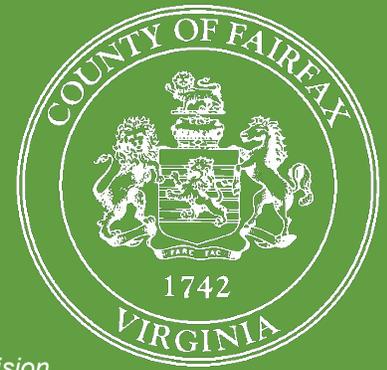


Open Enrollment Guide for Retirees

2015 Plan Year

Produced by the Fairfax County Department of Human Resources Benefits Division



Open Enrollment: Oct. 14 - Nov. 5

The annual Open Enrollment period for county retirees will run from Tuesday, October 14, 2014 through Wednesday, November 5, 2014. 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, 2015.

Following the significant changes implemented for the 2014 plan year, the plan benefits for the 2015 plan year will remain virtually unchanged from 2014. This "status quo" will allow retirees to look more closely at their personal medical needs and how they are best met by the health plans offered. The county will continue to offer the three 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 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 Benefit 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
Fairfax County Medical Plans managed by Cigna			
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 2014.

*Retirees and their eligible dependents enrolled in the Kaiser-Permanente plan must contact DHR at (703)324-3311 as soon as they become eligible for Medicare to select another plan.

How to Enroll:

If you are making changes to your dependents or electing a different plan for 2015, 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 Wednesday, Nov. 5, 2014.

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

Plan Change Highlights for 2015

All County Plans administered by Cigna –

- Age Limitations removed for Autism Spectrum Disorder Therapies
- Chiropractic Care
 - In-Network services – 12 visits before medical review is necessary
 - Out-of-Network services – Maximum 12 visits per year, no medical review necessary

Kaiser-Permanente HMO – Increase in Prescription Co-Pay for Mail Order (\$20/\$40/\$70)

What to Consider when Choosing Your Health Plan

Most Americans spend more time researching the purchase of a new flat screen TV or smart phone than their health plan. Your health plan is essentially a "maintenance" policy on your body – the most expensive machine you will ever own. Just as you would review and consider each line of an automobile maintenance contract, you should consider all the coverage options available to you through your choice of medical plans and select the one that best suits your needs and your budget.

First you need to assess what your needs are:

- Are you single with no dependents or do you need coverage for yourself and your family?
- Are you relatively healthy, maintain a healthy lifestyle?
- Do you have a chronic medical condition that you are able to manage with annual exams and medication?
- Are you retired and covered by Medicare, so your County coverage is a secondary payer?
- Are your physicians and facilities all in-network or do you access a number of out-of-network providers?
- What medical services have you accessed in the past 12 months? Was the past year an average "health" year for you or did you have unexpected issues that may not recur?

Reviewing your claims history on the Cigna or Kaiser websites is an excellent way to assess your medical needs.

After you have determined your needs, you should review the plan designs to look for the coverage and benefits that will best meet your needs. There are several places to research this information. On pages 6 & 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, you would be responsible for the difference between the charges and plan allowed amount, and this expense is not considered in the Out-of-Pocket maximum.

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

MotivateME Wellness Incentive Rewards Program

Retirees participating in one of the Cigna sponsored Health Plans have the opportunity to earn up to \$200 a year in wellness rewards by taking part in healthy activities sponsored by Cigna and the LiveWell program. 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 2015 program begins October 1, 2014 and runs through September 30, 2015. To begin earning rewards, logon to www.myCigna.com and take 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 2015 program).

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 Lunch and Learns sponsored by LiveWell. You can also earn points by participating in the annual Employee Health and Fitness Day or compete with your friends and fellow retirees in any of the Wellness Challenges offered during the year. For more information see the 2015 Program Flyer in your Open Enrollment Kit.

How do my activities get credited to me?

Some activities are automatically credited to you when you have completed the activity, such as the health assessment, annual physical and any Cigna on-line coaching programs. Other activities you will be able to self-report 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 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 2015 will be paid in a lump sum and added to your medical plan subsidy for the January 2016 pension payroll. The rewards you earn now will help reduce your cost in 2016.

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 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

The LiveWell Workforce Wellness Program 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 and on-site meetings
- 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
- Kaiser Permanente's online Health Assessment can be found at: 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 from INOVA 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, the LiveWell Workforce Wellness Program 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.

An Ounce of Prevention...

The best way to keep your health care costs under control is to reduce your risk for serious medical conditions by getting your annual physical exam, taking your maintenance medications as prescribed and live a healthier life style. All of the county's medical plans feature In-Network Preventive Care benefits fully paid for by the plan. Taking advantage of this benefit can help identify health risks before they become chronic conditions or lower the risk level if you already have an identified condition.

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.

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 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 12 visits per year	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)		

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 12 visits per year		Plan pays 80% co-insurance after plan deductible is met		Plan pays 60% co-insurance after plan deductible is met 12 visits per year		\$15 co-pay; annual limit 20 visits	
Plan pays 90% co-insurance no deductible Maximum benefit is \$2,800 every 36 months		Plan pays 80% co-insurance no deductible Maximum benefit is \$2,800 every 36 months		Plan pays 80% co-insurance no deductible Maximum benefit is \$2,800 every 36 months		Covered in full to maximum. One hearing aid/ear every 36 months - \$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 \$20 Generic \$40 Preferred brand drugs \$70 Non-preferred brand drugs	

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)	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.
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	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.
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 is 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.		
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 ...	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.
- 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 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 a payment as the secondary payer.

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
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

2015 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	2015 Supplement	2015 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	2015 Supplement	2015 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, 2015

	Total Monthly Premium Cost (without subsidy)
OAP Co-Pay Plan Managed by Cigna	
Individual	\$738.64
Individual with Medicare	\$508.91
2 Individuals	\$1,440.20
2 Individuals - 1 w Medicare; 1 w/o	\$1,241.27
2 Individuals with Medicare	\$1,007.00
Family	\$2,148.90
Family - 1 Medicare	\$2,024.12
Family - 2 Medicare	\$1,886.46
Family - 3 Medicare	\$1,748.80
OAP 90% Co-Insurance Plan Managed by Cigna	
Individual	\$623.49
Individual with Medicare	\$435.24
2 Individuals	\$1,225.24
2 Individuals - 1 w Medicare; 1 w/o	\$1,058.70
2 Individuals with Medicare	\$870.37
Family	\$1,801.68
Family -1 Medicare	\$1,679.54
Family - 2 Medicare	\$1,557.34
Family - 3 Medicare	\$1,435.16
OAP 80% Co-Insurance Plan Managed by Cigna	
Individual	\$453.72
Individual with Medicare	\$309.81
2 Individuals	\$884.56
2 Individuals - 1 w Medicare; 1 w/o	\$757.31
2 Individuals with Medicare	\$613.39
Family	\$1,319.93
Family - 1 Medicare	\$1,222.16
Family - 2 Medicare	\$1,124.44
Family - 3 Medicare	\$1,026.71
Kaiser Permanente HMO	
Individual	\$574.81
Individual with Medicare	\$319.97
2 Individuals	\$1,120.15
2 Individuals - 1 w Medicare; 1 w/o	\$893.87
2 Individuals with Medicare	\$639.03
Family	\$1,666.20
Delta Dental PPO	
Individual	\$42.10
2 Individuals	\$79.54
Family	\$131.08

