

# Open Enrollment Guide for Retirees

## 2016 Plan Year

Produced by the Fairfax County Department of Human Resources Benefits Division



## Open Enrollment: Oct. 1 - Oct. 22

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

The county will continue to offer the three self-insured plans managed by Cigna and the fully insured HMO managed by Kaiser-Permanente. To continue to manage cost and keep premium increases down there are some co-payment and out-of-pocket maximum changes for the 2016 plan year. See itemized changes on Page 2. Also effective for January 1st, all Medicare eligible Cigna plan participants over the age of 65 will have their prescription coverage through the new Group Medicare Part D Prescription Drug program administered by Cigna-HealthSpring Rx PDP.

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

Retirees and their covered dependents who become eligible for Medicare due to age or disability are required to elect and maintain Medicare Part A and Part B as soon as they are eligible. To ensure no lapse in coverage, you should apply for Medicare three (3) months before your 65th birthday or disability effective date.

### Medical Plans Offered

OAP Co-Pay Plan	OAP 90% Co-Insurance Plan	OAP 80% Co-Insurance Plan	Kaiser Permanente
<b>Fairfax County Medical Plans managed by Cigna</b>			
Co-pay structure for in-network services; Co-insurance with annual deductible for out-of-network services.	Co-insurance design with modest deductible and 90% co-insurance for in-network services. Features low out-of-pocket maximum.	Lowest premium. Co-insurance design with annual deductible and 80% co-insurance for in-network services. Out-of-pocket maximum to reduce financial risk for unexpected services.	Current HMO medical center based design continues for 2016.  Plan open for Medicare-eligible retirees Jan. 1, 2016
Group Medicare Part D Prescription Drug plan administered by Cigna-HealthSpring Rx PDP for all Medicare eligible Retirees over 65 and their Medicare eligible dependents over age 65			

### How to Enroll:

If you are making changes to your dependents or electing a different plan for 2016, you will need to complete the enrollment form enclosed in your Open Enrollment Packet.

The completed form should be returned to:  
Fairfax County Benefits Division  
12000

Government Center Parkway,  
Suite 270  
Fairfax, VA 22035  
or  
FAX to 703-802-8795.

**Forms must be received by Thursday, Oct. 22, 2015.**

If you are not changing plans or dependents please do not return a form.

# Plan Change Highlights for 2016

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

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

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

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

## **All County Plans administered by Cigna** –

- Increase in Urgent Care co-pay from \$25 to \$50
- Increase in Pharmacy annual Out-of-Pocket
  - Individual \$1,500/Family \$3,000
- New Group Medicare Part D Prescription Drug Plan
  - Administered by Cigna-HealthSpring Rx PDP

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

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

## Which Plan is Right for Me?

To assist you with the review of your benefits we have created a short Plan Comparison video. The video is easy to access from any desktop/laptop computer, tablet, or smart phone. You can watch the video as many times as you like and can pause it when you want to take a closer look at the information on the screen. To view the video, go to <https://fairfaxcova.a.guidespark.com/videos/24031>, or click the link from the Retirement Systems website or the Open Enrollment Page on FairfaxNet.

After viewing the video, there are several places to look for additional plan information. On pages 6 and 7 of this guide you will find a side-by-side plan comparison summary. If you need more detailed information, you can access the full Summary Plan Descriptions on the Open Enrollment page on FairfaxNet. If you still need additional information on specific services and how they are covered you should contact the plan (see the contact list on page 11).

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

- The premium that will be deducted for the cost of the plan, as well as,
- The co-pays, deductibles and co-insurance, which are the out-of-pocket costs associated with receiving medical care.

All of the plans offered have annual out-of-pocket maximums that are designed to protect your financial security in the event of unexpected medical expenses. Remember that if you utilize a number of out-of-network providers, your cost will be greater because the plan covers services at a lower percentage. Also your costs will not go toward the in-network out-of-pocket maximum.

For additional information, attend one of the Open Enrollment Meetings presented by DHR Benefits Staff and Plan Representatives.

FairfaxNet is available through the Retirement Administration Agency website. Log in to Web Member Services (WMS) by using the link at left for Member Area: Secure Log In. Once logged in to WMS, click on FairfaxNet.

## MotivateME Wellness Incentive Rewards Program

Retirees participating in one of the Cigna sponsored Health Plans have the opportunity to earn up to \$200 per year in wellness rewards by taking part in healthy activities sponsored by Cigna and the LiveWell program. Only the enrolled retiree is eligible to participate; if you are a retiree who is covered as a dependent on another employee's or retiree's medical plan you are not eligible to participate at this time. The 2016 program begins October 1, 2015 and runs through September 30, 2016. To begin earning rewards, log on to [www.myCigna.com](http://www.myCigna.com) and complete the on-line health assessment. (Please note: Completion of the health assessment is required before wellness rewards can be credited. Taking the health assessment is required every year. You will need to take it again after October 1 for the 2016 program and include biometric numbers to receive credit.)

### How can I earn wellness rewards after I have completed the health assessment?

Earn rewards throughout the year by getting your annual physical, dental check-ups, and vision exam. You can also earn rewards by participating in any of Cigna's on-line coaching programs, or in any of the workshops or webinars sponsored by LiveWell. For more information see the 2016 Program Flyer in your Open Enrollment Kit or the LiveWell page on FairfaxNet.

### How do my activities get credited to me?

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

### How can I track my wellness rewards progress?

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

### How and when do I get paid my wellness rewards?

The rewards you earn in 2016 will be paid in a lump sum and added to your insurance subsidy for the January 2017 pension payroll.

## Benefits for Income Protection & Security

### Group Term Life Insurance - Increase in Optional Life Rates for 2016

The county offers reduced group term life insurance to retirees who have maintained their coverage into retirement. This coverage is provided by The Standard Insurance Company, a leading provider of both life and disability insurance across the nation. The plan provides group term life insurance (no cash value from which to borrow) and includes United Healthcare Global, a program designed to respond to most medical care situations and emergencies when traveling more than 100 miles from home

**Benefit Reductions:** Coverage reduces to 65 percent of the original face value when you turn 65 or you retire, whichever comes first. It then reduces to 30 percent of the original face amount at age 70. Reductions in coverage take effect the first of the month following the reduction event. Retirees may also reduce their coverage to \$12,500. (Premiums will adjust accordingly.)

### Spouse and Dependent Life Insurance

Employees who elected and maintained spouse and dependent coverage can continue that same coverage into retirement. Two dependent life insurance options are available.

Spouse life insurance cannot exceed the amount in effect for the retiree. If a scheduled reduction decreases the retiree coverage below \$15,000, the spouse life insurance will be reduced to \$10,000.

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

# Focus on Wellness

## LiveWell

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

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

## Health Assessments

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

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

## Flu Shot Clinics

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

## LiveWell Sponsored Events

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

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

Retirees who participate in Cigna's MotivateMe Wellness Incentive Program will receive rewards for their participation in these programs. For more information on this program, please see page 8. For a full list of upcoming LiveWell sponsored events, visit the LiveWell home page on FairfaxNet.

### It's the Little Things that Count...

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 lasting difference in your overall health. Another way to make a difference is regular health screenings. Annual exams with your primary care physician supplemented with health screenings can help you 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 Open Enrollment Season at the Benefit 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.

# Additional Coverage Information

## Continuous Coverage Requirement

The county requires retirees to have continuous coverage in a Fairfax County Government (FCG) health and/or dental plan. 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.

## Changing Coverage

If you experience a qualified change in family status during the plan year, you have the opportunity to change your benefit elections. **Change forms must be received by DHR Benefits within 30 days of the event.** For a list of qualifying events, see the Benefits page on FairfaxNet. You can drop dependents or cancel coverage at any time.

## Moving Out of the 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 **within 30 days of the event.**

## Retirees Eligible for Medicare

Retirees who become eligible for Medicare must apply for Medicare Part A and Part B as soon as they are eligible and submit a copy of their Medicare card to the Benefits Division. Retirees are not required to elect Medicare Part D. Once you are eligible for Medicare, it becomes the primary payer of claims, and the FCG health plan becomes secondary. Retirees who do not apply for and maintain Medicare Part A and Part B coverage will not be eligible for county medical coverage.

## Medicare Eligible Retirees Over Age 65

For the 2016 plan year, the county will be offering a Group Medicare Part D Prescription Drug plan for Medicare eligible retirees over the age of 65 who are covered by one of the Cigna plans. Your Medicare eligible dependents over 65 will also be covered by this plan. The new drug plan will be administered by Cigna-HealthSpring Rx PDP. Enrollment in the plan is automatic if you are enrolled in any of the Cigna Medical plan options. It is important to note that Medicare coverage rules allow you to be enrolled in only one Medicare Part D plan at a time, so if you are currently enrolled in a Medicare Part D plan, you will automatically lose that coverage if you are enrolled in the county plan for January 1, 2016. The Group Medicare Part D premiums are included in your medical premium with the County.

## Coverage for Surviving Spouses

Surviving spouses of deceased retirees may continue health and/or dental insurance coverage until they remarry. Surviving children may continue their coverage until they become ineligible because of age. If a retiree or dependent with coverage dies, please contact the Retirement Administration Agency as soon as possible so that premiums can be adjusted.

## 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.

Benefits at a Glance	CIGNA OAP Co Pay Plan		CIGNA OAP 90%
	In Network – National	Out of Network	In Network – National

**Prescription Drugs for Retirees and their eligible Dependents under the age of 65** *Retirees over 65*

<b>Co Insurance Plan</b> Out of Network	<b>CIGNA OAP 80% Co Insurance Plan</b> In Network -National      Out of Network		<b>Kaiser Permanente</b> In Network Only - Local
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<i>er 65 and Medicare eligible: Please see insert for Cigna HealthSpring PDP information.</i>	<b>Prescription Drugs</b>
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# Vision Plan

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

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

# Dental Plan

Delta Dental's national PPO and Premier Networks allow access to providers who perform a broad range of covered services including orthodontia. 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 those with diabetes and certain cardiac conditions. Additional information is available on FairfaxNet or contact Delta Dental's Member Services.

## Benefits at a Glance

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

## Other Benefits

### Deferred Compensation

The Fairfax County Deferred Compensation Plan is managed by T. Rowe Price. This plan provides merit employees with an opportunity to save a portion of their wages for retirement on a pre- or post-tax basis. This is in addition to the regular county retirement plan. The program is governed by Section 457 of the Internal Revenue Code and is designed to complement the county’s defined benefit pension plans.

**Retirees cannot continue to contribute to the program**, however the plan provides a number of features that help retirees manage their accounts to provide additional income. A wide range of investment options are available — each with a differing level of risk, return and fees. Plan design features also include financial planning services and self- directed brokerage arrangements. For more information, see the Benefits pages on FairfaxNet or contact the on-site T. Rowe representative at 703-324-4995.

### Coordination with 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 as soon as they are eligible. 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. If you have Medicare and coverage through one of the county’s plans, each type of coverage is called a “payer.” When there is more than one potential payer, there are coordination of benefits rules to decide who pays first. The first or “primary payer” pays what it owes on your bills first and then sends the rest to the second or “secondary payer.” In some cases, there may also be a third payer.

Whether Medicare pays first depends on a number of things, including the situations listed in the following chart. However, please keep in mind that this chart doesn’t cover every situation.

If ...	Who Pays first
You have retiree insurance (insurance from former employment)	Medicare pays first.
You’re 65 or older, have group health coverage through your or your spouse’s current employer, and the employer has 20 or more employees...	Your group health plan pays first.
You’re 65 or older, have group health coverage through your or your spouse’s current employer, and the employer has less than 20 employees...	Medicare pays first.
You’re under 65 and disabled, have group health coverage through your or your spouse’s current employer, and the employer has 100 or more employees...	Your group health plan pays first.
You’re under 65 and disabled, have group health coverage based on your or your spouse’s current employer, and the employer has less than 100 employees...	Medicare pays first.
You have Medicare because of End-Stage Renal Disease (ESRD) — permanent kidney failure requiring dialysis or a kidney transplant.	Your group health plan pays first.

# Coordination with Medicare

## Important Notes:

- The primary payer pays up to the limits of its coverage.
- The secondary payer only pays if there are costs the primary payer didn't cover up to their benefit level.
- The secondary payer may not pay all of the uncovered costs. You may still be responsible to pay a portion. If a co-pay applies for the service you received, you will be responsible for your co-pay or co-insurance for the service.

## How does Cigna determine Coordination of Medicare benefits for Fairfax County Government retirees and employees?

The Coordination of Medicare benefits procedure utilized for Fairfax County Government's plan with Cigna is called "Maintenance of Benefits." When Cigna's normal liability is equal to or less than Medicare's payment, Cigna does not make a payment as the secondary payer. You will always owe your co-payment or co-insurance amount.

## For More Information

Plan	Vendor	Phone	Web
Benefits/HR Central		703-324-3311	HRCentral@fairfaxcounty.gov
OAP Plans Keisha Lewis	Cigna Onsite Rep	800-244-6224 703-324-2446	www.mycigna.com keisha.lewis@fairfaxcounty.gov
Cigna-HealthSpring	800-558-9562, Monday through Friday, 8 a.m. to 8 p.m.		
HMO	Kaiser Permanente	301-468-6000	www.kaiserpermanente.org
Dental	Delta Dental of Va	800-237-6060	www.deltadentalva.com
Vision	Davis Vision	800-208-2112	www.davisvision.com
Group Life	Standard	703-324-3351	Lonna.owens@fairfaxcounty.gov
Deferred Compensation Marie Canterbury	T. Rowe Price On-Site Rep	888-457-5770 703-324-4995	www.rps.troweprice.com marie.canterbury@fairfaxcounty.gov

# 2016 Health and Dental Premiums

Retirees pay the full cost of their health and/or dental insurance premiums. Retirees age 55 or older, or those retired on a service-connected disability, receive a monthly subsidy from the county toward the cost of a county health plan. Surviving spouses are entitled to a subsidy only if they receive a Joint and Last Survivor benefit.

Monthly Subsidy for Retirees Ages 55-64			
Years of Service at Retirement	Subsidy Amount	2016 Supplement	2016 Subsidy Amount
5-9	\$25	\$5	\$30
10-14	\$50	\$15	\$65
15-19	\$125	\$30	\$155
20-24	\$150	\$40	\$190
25 or more*	\$175	\$45	\$220
*Also includes retirees of any age who are approved for a service-connected disability retirement and covered under a county health plan and police officers who retired with unreduced benefits after 20 years of service.			

Monthly Subsidy for Retirees Age 65+			
Years of Service at Retirement	Subsidy Amount	2016	2016 Subsidy Amount
5-9	\$15	\$15	\$30
10-14	\$25	\$40	\$65
15-19	\$100	\$55	\$155
20-24	\$150	\$40	\$190
25 or more*	\$175	\$45	\$220
*Also includes retirees of any age who are approved for a service-connected disability retirement and covered under a county health plan and police officers who retired with unreduced benefits after 20 years of service.			

# Health, Vision and Dental Insurance Premiums for Retirees January 1 - December 31, 2016

Cigna OAP Co-Pay Plan	Total Monthly Premium Cost (w/out Subsidy)
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Cigna OAP 90% Coinsurance Plan	
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Cigna OAP 80% Coinsurance Plan	
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Kaiser Permanente HMO	
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Delta Dental PPO	
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To request this information in an alternate format call 703-324-3311, TTY 711

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