2020, the IRS has required an increase in the deductibles and out-of-pocket maximums for High Deductible and Consumer Driven Health Plans. As a result, the county's contribution to employee Health Savings Account will also increase.

For participants enrolled in the MyChoice Plan on January 1, 2020 the county will make a contribution of **\$700 for individuals and \$1,400 for plans covering two or more members**. For more information on these tax-advantaged, investment accounts see the HSA section of this guide.

Health Matters Care Management

Healthy Matters Care Management is an enhanced care program designed to increase engagement and connect members to more resources. This program is available to all Cigna participants. For more details, please refer to the Cigna section of this guide.

Print a Confirmation:

When enrolling in benefits or making any 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 a benefit and no retroactive corrections will be permitted. **Screenshots of FOCUS do not verify enrollment.**

New Deductibles

2020 Medical Plan Deductibles (Individual/Two or More Members)		
Plan Name	In-Network	Out-of-Network
CIGNA OAP Co-Pay Plan	\$0	\$400/\$800
CIGNA OAP 90% Co-Insurance Plan	\$350/\$700	\$700/\$1,400
CIGNA OAP 80% Co-Insurance Plan	\$500/\$1,000	\$1,000/\$2,000
2020 Pharmacy Deductibles		
CIGNA Co-Pay, 90%, and 80% Co-Insurance Plans	\$75/\$100	
2020 CDHP Plan Deductibles (Medical and Pharmacy are combined)		
CIGNA MyChoice Plan	\$1,400/\$2,800	\$2,800/\$5,600

New Out-of-Pocket Maximums

2020 Medical Plan Out-of-Pocket Maximums (Individual/Two or More Members)		
Plan Name	In-Network	Out-of-Network
CIGNA OAP Co-Pay Plan	\$3,000/\$6,000	\$6,000/\$12,000
CIGNA OAP 90% Co-Insurance Plan	\$2,500/\$5,000	\$5,000/\$10,000
CIGNA OAP 80% Co-Insurance Plan	\$3,000/\$6,000	\$6,000/\$12,000
2020 Pharmacy Out-of-Pocket Maximum		
CIGNA Co-Pay, 90%, and 80% Co-Insurance Plans	\$2,000/\$4,000	
2020 CDHP Plan Out-of-Pocket Maximum (Medical and Pharmacy are combined)		
CIGNA MyChoice Plan	\$4,500/\$9,000	\$9,000/\$18,000

New Contribution Limits

Health Savings Accounts - Only for Non-Medicare Participants	
Individual	\$3,550
Two-Party/Family	\$7,100
55 years and older	\$1,000 additional
Flexible Spending Accounts	
Healthcare	\$2,700
Dependent Care	\$5,000



- Attend a meeting or webinar.
- Know what's being offered.
- Use ALEX to help find the best benefits for you.
- Enroll in Flexible Spending Accounts.
- Review your elections carefully.
- Don't wait for the last minute.
- PRINT a confirmation.
- Check contribution amounts.
- Check your beneficiaries.
- Provide documentation if needed.
- Check your county email.



LiveWell Mission

To cultivate 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 Mind+Body Fitness Fest, on-site health coaching, Tai Chi Tuesdays, cooking demonstrations, and more.



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.



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 two years. Get to know your department's ambassador, and consider becoming an ambassador for 2020-2022.



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 newsletters and emails to a listserv. To join the listserv, email LiveWell@fairfaxcounty.gov. Call 703-324-4556 or HR Central at 703-324-3311 (TTY 711) to reach a LiveWell staff member.



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
- 4P Foods Deliveries

Special Events

- Employee Field & Fitness Day
- County Exec Trek
- Mind+Body Fitness Fest
- Wellbeing Expos
- Health Fairs
- Parenthood Events
- Outreach Events
- Department Workshops
- Fitness Center Events



MENTAL WELLBEING RESOURCES

We all have "stuff". The stuff at work or home that causes stress, wakes us up at night or makes our head hurt and heart race. The question is, "what do we do with it?". Do we have the resources to help ourselves? Our family? Our co-workers? Let's be informed and break down the stigma, together. **Need immediate help?** Call the EAP at 877.622.4327, CSB Emergency Services at 703.573.5679, or the National Suicide Prevention Lifeline at 800.273.8255.

LIVEWELL PROGRAMS

MEDITATION MONDAYS & TAI CHI TUESDAYS

Sign up on Employee U for these bi-monthly classes, uniting ancient practices with easy-to-access instruction.

WORKSHOPS & WEBINARS

LiveWell hosts monthly workshops and webinars focused on mental health, resiliency, financial wellbeing, family issues, and mindful living, designed to help you manage stress and boost resiliency.

MIND+BODY FITNESS FEST

The Mind+Body Fitness Fest is a fun, fall event, highlighting the mental and physical wellbeing connection through fitness activities, resiliency boosting information, and a Mind+Body expo.

ADDITIONAL RESOURCES

EMPLOYEE ASSISTANCE PROGRAM (EAP)

This free, confidential service is available to all Fairfax County Government employees and their household members. The EAP provides counseling services, financial and legal guidance, work-life resources such as relocation and childcare assistance, and online tools and information. Visit mycigna.com or call 877.622.4327 for more information, 24/7.

HEALTH COACHING

Ready to manage stress, get healthy, and change your life? Cigna and Kaiser Permanente members can access free, confidential coaching online and over the phone, and in-person.

MENTAL HEALTH FIRST AID

Mental Health First Aid is a public education program offered by the Fairfax-Falls Church Community Services Board that can help communities understand mental illnesses, seek timely intervention, and save lives. Fairfax County employees can attend the training free of charge. Visit the CSB website on fairfaxcounty.gov to learn more.



Employee Assistance Program

This benefit is available to all employees of Fairfax County Government, regardless of status, and their household members. You do not need to be enrolled in one of the Cigna medical plans to take advantage of it.

Ever have one of those days...one of those weeks... one of those months? Maybe the EAP can help. EAP personal advocates will work with you and your household members to help resolve issues you may be facing, connect you with the right mental health professionals, direct you to a variety of helpful resources in your community and more.

Consultations: 24/7 access to a licensed counselor to help you with emotional, behavioral, and other issues. You can schedule a free face-to-face counseling session with a contracted, licensed counselor, talk with an EAP telephone consultant, or use live chat with a representative anytime.

Substance Use Disorders: Getting treatment for substance use disorder is difficult. Contact the EAP to find resources available to you.

Legal and Financial Assistance: 30-minute consultation with an attorney face-to-face or by phone or 30-minute telephone consultation with a qualified specialist on topics such as debt counseling or planning for retirement.

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

Emergency Services: Including domestic abuse and support group services.

Parenting and Family Life: 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.

Convenience Services: Make your day a little easier with help finding what you're looking for including: Travel and Recreation, Relocation and Moving, Home Maintenance, and Event Planning.

Here For You

Contact us any day, anytime

Call 1.877.622.4327

Employer ID: fairfaxcounty

or

MyCigna.com

Register or log in to access
EAP "Review My Coverage"

1. Preventive Care 100% Free to you on all plans

What's more important than your health? Preventive care is the most valuable benefit offered to you. Many illnesses and even pre-mature deaths can be preventable. All of our health plans offer 100% free in-network preventive care. So why aren't you using this benefit

2. Long Term Disability

Can you afford the consequences of not having long term disability (LTD) coverage? LTD is a critical safety-net benefit that can help pay your salary if you are unable to work.

3. RECenter Passes

Employees and retirees receive special membership rates to the county's nine Rec Centers offering the latest exercise equipment, top aquatics facilities, fitness classes and more. Visit the LiveWell Page on FairfaxNet.

4. Telephonic Health Coaching

Need to change some unhealthy behaviors? Health Coaching is a personal support program available for medical plan participants. The program provides a one-to-one coaching to set an action plan, appropriate goals, and to move forward. Make an appointment at www.mycigna.com or www.kp.org

5. LiveWell's Parenthood Event

Whether you are having a baby, adopting, fostering, or otherwise planning to add a child to your family, there is a lot to consider. The Parenthood Event is designed to connect you with resources. To learn more, visit the LiveWell Page on FairfaxNet.

6. ALEX

This easy, fun, and interactive benefits software tool helps employees make better decisions about their benefits and finances. Have you tried ALEX? Why not? Access ALEX from anywhere at www.myalex.com/fairfaxcounty/2020

7. EAP

The Employee Assistance Program (EAP) is another free benefit offered to all employees and their household members. The EAP can help you with most of the things that cause you stress, quickly and confidentially. They are there for you 24/7.

8. Deferred Compensation "Special Catch-Up"

Something unique about a 457(b) vs a 401(k) is the Special Catch-Up. The plan allows a special "last 3-year catch-up", which could allow you to defer twice the annual limit in the three years before you reach the plan's normal retirement age. For more information, contact our onsite Help Desk at Fairfax457@troweprice.com

9. Telehealth

If you are enrolled in a Fairfax County medical plan, you have access to video visits or Telehealth. Talk to a doctor from anywhere, 24/7 from your mobile device. These secure, no or low cost visits provide convenient access to quality care.

10. Nutritionist Visits

A nutritionist offers more than "diet plans". Nutritionists can not only help you eat better to lose weight but they can also help you with food allergies or address family histories like heart disease and cancer. Find out more at mycigna.com or kp.org.

Top 10 Often Missed Benefits



MotivateMe

Total Wellbeing Program 2020

Earn up to \$200 per year



	GOAL TYPE	DESCRIPTION	AWARD TYPE	AMOUNT
REQUIRED	ANNUAL PHYSICAL: EMPLOYEE	A preventive exam with a primary care provider, including lab work.	Required for Cigna members Must be up to date, per Kaiser Permanente guidelines	Combined \$100
	HEALTH ASSESSMENT: EMPLOYEE	A confidential questionnaire about your wellbeing and health behaviors.	Required annually for Cigna and Kaiser Permanente members	BOTH are REQUIRED to earn additional rewards
SPOUSE	ANNUAL PHYSICAL: SPOUSE	A preventive exam with a primary care provider, including lab work. The subscriber earns the rewards.	One per year	\$25
	HEALTH ASSESSMENT: SPOUSE	Completion of the health assessment by a spouse covered under a Fairfax County health plan. The subscriber earns the rewards.	One per year	\$25
SCREENING	CANCER SCREENINGS	Choice of 1 screening per year: -Colon cancer screening -Cervical cancer screening -Prostate cancer screening -Mammogram	One per year	\$30
COACHING	TELEPHONIC HEALTH COACHING	Make progress toward a health goal, or achieve them with telephonic coaching, through Cigna and Kaiser Permanente.	Make progress toward one health goal per year.	\$10
			Achieve one health goal per year, in partnership with your coach.	\$30
ONLINE	OMADA	Complete at least 16 lessons of the Cigna Omada program. (for Cigna members)	One per year	\$25
SELF	DENTAL EXAM*	Visit your dentist for a dental/oral examination.	Two per year	\$5 each
SELF	VISION EXAM*	Visit an optometrist, ophthalmologist or other eye health professional for a vision exam.	One per year	\$5
SELF	LIVEWELL WORKSHOPS & WEBINARS*	Participate in live classes, sponsored by LiveWell, online webinars or in-person workshops.	Workshops: 2 per year	\$10 each
			Webinars: 2 per year	\$5 each
SELF	TOBACCO FREE PLEDGE*	Attest to being tobacco free (including smoking, vaping, smokeless tobacco, etc.).	One per year	\$5

SELF REPORTED*

QUESTIONS? 703.324.4556, LIVEWELL@FAIRFAXCOUNTY.GOV

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 preventive care.

How does MotivateMe work?

Cigna subscribers 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 posted on mycigna.com by December 31, 2020.**

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. 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, 2020.**

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.



What activities are required to earn rewards?

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. **Points must be posted to the MotivateMe portal by December 31, 2020 or rewards will not be given.** 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 completed and posted. Items marked with an asterisk are self-reported, through the MotivateMe portal or passport.* Participants can earn up to \$200 per year.

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

No. 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.





Medical Plans

For the 2020 plan year, the county will continue to offer the four self-insured plans managed by Cigna and the fully insured HMO managed by Kaiser Permanente. The information provided in the following pages is designed to help you select the best Medical Plan for you and your family. Please take the time to read the information provided. **Cigna managed OAP Co-Pay Plan will end effective December 31, 2020.**

ALEX

The following pages will give an overview of the benefits offered by Fairfax County for plan year 2020, including medical, dental, life, long-term disability, flexible spending accounts, health savings accounts and more. Detailed information can be found online, at our Open Enrollment meetings and Health Fairs. But 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/2020

Qualifying Events

All mid-year changes take effect on the first of the month following the qualified event except for birth/adoption/placement for adoption which take effect on the date of birth/adoption/placement. It is the employee's responsibility to notify the Benefits Division of a qualifying event. Failure to notify the Benefits Division **within 30 calendar days** of a qualifying event, or to provide appropriate and timely documentation of the event, will result in no change to your current benefits. Your dependents could be left with no coverage.

Telehealth

Whether it's a late night illness or you're not feeling well on vacation, all participants in a Fairfax County medical plan have access to telehealth providers. 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. Cigna participants can access telehealth through American Well® and MDLIVE® and Kaiser Permanente participants can have a "video visit" with a Mid-Atlantic Kaiser provider for no co-pay. But don't wait until the next time you're feeling under the weather. Illness can strike anytime so be prepared and download the app and enroll today.

Preventive Care

Preventive care services are provided when you don't have any symptoms and haven't been diagnosed with a health issue connected with the preventive service. Preventive care is typically provided during a wellness exam or an annual physical. The preventive services you receive are based on your age, gender, personal health history and current health. The medical plans offered by Fairfax County Government offer most preventive services at no cost but it is important to note that not all medical visits and health screenings are considered a preventive service. If you consult with your physician about specific medical conditions or you have a health issue that requires additional screenings, this is not preventive care and you could be charged.

Kaiser Permanente HMO

This plan is a local medical center based HMO or Health Maintenance Organization for the Mid-Atlantic region. Participants pay co-pays for in-network services at Kaiser Facilities only. 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.

Cigna Managed Medical Plans

All of the medical plans managed by Cigna offer in- and out-of-network services and access to the Open Access Plus (OAP) Network, Cigna's largest national network. No PCP designation and referrals are required

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.

Cigna's Healthy Pregnancies, Healthy Babies Program

This special 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, and start earning rewards, visit MyCigna.com.

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 MyCigna.com

Health Matters Care Management

Health Matters Care Management is an enhanced care management program designed to increase engagement and connect members to more resources. This program is available to all Cigna participants who receive inpatient care. This program offers integrated enhancements to medical, pharmacy and behavioral care combined with a community support model and a transition specialist for timely discharge and pre- and post-discharge outreach.

Cigna OAP 90% and 80% Co-Insurance Plans

Each of these plans offer in- and out-of-network coverages and access to the Open Access Plus (OAP) Network. No referrals or PCP selection is required. In-Network preventive services are covered at 100% and all other covered medical services are subject to a deductible. A deductible is the amount you pay each year for most eligible medical services before your health plan begins to share in the cost. After satisfying the deductible, participants are responsible for a co-insurance or a percentage of the bill. Participants in the 90% Co-Insurance Plan would be responsible for 10% of the negotiated rate for services they receive in-network. A service for \$100 would cost 10% or \$10.

For a lower premium, the 80% Co-Insurance Plan is available. After meeting the annual deductible, participants are responsible for a 20% co-insurance. For a service of \$100, your cost would be 20% or \$20.

Participants continue to pay co-insurances until they reach the out-of-pocket maximum. A Pharmacy Plan with a separate deductible is included with both plans. See the *At-A-Glance* section of this guide for information on deductibles, out-of-pocket maximums and more.



Cigna OAP MyChoice CDHP

The MyChoice Plan is our Consumer Driven Health Plan or High Deductible Health Plan. This style plan offers lower premiums with higher deductibles and allows enrollees to participate in a tax-advantaged savings plan called a Health Savings Account (HSA). Once the deductible has been satisfied, the plan is similar to the 90% Co-Insurance Plan, covering 90% of the cost of in-network services until the out-of-pocket maximum is reached (see the At-A-Glance section for details). This plan gives you access to the OAP network, requires no referrals, or PCP selection.

Important differences to note about this plan are:

- Both drug and medical costs count against the annual deductible.
- There is a combined two-party or family deductible where all members contribute to the total however no one person will be responsible for the family out-of-pocket maximum for in-network services.

Health Savings Accounts (HSAs)

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, not 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.

- To participate, you must be covered under a qualified high deductible health plan, and cannot have other health coverage - including being enrolled in Medicare or TRICARE or participating in a spouse's Flexible Spending Account.
- 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.
- Participants who are 55 years or older can contribute an additional \$1,000.
- You can use your HSA dollars for qualified out-of-pocket expenses incurred by you, your spouse, and/or any dependents you claim for tax purposes.
- 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.
- For a complete list of qualified expenses see IRS Publication 502.

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 provide you. You can use this card just like a debit card and pay for services directly at the point of sale, 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.

How do I change my contribution?

You can adjust the contribution into your Health Savings Account at any time. Complete a Health Savings Account Change Form which can be found on the Benefits Page of FairfaxNet (Medical Plans > MyChoice CDHP > Additional Resources). Return the completed form to the Benefits Division and your requested change will generally go into effect the first of the month after we receive it.

How do I open an investment account?

Log on to MyCigna.com. Choose “Health Savings Account” under Review My Coverage. Click on the Health Savings Account link and then click on the “Investment Options” tab. Follow the steps to enroll in the investment account, which will prompt you to make an initial transfer. Cigna offers two investment account options: a self-directed mutual fund option managed by DEVENIR or a self-directed brokerage option powered by TD Ameritrade. Don’t know where to start? Call the number on the back of your Cigna HSA card.



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?	\$2,700	\$3,550/\$7,100
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

	CIGNA OAP MyChoice CDHP with HSA		CIGNA OAP 90% C
	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: \$700 Individual/\$1,400 Family*		Not Eligible for Fund
Annual Deductible	\$1,400 Individual* \$2,800 Family*	\$2,800 Individual* \$5,600 Family*	\$350 Individual \$700 Family
Annual Out-of-Pocket Limit	\$4,500 Individual \$9,000 Family	\$9,000 Individual \$18,000 Family	\$2,500 Individual \$5,000 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		\$75 Individual
Annual RX Out-of-Pocket Limit	Medical and Prescription Drug limit combined		\$2,000 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
\$700 Individual \$1,400 Family	\$500 Individual \$1,000 Family	\$1,000 Individual \$2,000 Family	\$0
\$5,000 Individual \$10,000 Family	\$3,000 Individual \$6,000 Family	\$6,000 Individual \$12,000 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/\$150 Family	\$75 Individual/\$150 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/\$4,000 Family	\$2,000 Individual/\$4,000 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) 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	

Cigna OAP Co-Pay Plan

NOTE: This plan will be discontinued December 31, 2020.

Current participants wishing to add or remove dependents, but maintain enrollment, must use form provided by the Benefits Division.

	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	\$400 Individual/\$800 Family
Annual Out-of-Pocket Limit	\$3,000 Individual/\$6,000 Family	\$6,000 Individual/\$12,000 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 deductible is met
Inpatient Hospital Facility	\$300 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% Maximum benefit is \$2,800 every 36 months	Plan pays 100% 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)	\$300 per admission co-pay, then Plan pays 100% co-insurance	Plan pays 70% co-insurance after plan deductible is met
Annual Prescription Drug Deductible	\$75 Individual/\$150 Family	
Annual RX Out-of-Pocket Limit	\$2,000 Individual/\$4,000 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

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Dental Insurance

Delta Dental of Virginia				
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/panelpipse 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.



Vision Insurance



Welcome to Fairfax County Government EyeMed. Beginning January 1, 2020, employees, retirees and their families will have a new Vision Care Program provider. As one of America's fastest growing vision benefit providers, EyeMed offers an enhanced benefit to those enrolled in a Fairfax County Government medical plan. All subscribers will receive a Welcome Packet at their home address with additional information on the new plan, in-network doctors near them, and two cards to access vision care services.

This is a new program and new vendor partner. Some participants in our Vision Care Program may find that their current eye care provider is no longer in-network. This plan offers out-of-network benefits, however, we highly encourage everyone to seek in-network services. For more information on this plan or to find an in-network provider in EyeMed's Insight Network, visit www.eyemed.com.

Enhanced Benefits

- In-network, preventive eye exams, \$0 Co-Pay.
- Retinal Imaging and other added benefits for members diagnosed with diabetes, \$0 Co-Pay.
- Standard and Premium Anti-Reflective Coating In-Network, \$0 Co-Pay.
- Annual benefit of frames, lenses AND contact lenses.
- Insight Network includes retailers like Target Optical, LensCrafters, MyEyeDr, America's Best, Pearle Vision, JC Penney and Sears Optical.
- Convenient online shopping. Apply EyeMed benefits in your shopping cart at many popular online eyewear stores, with free shipping, free returns and no paperwork. In-Network online stores include: LensCrafters, Target Optical, Glasses.com, ContactsDirect, and Ray-Ban.
- 40% off a complete second pair of glasses, or 20% off your balance for frames, lenses, or lens options even after you've maxed out your benefits.
- \$20 off contact lenses from ContactsDirect.com.



For more information, or to find an in-network provider, visit www.eyemed.com or call their Open Enrollment line at (866) 804-0982.



Fairfax County

Additional discounts

40% OFF

Complete pair of prescription eyeglasses

20% OFF

Non-prescription sunglasses

20% OFF

Remaining balance beyond plan coverage

These discounts are not insured benefits and are for in-network providers only

Take a sneak peek before enrolling

- You're on the INSIGHT Network
- For a complete list of in-network providers near you, use our Enhanced Provider Locator on eyemed.com or call 1.866.804.0982.
- For LASIK providers, call 1.877.5LASER6.

SUMMARY OF BENEFITS

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	\$0 Co-pay	Up to \$40
Retinal Imaging	Up to \$39	N/A
Frames	\$0 Co-pay, \$150 Allowance, 20% off balance over \$150	Up to \$50
Standard Plastic Lenses		
Single Vision	\$0 Co-pay	Up to \$50
Bifocal	\$0 Co-pay	Up to \$75
Trifocal	\$0 Co-pay	Up to \$100
Lenticular	\$0 Co-pay	Up to \$150
Standard Progressive Lens	\$50 Co-pay	Up to \$75
Premium Progressive Lens ^A	\$80 Co-pay - \$175 Co-pay	
Tier 1	\$80 Co-pay	Up to \$75
Tier 2	\$90 Co-pay	Up to \$75
Tier 3	\$105 Co-pay	Up to \$75
Tier 4	\$175 Co-pay	Up to \$75
Lens Options		
UV Treatment	\$12 Co-pay	Up to \$5
Tint (Solid and Gradient)	\$12 Co-pay	Up to \$5
Standard Plastic Scratch Coating	\$0 Co-pay	Up to \$5
Standard Polycarbonate	\$30 Co-pay	Up to \$5
Standard Polycarbonate-Kids under 19	\$0 Co-pay	Up to \$5
Standard Anti-Reflective Coating	\$0 Co-pay	Up to \$5
Premium Anti-Reflective Coating	\$0 Co-pay	Up to \$5
Photochromic/Transitions	\$65	Up to \$5
Polarized	20% off retail	N/A
Other Add-Ons and Services	20% off retail	N/A
Contact Lens Fit and Follow-Up (Contact lens fit and follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-Up	Up to \$40	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail price	N/A
Contact Lenses (Contact lens allowance includes materials only.)		
Conventional	\$0 Co-pay, \$150 Allowance, 15% off balance over \$150	Up to \$140
Disposable	\$0 Co-pay, \$150 Allowance; plus balance over \$150	Up to \$140
Medically Necessary	\$0 Co-pay, paid-in-full	Up to \$225
Laser Vision Correction		
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Hearing Care		
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and a low price guarantee on discounted hearing aids	N/A
Frequency		
Examination	Once every 12 months	
Lenses	Once every 12 months	
Contacts	Once every 12 months	
Frame	Once every 12 months	

Benefits Snapshot

Exam, with dilation as necessary (once every 12 months)
 Frames (once every 12 months)
 Single Vision Lenses (once every 12 months)
 or
 Contacts (once every 12 months)

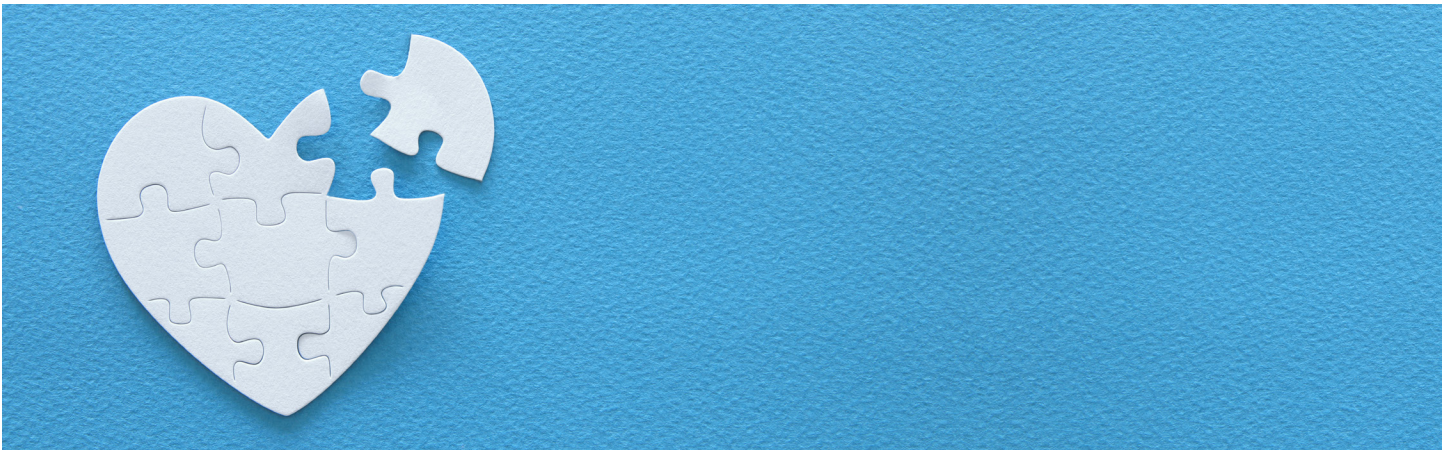
With EyeMed

\$0 Co-pay
 \$0 Co-pay, \$150 Allowance; 20% off balance over \$150
 \$0 Co-pay
 \$0 Co-pay, \$150 Allowance; plus balance over \$150

Out-of-Network Reimbursement

Up to \$40
 Up to \$50
 Up to \$50
 Up to \$140





Group Term Life Insurance

From October 15 through November 1, 2019, employees can elect Optional Life Insurance, up to two-times their annual salary and Dependent Life Insurance without Evidence of Insurability or EOI, *even if they have been denied previously*. Fairfax County will be continuing their partnership with Standard for Life Insurance and Long Term Disability benefits but due to a new contract, employees will have this one-time open enrollment period for life insurance. Employees who wish to maintain their current level of coverage need to take no action.

Basic Life Insurance

One of the most important benefits offered by Fairfax County is Group Term Life Insurance. No one likes to think about what might happen to their family and loved ones if you lose your life as a result of illness or injury. But you can get a little peace of mind with this benefit. All merit employees are automatically enrolled in Basic Life Insurance on their first day of employment. This benefit is paid by Fairfax County Government and insures you for equal to your annual salary.

Optional Life Insurance

Want to offer your loved ones a little more protection beyond the basic coverage? Employees may elect, and pay the premiums for up to four times their annual salary (rounded to the next higher \$1,000, with a maximum coverage of \$1 million). For a schedule of the age-banded rates, plan details, and highlights, visit the Benefits Page on FairfaxNet or contact The Standard's On-Site Representative at 703-324-3351.

Don't Miss This

Act Now to protect your loved ones! Enroll in increased benefits without EOI.

Coverage amounts are reduced to 65% of the original face value when you turn 65 or retire, whichever occurs first. At age 70, the total coverage amount reduces to 50% for active employees and 30% for retirees. Reductions are off the original face value.

Dependent Life Insurance

Beginning on January 1, 2020, Fairfax County is offering an enhanced dependent life insurance. For the same rate as you have previously paid, you can now insure the lives of your dependents for more. If you want to enroll in the new benefit tier, you will have to do so using FOCUS ESS before the Open Enrollment deadline. And, if you have not previously enrolled, now is a great time to do it. During this Open Enrollment period, you can add Dependent Life Insurance, even if your spouse or dependent has been denied previously. **GUARANTEE ISSUE!**

	Spouse	Child	Rate/Month
Option 3	\$25,000	\$15,000	\$5.30
Option 2	\$15,000	\$10,000	\$2.64
Option 1	\$10,000	\$5,000	\$1.32

Long Term Disability

It is estimated that one in four workers will become disabled before they retire. Have you ever 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? Long Term Disability Insurance can help.

For LTD benefits to be pay, you must first be enrolled and then out of work for 60 days due to an illness or injury. Once your claim is approved, The Standard will pay you a monthly benefits of 60% of your monthly basic earnings up to \$5,000. Because you pay 100% of the premium on an after tax basis, any benefit paid to you by The Standard is tax-free.

Due to a new contract with The Standard, employees can enroll in Long Term Disability outside of their 30 days of initial eligibility without completing EOI and being approved by The Standard Life Insurance underwriters, even if you have been denied previously. Disability insurance replaces a part of your income when you can't work because of a qualifying disability, including an injury, illness, or mental health issue.

What is Guarantee Issue

Guaranteed issue refers to insurance coverage that is guaranteed to be issued to applicants regardless of their health status. At Fairfax County, you are guaranteed the following coverages within your initial 30 days of eligibility: LTD, optional life insurance for up to 2X your annual salary, and dependent life. Any increase at a later date requires approval by The Standards underwriters.

What is Evidence of Insurability

Evidence of Insurability or EOI is an application process in which you provide information on your health or the health of a dependent. Based on this information you could be denied a benefit that has not been guaranteed issue.

Protect Your Paycheck

You can enroll in Long Term Disability with no questions asked! Now is the time. Covers disabilities caused by accidents but also illnesses such as cancer and heart disease.

Beneficiaries

Do you know who's getting your money? This is a great time to check your beneficiaries! Here's how:



Benefit	Manager	How to Check	How to Update
Deferred Comp/457	T. Rowe Price	rps.troweprice.com	rps.troweprice.com
Heath Savings Accounts (HSA)	Cigna/HSA Bank	www.MyCigna.com	www.MyCigna.com
Life Insurance (Basic Group Term and Optional)	Standard	Call DHR Benefits at (703) 324-3311	Complete a paper form and return it to the Benefits Division
Retirement/Pension	Retirement Systems	Login to your account www.fairfaxcounty.gov/retirement/	Complete a paper form and submit it to the Retirement Systems



Ways to Save

Defined Benefit Plan

The Defined Benefit Plan is more commonly known as the pension plan. It is just one of the retirement plans available at Fairfax County. If you are considering D.R.O.P. or retirement, please see the special Retirement Readiness 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

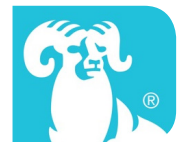
Deferred Compensation (457 Plan)

You're probably thinking you have the pension plan so you're all set for retirement or maybe you are too young to consider retirement. 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 post-work life. The 457(b) Plan is managed by T. Rowe Price. Do not miss out on this opportunity to build a substantial nest egg for your future.

- Eligible employees may enroll or change their contribution amount (increase, decrease, or stop) at any time.
- New enrollments, as well as changes in deductions (increases or decreases), are effective the first of the next month following the enrollment/change. Employees will see the enrollment or change in the paycheck where the first of the month falls. Deferral stops will be effective on the first available payday after the request has been received.
- The maximum annual contribution limit is 80% of your gross wages or the normal contribution limit in effect that year, whichever is less. The 2020 normal contribution limit is **\$19,500**. Participants age 50 and older are eligible to defer an additional amount, above the normal contribution limit. Employees who qualify for normal retirement in less than four years may be eligible for a higher contribution limit called a special catch-up.
- Status E Part-time, Non-Merit employees are now eligible to participate in the Fairfax County Deferred Compensation Plan. Their enrollment in this plan is not automatic.

Stay connected to your investments while on the go with the free, fully optimized T. Rowe Price app.



For more information contact the on-site T. Rowe Price representative at Fairfax457@troweprice.com.

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.

Healthcare Flexible Spending Account

- In 2020, The Healthcare maximum annual contribution is **\$2,700** 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, 2021. Be sure to submit your grace period claims before the end of your 90-day run-out period of March 31, 2021.

For a complete list of qualified expenses see IRS Publication 502

Dependent Care Flexible Spending Account

- In 2020, 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, 2021 will be lost.

A few important things about FSAs:

- **You MUST Re-Enroll Annually:** 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.
- **Choose the correct Account:** Healthcare Flexible Spending Accounts (FSAs) are for the medical expenses for you and your dependents. Dependent Care FSAs are for the physical care of your dependents.
- **Save Your Changes:** As you enroll using FOCUS ESS, after Step Number 7, Save and Review, you **MUST** use the save button in the upper left corner of the screen.
- **Print a Confirmation:** 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. Screenshots of your FOCUS record will not suffice.
- **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, 2021 you can request reimbursement for eligible expenses. Both Flexible Spending Account types are administered through WageWorks.



Retirement Readiness

Fairfax County Employees who are benefit eligible and qualify for 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. The Cigna OAP MyChoice Plan will also be available to retirees under 65 and not eligible for Medicare 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 while enrolled in an active medical plan.

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 while enrolled in an active medical plan.

What happens to my benefits when I retire?

Medical/Vision and Dental – Active benefits, will remain in effect until the last day of the month in which you retire. You may have the option of continuing this coverage. To continue benefits, or permanently cancel coverage, a completed Retiree Benefits Enrollment Form **must** be submitted to the Benefits Division.

Note: If you or your dependents are Medicare eligible, Fairfax County Government requires enrollment in Medicare Parts A and B at earliest eligibility to maintain coverage under our medical plans. To ensure you do not lose coverage, we encourage you to apply for Medicare 90-days prior to your retirement date. The Benefits Division can provide Form CMS-L540 proving credible coverage upon request. And Kaiser enrollment requires additional form completion to be enrolled in the Kaiser Medicare plan.

Group Term, Optional and Dependent Life Insurance – Life Insurance coverage will end on the last day of the month in which you retire. You may have the option of continuing this coverage.

Note: coverage reduces to 65% of the original face value when turning 65 or upon retirement, whichever comes first. Coverage reduces again at designated age milestones.

To continue benefits or permanently cancel coverage, a completed Retiree Benefits Enrollment Form must be submitted to the Benefits Division. For options on converting this policy call HR Central at (703) 324-3311.

Long Term Disability – Long Term Disability coverage will end on the last day of the month in which you retire. For options on converting this policy call HR Central at (703) 324-3311.

Healthcare Flexible Spending Accounts – Retired employees will have access to the full amount elected into their Healthcare Flexible Spending Account (FSA). For reimbursement, dates of service must be on or before the last day of the month of your separation. Reimbursement requests must be submitted before the plan's run-out period expires. Your current FSA card will be deactivated the day of separation. You may have the option of continuing this coverage under COBRA. By electing COBRA, you will remain active in the benefit until the end of the plan year and can continue to use the funds in the account for dates of service incurred after separation. Contributions made to the account post-termination will be on an after-tax basis.

Dependent Care Flexible Spending Accounts - Retired employees will have access to the accrued amount in their Dependent Care Flexible Spending Account (FSA) for reimbursement, and dates of service must be on or before the last day of the month of your separation. Reimbursement requests must be submitted before the plan's run-out period expires.

Health Savings Accounts – A Health Savings Account is a private bank account in the employee's name and the funds are 100% vested to the employee the date of deposit. The funds in this account will remain in the account with no required distribution. Retired employees can continue to access the funds for qualified medical expenses no matter which health plan they are enrolled in; however, contributions can only be made by those enrolled in a qualified health plan. The account is portable and transfer/rollover options are available.

Leave – You will receive your final pay per the usual biweekly pay schedule. The payment for your unused leave balances will be received on the payday following receipt of your final pay. This leave payoff will be deposited in your bank account via direct deposit. You will not be paid for unused sick leave. Questions concerning your final pay, leave payoff or outstanding amount owed may be directed to your department payroll contact or to the Payroll Division of the Department of Human Resources at (703) 324-3311.

Employee Assistance Program (EAP) – Coverage under the EAP ends the last day of your employment.



Who to Contact

General Assistance

Benefits & LiveWell	HR Central	(703) 324-3311	hrcentral@fairfaxcounty.gov
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Cigna managed Medical Plans

Vendor Partner	Cigna	(800) 244-6224	www.mycigna.com
On-Site Help Desk	Keisha Lewis	(703) 324-2446	keisha.lewis@cigna.com
Home Delivery RX	Cigna	(800) 835-3784	www.mycigna.com

Deferred Compensation/457(b) managed by T. Rowe Price

On-Site Help Desk	Marie Canterbury	(703) 324-4995	Fairfax457@troweprice.com
On-Site Help Desk	Kelli Parris	(703) 324-4995	Fairfax457@troweprice.com
Vendor Partner	T. Rowe Price	(888) 457-5770	www.rps.troweprice.com

Dental Plan

Vendor Partner	Delta Dental	(800) 237-6060	www.deltadentalva.com
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Employee Assistance Program (EAP)

24-Hour Line	All Employees	(877) 622-4327	www.mycigna.com
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Flexible Spending Accounts

Vendor Partner	Wage Works	(855) 428-0446	www.wageworks.com
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Health Savings Accounts

Vendor Partner	HSA Bank	(800) 357-6246	www.mycigna.com or www.hsabank.com
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Kaiser Permanente

Vendor Partner	Kaiser Permanente	(301) 468-6000	www.kp.org
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Life Insurance and Long Term Disability

On-Site Help Desk	Lonna Owens	(703) 324-3351	lonna.owens@standard.com
Vendor Partner	The Standard	(800) 628-8600	www.standard.com

Vision Care Program

Open Enrollment Line	EyeMed	(866) 804-0982	www.eyemed.com
Member Services	EyeMed	(866) 800-5457	www.eyemed.com

Miscellaneous, Non-DHR Contacts

Defined Benefit/Pension	Retirement Systems	(703) 279-8200	retirementquestions@fairfaxcounty.gov
Medicare	Medicare	(800) 633-4227	www.medicare.gov



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
- Prostheses 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.

FEDERALLY MANDATED NOTICES CONTINUED

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).

2020 Health and Dental Premiums

Open Enrollment: October 15 - November 1, 2019

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 2019	Employee Annual Premium	County Bi-Weekly Share	Employee Bi-Weekly Share	Difference from 2019
OAP Co-Pay Plan, managed by CIGNA - Plan Closed to New Entrants							
Individual	\$330.64	\$72.58	\$0.19	\$1,887.08	\$165.32	\$237.90	\$0.62
Employee+Child(ren)	\$539.41	\$231.18	\$0.80	\$6,010.68	\$269.70	\$500.88	\$1.73
Employee+Spouse	\$595.26	\$255.11	\$0.60	\$6,632.86	\$297.63	\$552.73	\$1.30
Family	\$851.24	\$364.82	\$1.10	\$9,485.32	\$425.62	\$790.44	\$2.37
OAP 90% Co-Insurance Plan, managed by CIGNA							
Individual	\$292.00	\$52.34	\$1.18	\$1,360.84	\$146.00	\$198.34	\$4.47
Employee+Child(ren)	\$489.04	\$165.63	\$6.45	\$4,306.38	\$244.52	\$410.15	\$10.91
Employee+Spouse	\$539.51	\$182.72	\$6.18	\$4,750.72	\$269.75	\$452.48	\$11.12
Family	\$771.68	\$261.36	\$6.00	\$6,795.36	\$385.84	\$647.20	\$14.86
OAP 80% Co-Insurance Plan, managed by CIGNA							
Individual	\$208.83	\$36.85	\$1.22	\$958.10	\$208.83	\$36.85	\$1.22
Employee+Childr(en)	\$350.41	\$116.81	\$4.03	\$3,037.06	\$175.20	\$292.01	\$10.05
Employee+Spouse	\$386.30	\$128.77	\$4.21	\$3,348.02	\$193.15	\$321.92	\$10.53
Family	\$552.80	\$184.27	\$6.21	\$4,791.02	\$276.40	\$460.67	\$15.53
MyChoice CDHP, managed by CIGNA							
Individual	\$186.38	\$32.89	\$0.16	\$855.14	\$93.19	\$126.08	\$0.62
Employee+Child(ren)	\$312.77	\$104.26	\$0.67	\$2,710.76	\$156.39	\$260.64	\$1.66
Employee+Spouse	\$344.70	\$114.90	\$0.50	\$2,987.40	\$172.35	\$287.25	\$1.26
Family	\$493.36	\$164.46	\$0.92	\$4,275.96	\$246.68	\$411.13	\$2.28
Kaiser Permanente HMO							
Individual	\$262.68	\$46.72	\$3.97	\$1,214.72	\$131.34	\$178.06	\$15.13
Employee+Child(ren)	\$440.05	\$148.25	\$13.36	\$3,854.50	\$220.02	\$368.28	\$32.12
Employee+Spouse	\$485.37	\$163.52	\$13.70	\$4,251.52	\$242.69	\$406.20	\$34.02
Family	\$694.33	\$233.92	\$19.89	\$6,081.92	\$347.16	\$581.09	\$49.42
Delta Dental of Virginia							
Individual	\$10.05	\$10.04	\$0.47	\$261.04	\$5.02	\$15.07	\$0.72
Two-Party	\$18.98	\$18.98	\$0.91	\$493.44	\$9.49	\$28.47	\$1.36
Family	\$31.28	\$31.27	\$1.48	\$813.02	\$15.64	\$46.91	\$2.23

*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)