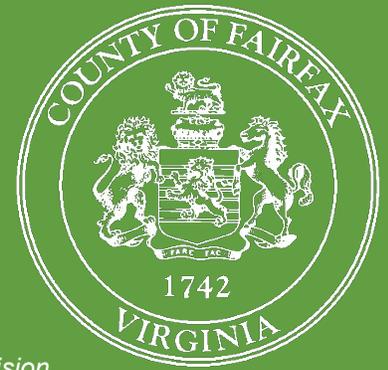


Open Enrollment Guide for Retirees



2014 Plan Year

Produced by the Fairfax County Department of Human Resources Benefits Division

Open Enrollment: Oct. 7 - Nov. 15

The annual Open Enrollment period for county retirees will run from Oct. 7, 2013 through Nov. 15, 2013. During this period, eligible retirees may make changes to plans, level of coverage or dependents covered by the County's benefits program. All changes in coverage will be effective Jan. 1, 2014.

As a result of the mandated procurement process, the County's self-insured medical plans will be managed by Cigna Healthcare beginning January, 2014. Kaiser Permanente HMO will continue to be offered to retirees not eligible for Medicare.

We encourage retirees to take the time to read the information thoroughly, even if you are not planning to make changes in your benefit elections. This summary outlines important changes that may impact your benefit pension deductions and coverage for 2014. More in-depth information can be found on the "Open Enrollment" page of FairfaxNet (search: Open Enrollment 2014), attending benefit presentations or from the vendors (see page 11 for contact information). 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.

New Medical Plans Offered

OAP Co-Pay Plan	OAP 90% Co-Insurance Plan	OAP 80% Co-Insurance Plan	Kaiser Permanente
Currently OAP High Plan. Largely unchanged but with increases in most co-pays.	Co-insurance design with modest deductible and 90% co-insurance on in-network services. Features low out-of-pocket maximum.	Lowest premium cost. Co-insurance design with deductible and 80% co-insurance on in-network services.	Current HMO medical center based design continues for 2014.

How to Enroll:

If you are making changes to your dependents or electing a different plan for 2014, 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 Friday, Nov. 15, 2013

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

Fairfax County Medical Plans managed by Cigna

What's Changing in 2014?

Changes for 2014 include the consolidation of medical vendors, new plan designs, enhancement to vision and dental coverage, lower rate increases and benefit adjustments to comply with Health Care Reform. There are no changes for Kaiser HMO and Group Term Life.

Advantages of Consolidation

Consolidating the county medical plans under a single administrator will help control the cost of services while enhancing the quality and flexibility of care, providing retirees access to a comprehensive national provider network, new consumer tools as well as increased educational and wellness outreach. One example of this is the new plan comparison guide, **myCIGNAPlans**, that retirees may use to help evaluate which plan best meets their health care needs.

Medical Plans

OAP Co-Pay Plan (formerly OAP-High) Changes

- Specialist co-pay increase from \$25 to \$30.
- In-patient co-pay increase from \$100 to \$200.
- Out-patient facility co-pay increase from \$25 to \$50.

NEW OAP 90% Co-insurance Plan

- Annual deductible \$100/\$200 in-network; \$200/\$400 out-of-network.
- 90% co-insurance in-network; 70% co-insurance out-of-network.
- Annual out-of-pocket maximum \$1,000/\$2,000 in-network; \$2,000/\$4,000 out-of-network.

NEW OAP 80% Co-Insurance Plan

- Annual deductible \$250/\$500 in-network; \$500/\$1,000 out-of-network.
- 80% co-insurance in-network; 60% co-insurance out-of-network.
- Annual out-of-pocket maximum \$2,000/\$4,000 in-network; \$4,000/\$8,000 out-of-network.

To assist you in reviewing the new plan options and how they will best work for you and your family visit www.myCIGNAPlans.com and utilize the plan comparison tool. myCIGNAPlans site opens on Oct.7, 2013.

If you are currently enrolled in one of the following plans and do not complete an enrollment form for 2014 you will be enrolled as follows:

- Cigna OAP High - You will be enrolled in the OAP Co-Pay Plan
- CareFirst POS - You will be enrolled in the OAP 90% Co-insurance Plan
- Cigna OAP Low - You will be enrolled in the OAP 80% Co-insurance Plan

Prescription Drug Program

Prescription drugs currently account for about 21 percent of the county's overall claims for its self-insured plans. We will continue the current co-insurance design for non-generics for all plans managed by Cigna with a plan enhancement for 2014 that offers participants **a free mail-order option for most generic maintenance medications.**

Other cost-control programs will also be instituted to ensure that participants are taking the most appropriate, cost-effective medications available. Detailed information on the new programs, Free Generic Maintenance Medications and the 2014 Cigna Drug List are available on FairfaxNet or www.mycigna.com.

What's Changing in 2014?

Dental Plan

- Delta Dental of Virginia has increased coverage on fluoride treatment to twice in a calendar year.

Vision Plan

- Davis Vision will continue to provide vision care benefits for employees and retirees.
- Frequency for new frames changes from every two years to every year.
- Increase in frame allowance from \$130 to \$150 per year.

Benefits for Income Protection & Security

Group Term Life Insurance

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) that includes the following features:

- Accelerated Benefit Option for retirees diagnosed with a terminal illness with a life expectancy of less than 12 months.
- MEDEX Travel Assist, a program designed to respond to most medical care situations and emergencies when traveling more than 100 miles from home

Benefit Reductions: Coverage reduces to 65 percent of the original face value when turning 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	Child	Rate/Month
Option 1 (Low)	\$10,000	\$5,000	\$2.64
Option 2 (High)	\$15,000	\$7,500	\$5.30

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.

Focus on Wellness

New Wellness Incentive Points Program

The most exciting addition for 2014 is a Wellness Incentive Points Program for participants in the county's **self-insured plans**. The program will give retirees who elect to participate in one of the Cigna managed plans the opportunity to earn points for engaging in certain wellness activities such as taking an online health assessment, completing annual preventive exams, participating in various optional lifestyle management programs (including weight management and tobacco cessation) and LiveWell-sponsored events throughout the year. Points earned are worth \$1, and participants can earn up to \$200 in wellness rewards annually.

The program will be administered by Cigna and participants will be able to track their progress in the points program through the myCigna website and Cigna Mobile applications. Look for more detailed information in the near future.

Health Assessments

Good health doesn't just happen. Retirees and their family members are encouraged to become more actively engaged in the ongoing management of their health and welfare. Earlier this year the county rolled out online Health Assessments for employees and retirees covered by one of the four county medical plans. For 2014, the online Health Assessment tool offered by Cigna will be available for all county employees and retirees. Taking the online assessment is easy and completely confidential. Once the online questionnaire is completed, you will be provided with feedback on your current health status and given recommendations on ways to improve areas where you may be at risk. The online assessment will be available on Oct. 7, 2013. For more detailed information and log in instructions, go to the Open Enrollment page on FairfaxNet.

Flu Shot Clinics

LiveWell will be sponsoring on-site Flu Shot Clinics at various county locations during October. Flu shots are provided by trained nurses from Inova and are free to employees and retirees. Flu shots will be available at select Benefit Fairs during Open Enrollment. The full meeting schedule is available on the Open Enrollment page of FairfaxNet (search: Open Enrollment 2014).

LiveWell

The LiveWell Workforce Wellness Program is focused on improving employees' and retirees' health and well-being, while serving to curb rising health care costs. The program supports health and well-being by providing:

- Reduced membership fees at county RECenters.
- Weight Watchers membership discounts and worksite meetings.
- Smoking cessation classes and other lifestyle modification programs.
- Free flu vaccination clinics.
- Annual Employee Health and Fitness Day (annually in May)

To check out the full schedule of LiveWell sponsored Flu Shot Clinics and future LiveWell events, visit the LiveWell home page on FairfaxNet.

Focus on Wellness

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.

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.

Moving Out of the Area

If you are covered by Kaiser Permanente and you move outside of their plan's service area or become ineligible for their plan due to Medicare eligibility 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. Retirees who are enrolled in the Kaiser Permanente plan must contact the Department of Human Resources at 703-324-3311 as soon as the retiree or spouse becomes eligible for Medicare to select another plan.

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		
Primary Care Physician (PCP)	\$15 PCP co-pay; then plan pays 100%	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met		
Specialty Care	\$30 specialist co-pay; then plan pays 100%	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met		
Annual Year Deductible	\$0	\$250 Individual \$500 Family	\$100 Individual \$200 Family		
Annual Out-of-Pocket Limit	\$2,000 Individual \$4,000 Family	\$4,250 Individual \$8,500 Family	\$1,000 Individual \$2,000 Family		
Preventive Care - All Ages Routine Preventive Care Immunizations Mammogram, PAP, PSA Tests	Plan Pays 100%	Through age 17: Plan pays 70% co-insurance, no plan deductible Ages 18 and above: Plan pays 70% co-insurance after plan deductible is met	Plan Pays 100%		
Inpatient Hospital Facility	\$200 per admission co-pay, then plan pays 100% co-insurance	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met		
Outpatient Facility Services	\$50 per facility visit co-pay, then plan pays 100% co-insurance	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met		
Outpatient Professional services	Plan pays 100% co-insurance	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met		
Chiropractic Care	\$20 per visit co-pay; then plan pays 100%	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met		
Hearing Aids	Plan pays 100% Maximum benefit is \$2,800 every 36 months	Plan pays 100% Maximum benefit is \$2,800 every 36 months	Plan pays 90% co-insurance no deductible Maximum benefit is \$2,800 every 36 months		
Vision Therapy	Plan pays 100%	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met		
Emergency Room	\$150 per visit (co-pay waived if admitted); then plan pays 100%	\$150 per visit (co-pay waived if admitted); then plan pays 100%	\$150 per visit (co-pay waived if admitted); then plan pays 100%		
Urgent Care	\$25 per visit (co-pay waived if admitted); then plan pays 100%	\$25 per visit (co-pay waived if admitted); then plan pays 100%	\$25 per visit (co-pay waived if admitted); then plan pays 100%		
TMJ, Surgical and Non-Surgical	\$15 PCP or \$30 specialist co-pay; then plan pays 100%	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met		
Mental Health and Substance Abuse Treatment	\$200 per admission co-pay, then plan pays 100% co-insurance	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met		
Annual Prescription Drug Deductible				\$50 Individual \$100 Family	
Annual Prescription Drug Out-of-Pocket Limit				\$1,000 Individual \$2,000 Family	
Prescription Drugs	Retail – 30 day supply \$7 co-pay - Generic 20% - Preferred Brand (maximum \$50) 30% - Non-Preferred (maximum \$100) Home Delivery – 90 day supply \$0 co-pay – Generic maintenance medications; \$14 co-pay Generics non-maintenance 20% - Preferred Brand (maximum \$100) 30% - Non-Preferred (maximum \$200)	Retail – You pay 30% after Pharmacy deductible Home Delivery – Not Covered	Retail – 30 day supply \$7 co-pay - Generic 20% - Preferred Brand (maximum \$50) 30% - Non-Preferred (maximum \$100) Home Delivery – 90 day supply \$0 co-pay – Generic maintenance medications; \$14 co-pay Generics non-maintenance 20% - Preferred Brand (maximum \$100) 30% - Non-Preferred (maximum \$200)		
Vision Care					

Co-Insurance Plan		CIGNA OAP 80% Co-Insurance Plan		Kaiser Permanente			
Out-of-Network		In-Network – National		Out-of-Network		In Network Only - Local	
Plan pays 70% co-insurance after plan deductible is met		Plan pays 80% co-insurance after plan deductible is met		Plan pays 60% co-insurance after plan deductible is met		\$10 PCP co-pay no charge for children up to age 5	
Plan pays 70% co-insurance after plan deductible is met		Plan pays 80% co-insurance after plan deductible is met		Plan pays 60% co-insurance after plan deductible is met		\$10 PCP co-pay	
\$200 Individual \$400 Family		\$250 Individual \$500 Family		\$500 Individual \$1,000 Family		\$0	
\$2,000 Individual \$4,000 Family		\$2,000 Individual \$4,000 Family		\$4,000 Individual \$8,000 Family		\$3,500 Individual \$9,400 Family	
Through age 17: Plan pays 70% co-insurance, no plan deductible Ages 18 and above: Plan pays 70% co-insurance after plan deductible is met		Plan pays 100%		Through age 17: Plan pays 60% co-insurance, no plan deductible Ages 18 and above: Plan pays 60% co-insurance after plan deductible is met		No charge	
Plan pays 70% co-insurance after plan deductible is met		Plan pays 80% co-insurance after plan deductible is met		Plan pays 60% co-insurance after plan deductible is met		No charge	
Plan pays 70% co-insurance after plan deductible is met		Plan pays 80% co-insurance after plan deductible is met		Plan pays 60% co-insurance after plan deductible is met		\$10 visit	
Plan pays 70% co-insurance after plan deductible is met		Plan pays 80% co-insurance after plan deductible is met		Plan pays 60% co-insurance after plan deductible is met		\$10 visit	
Plan pays 70% co-insurance after plan deductible is met		Plan pays 80% co-insurance after plan deductible is met		Plan pays 60% co-insurance after plan deductible is met		\$15 co-pay; annual limit 20 visits	
Plan pays 90% co-insurance no deductible Maximum benefit is \$2,800 every 36 months		Plan pays 80% co-insurance no deductible Maximum benefit is \$2,800 every 36 months		Plan pays 80% co-insurance no deductible Maximum benefit is \$2,800 every 36 months		Covered in full to maximum. One hearing aid/ear every 36 months - \$1,000 maximum	
Plan pays 70% co-insurance after plan deductible is met		Plan pays 80% co-insurance after deductible is met		Plan pays 60% co-insurance after plan deductible is met			
\$150 per visit (co-pay waived if admitted); then plan pays 100%		\$150 per visit (co-pay waived if admitted); then plan pays 100%		\$150 per visit (co-pay waived if admitted); then plan pays 100%		\$150 visit (waived if admitted other than for observation)	
\$25 per visit (co-pay waived if admitted); then plan pays 100%		\$25 per visit (co-pay waived if admitted); then plan pays 100%		\$25 per visit (co-pay waived if admitted); then plan pays 100%		\$10 visit	
Plan pays 70% co-insurance after plan deductible is met		Not covered		Not covered		Not covered	
Plan pays 70% co-insurance after plan deductible is met		Plan pays 80% co-insurance after deductible is met		Plan pays 60% co-insurance after plan deductible is met		Inpatient – covered in full when medically necessary Outpatient: \$10 individual visit \$5 group visit	
Individual Family						\$0	
Individual Family						\$0	
Retail – You pay 30% after Pharmacy deductible Home Delivery – Not Covered		Retail – 30 day supply \$7 co-pay - Generic 20% - Preferred Brand (maximum \$50) 30% - Non-Preferred (maximum \$100) Home Delivery – 90 day supply \$0 co-pay – Generic maintenance medications; \$14 co-pay Generics non-maintenance 20% - Preferred Brand (maximum \$100) 30% - Non-Preferred (maximum \$200)		Retail – You pay 30% after Pharmacy deductible Home Delivery – Not Covered		Kaiser pharmacy – 30 day supply \$10 Generic \$20 Preferred brand drugs \$35 Non-preferred brand drugs Community pharmacy –\$20 Generic \$40 Preferred brand drugs \$55 Non-preferred brand drugs Mail Order – 90 day supply \$16 Generic \$36 Preferred brand drugs \$66 Non-preferred brand drugs	

Vision Care provided through Davis Vision

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
Plan Contact Information	Managed by Davis Vision and provided to all employees with medical coverage. 800-208-2112 • www.davisvision.com; client control code 4443	
Routine Eye Examination (once every 12 months)	\$15 co-pay (includes eye examination with dilation, as professionally indicated).	Covered up to \$40.
Frames (once every 12 months in lieu of contact lenses)	<ul style="list-style-type: none"> • Davis Vision Designer Collection: Covered in full. • Davis Vision Premier: \$25 co-pay. • Non- Davis Vision Collection (available at all independent and retail network providers): \$150 allowance. 	Covered up to \$50.
Spectacle Lenses (once every 12 months in lieu of contact lenses)		
Single Vision	Covered in full.	Covered up to \$50.
Bifocal Lenses	Covered in full.	Covered up to \$75.
Trifocal Lenses	Covered in full.	Covered up to \$100.
Lenticular Lenses	Covered in full.	Covered up to \$150.
Scratch Resistant Coating	Covered in full.	Included in base lens reimbursements above.
Other Lens Options	Available at discounted fixed fees.	Not covered.
Contact Lenses (once every 12 months in lieu of eyeglasses)		
Contact Lens Materials	<p>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).</p> <p>Elective contact lenses outside of Davis Vision Formulary (available at all independent and retail network providers): \$150 allowance.</p>	Covered up to \$100.
Contact Lens Fitting Fee with Two Follow-up Visits	Covered in full after \$20 co-pay for Formulary contact lenses.	Covered up to \$40.
Medically Necessary Contact Lenses (with prior approval)	Covered in full.	Covered up to \$225.
Additional Features		
One-Year Eyeglass Breakage Warranty	Included for all spectacle lenses, Davis Vision Collection frames and retailer supplied frames.	Not included.
Lens 1-2-3!® Membership	Included.	N/A
Laser Vision Correction Discount	Up to 25 percent off the provider's usual and customary fees, or a 5 percent discount on any advertised special.	Not covered.
Low-Vision Coverage	Included.	Not included.

Dental Plan

Delta'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 available on FairfaxNet or contact Delta Member Services.

Benefits at a Glance				
Plan Benefit Design	General Plan Information			
Annual Deductible	\$50	Limit of three per family per calendar year.		
Annual Benefit Maximum	\$2,000	Per enrollee, per calendar year. Preventive care expenses do not count toward the annual benefit maximum.		
Orthodontic Lifetime Maximum	\$2,000	Per eligible covered dependent child(ren).		
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		
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 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.
Basic Dental Care	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				
Other Basic Dental Care	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.
Major Dental Care	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.
Orthodontic Benefits	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. You can apply for Medicare up to three months before your eligible birth month or qualified disability date.

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 you have retiree insurance (insurance from former employment)	Who pays first.
If 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.
If 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.
If you're under 65 and disabled, have group health coverage through you or your spouse's current employer, and the employer has 100 or more employees	Your group health plan pays first.
If you're under 65 and disabled, have group health coverage based on you or your spouse's current employer, and the employer has less than 100 employees	Medicare pays first.
If you have Medicare because of end-stage renal disease (ESRD), permanent kidney failure requiring dialysis or a kidney transplant.	Your group health plan will pay first for the first 30 months after you become eligible to enroll in Medicare. Medicare will pay first after this 30-month period.

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.
- The secondary payer may not pay all of the uncovered costs. You may still be responsible to pay a portion of covered services. If a co-pay applies for the service you received, you may be asked by your doctor to pay your co-pay at the time of 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 an additional payment as the secondary payer.

For More Information

Plan	Vendor	Phone	Web
Benefits/HR Central		703-324-3311	HRCentral@fairfaxcounty.gov
OAP Plans	Cigna	800-244-6224	www.mycigna.com
HMO	Kaiser Permanente	301-468-6000	www.kaiserpermanente.org
Dental	Delta Dental	800-237-6060	www.deltadentalva.com
Vision	Davis Vision	800-208-2112	www.davisvision.com
Group Life	Standard	703-324-3351	Lonna.owens@fairfaxcounty.gov
Deferred Compensation	T. Rowe Price	888-457-5770	www.rps.troweprice.com

2014 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	2014 Supplement	2014 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	2014 Supplement	2014 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, 2014

	Total Monthly Premium Cost (without subsidy)
OAP Co-Pay Plan Managed by Cigna	
Individual	\$684.20
Individual with Medicare	\$471.49
2 Individuals	\$1,334.00
2 Individuals - 1 w Medicare; 1 w/o	\$1,149.81
2 Individuals with Medicare	\$932.89
Family	\$1,990.47
Family - 1 Medicare	\$1,874.93
Family - 2 Medicare	\$1,747.47
Family - 3 Medicare	\$1,620.01
OAP 90% Co-Insurance Plan Managed by Cigna	
Individual	\$591.18
Individual with Medicare	\$412.74
2 Individuals	\$1,161.71
2 Individuals - 1 w Medicare; 1 w/o	\$1,003.85
2 Individuals with Medicare	\$825.34
Family	\$1,708.28
Family -1 Medicare	\$1,592.50
Family - 2 Medicare	\$1,476.68
Family - 3 Medicare	\$1,360.86
OAP 80% Co-Insurance Plan Managed by Cigna	
Individual	\$430.26
Individual with Medicare	\$293.85
2 Individuals	\$838.79
2 Individuals - 1 w Medicare; 1 w/o	\$718.17
2 Individuals with Medicare	\$581.75
Family	\$1,251.64
Family - 1 Medicare	\$1,158.97
Family - 2 Medicare	\$1,066.34
Family - 3 Medicare	\$973.71
Kaiser Permanente HMO	
Individual	\$544.34
Individual with Medicare	\$304.09
2 Individuals	\$1,060.74
2 Individuals - 1 w Medicare; 1 w/o	\$847.52
2 Individuals with Medicare	\$607.27
Family	\$1,577.85
Delta Dental PPO	
Individual	\$39.72
2 Individuals	\$75.04
Family	\$123.66

