



Focus on retiree benefits

A Publication for Retirees from Fairfax County Government

Retiree Open Enrollment Scheduled Oct. 19 - Nov. 13, 2009

The annual Open Enrollment period for County retirees will be October 19, 2009 through November 13, 2009. During this period, retirees may change health plans or add dependents to their coverage. Changes will take effect on January 1, 2010.

Open Enrollment Highlights

- Plan choices will be expanded to include the CIGNA Open Access Plan (OAP) for Medicare-eligible retirees.
- Mental health coverage will be enhanced for all plans in keeping with the Mental Health Parity Act.
- Premiums will be increasing for all the medical plans in 2010 (except for the non-Medicare Kaiser plan) based on the actual claims experience and estimated cost to provide the care for that plan. Increases are:
 - CareFirst BlueChoice POS plan – 2.9%
 - CareFirst BluePreferred PPO – 3.4%
 - CIGNA OAP – 18.0%
 - Kaiser Permanente – No increase for non-Medicare retirees and 2.2% for Medicare retirees
- There will be no increase for the Delta Dental plan.
- The County subsidy toward health insurance premiums (including the additional amount approved for 2009) will continue for 2010.
- Health fairs, screenings and flu shots will be available once again to all retirees with benefits coverage.

Reminders

- If you are not changing health/ dental plans or coverage levels you do not need to send in a form.
- To obtain a form to change coverage, contact the Retirement Administration Agency at 703-279-8200 or 800-333-1633.
- Forms must be returned to the Retirement Administration Agency at 10680 Main Street, Suite 280, Fairfax, VA 22030 (not to the insurance companies or Human Resources). You may also fax change forms to 703-273-3185. If you are changing your address or other personal information please mark (“Change of _____”) in the upper right hand corner of the form.
- Changes made during open enrollment will be reflected in the December retirement check and are effective January 1, 2010.

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Produced by the Fairfax County Department of Human Resources Benefits Division in conjunction with the Fairfax County Retirement Administration Agency

LiveWell Program Provides Free Flu Shots this Fall!

As part of the LiveWell Workforce Wellness Program, up to 4,000 free flu shots will be offered this year to eligible employees and County retirees who have maintained County health insurance. Note: these are for the seasonal flu and not for H1N1 flu. Flu shot clinics will be administered at County facilities. Dates and locations are listed below.

You must have an appointment to have a shot. To schedule your appointment, go to <https://www.pickatime.com/>

fairfaxcounty.htm. If you do not have internet access, or are having difficulty with registering for your flu shot, contact the Department of Human Resources at 703-324-3311.

Retirees should bring their health insurance identification card with them to the appointment to verify eligibility. Free flu shots are available to retirees only; spouses are not currently eligible.

Retirees are also reminded that flu shots are covered under all of the

County's health programs. If you or your covered spouse will be visiting your primary care physician this fall, we encourage you to ask about receiving your flu shot during your visit. Flu shots are covered at 100% for Medicare members.

If you have any questions about the flu shot program, subsidized Rec Center passes, or other aspects of the LiveWell program, email LiveWell@fairfaxcounty.gov.



Flu Shot Schedule — 2009

<p>Wednesday, Oct. 14 8:00 a.m.– noon Government Center 12000 Government Center Parkway Fairfax, VA 22035 Conference Room 7</p>	<p>Monday, Oct 19 5:00 a.m.– 8:00 a.m. DPWES-Division of Solid Waste Newington Maintenance facility 6901 Allen Park Road Lorton, VA 22079 Conference Room</p>	<p>Tuesday, Oct. 20 8:00a.m.-2:00 p.m. Pennino Building 12011 Government Center Parkway Fairfax, VA 22035 Room 206B</p>
<p>Wednesday, Oct. 21 9:00 a.m.–1:00 p.m. Falls Church Skillsource Facility 6245 Leesburg Pike Falls Church, VA 22044 Rooms A & B</p>	<p>Thursday, Oct. 22 10:00 a.m.-4:00 p.m. Government Center 12000 Government Center Parkway Fairfax, VA 22035 Conference Room 7</p>	<p>Tuesday, Oct. 27 9:00 a.m.–1:00 p.m. South County Building 8350 Richmond Hwy. Alexandria, VA 22309 Room 220</p>
<p>Monday, Nov. 9 10:00 a.m.– 3:30 p.m. Government Center 12000 Government Center Parkway Fairfax, VA 22035 Conference Room 7</p>	<p>Tuesday, Nov. 10 8:00 a.m.-1:00 p.m. Massey Building 4100 Chain Bridge Road Fairfax, VA 22030 A-Level Conference Room</p>	

Retiree Health/Dental Insurance Monthly Premiums

Rates Effective January 1, 2010 through December 31, 2010

Monthly Premiums for ALL Retirees

Care First BlueChoice POS + Davis Vision

(without subsidy)

Individual -----	\$465.31
1 Individual with Medicare-----	324.96
2 Individuals -----	914.43
2 Individuals - 1 with Medicare; 1 without Medicare -----	790.27
2 Individuals with Medicare -----	649.91
Family-----	1,344.84
Family - 1 Medicare-----	1,253.77
Family - 2 Medicare-----	1,162.70
Family - 3 Medicare-----	1,071.63

Care First Blue Preferred PPO + Davis Vision

Individual -----	\$ 546.84
1 Individual with Medicare-----	381.91
2 Individuals -----	1,074.67
2 Individuals - 1 with Medicare; 1 without Medicare -----	928.75
2 Individuals with Medicare -----	763.82
Family-----	1,580.52
Family - 1 Medicare-----	1,487.46
Family - 2 Medicare-----	1,394.40
Family - 3 Medicare-----	1,301.34

CIGNA + Davis Vision

Individual-----	\$ 443.07
Individual with Medicare -----	302.71
2 Individuals -----	864.01
2-Party; 1 with & 1 without Medicare-----	739.85
2 Individuals with Medicare -----	599.48
Family-----	1,289.30

Kaiser Permanente + Davis Vision

Individual-----	\$ 440.17
Individual with Medicare -----	304.83*
2 Party-----	857.78
2-Party; 1 with & 1 without Medicare-----	744.24*
2 Individuals with Medicare -----	608.90*
Family -----	1,276.22

**only available to retirees already in Kaiser Medicare Plus*

Delta Dental (only available to retirees who have maintained dental coverage since retirement)

Individual-----	\$ 36.02
2 Party-----	68.06
Family -----	112.16

CareFirst News

New Enrollment Cards, ID Numbers, Explanation of Benefit Forms and Customer Service Phone Number

Due to a change in their claims processing system, CareFirst will need to assign new ID numbers for all enrollees and replace all enrollment cards for employees and retirees in the BlueChoice or BluePreferred PPO plans. CareFirst is also changing the Customer Service phone number.

These new cards will be sent around January 1, 2010 and should be used for all medical services and prescriptions. Remember to point out to your medical provider and pharmacist that these are new ID numbers so they can change their records before submitting bills. Using the wrong ID number may significantly delay payment. Your current cards should be destroyed after the new cards arrive.

The Explanation of Benefit (EOB) forms will also be changing to a new easier to understand format. EOBs provide information on what claims have been paid, to whom and when.

The new Customer Service phone number will be 800-628-8549 and will be operational on January 1, 2010. Members should still use the current 800-296-0724 when calling during 2009.

Retiree Health Insurance Subsidies Unchanged for 2010

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. For 2010, the County has continued the additional supplement.

Retiree Subsidy Amounts for 2010

Monthly Subsidy for Retirees Ages 55-64			
Years of Service at Retirement	Subsidy Amount	2010 Supplement	2010 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 retire with unreduced benefits after 20 years of service.			

Monthly Subsidy for Retirees Age 65 and Over			
Years of Service at Retirement	Subsidy Amount	2010 Supplement	2010 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 retire with unreduced benefits after 20 years of service.			

Surviving spouses are entitled to a subsidy only if they receive a Joint and Last Survivor benefit.

Saving Money on Prescription Drugs: The Benefits of Generic Drugs and Mail Order Pharmacy



We are all being challenged to stretch our dollars farther these days. The county's prescription drug plans offer two ways to save money – generic medications and mail order pharmacy.

Benefits of Generics

Generic medications offer the opportunity to save up to 90% over the cost of brand name drugs. These medications are made with the same active ingredients and are generally available in the same strength and dosage as their more expensive brand name counterparts. Generics are also subject to the same Food and Drug Administration (FDA) testing and quality standards as brand drugs and provide the same therapeutic effects. As always, however, the decision

to use generic medications is one made by you with guidance from your doctor.

Under the county's prescription drug plans, employees can save from \$10 to \$30 a month on retail copays and from \$20 to \$50 for a 90-day supply of medications under the mail order program. In addition to saving you money, using generic medications can also help the county in its efforts to keep health plan costs low. Using a generic instead of a brand name drug could save the plan more than \$100 for a 30-day supply. Considering the thousands of prescriptions used by plan participants each year, the potential cost savings are significant.

In addition to the county's prescription drug plans, many retailers offer savings on generic drugs. Merchants such as Giant, Target and Walmart offer certain generic medications for as little as \$4 a month or \$10 for a 90-day supply. To find out more about these generic medication programs and to get a list of medications available, you can call or visit these retailers' pharmacy departments or visit their Web sites.

Saving By Using Pharmacy Mail Order Programs

CareFirst, CIGNA and Kaiser Permanente all offer a mail order option for "maintenance medications", or prescriptions that are to be taken on an ongoing basis over an extended period of time. Under the program, medications are delivered to your door via U.S. mail at a reduced out-of-pocket cost for a 90-day supply. By using this option, you not only save money on copays, but also save on trips to your local pharmacy.

Although high blood pressure or diabetes medications are the most common types of prescriptions filled through mail order, many other medications taken on an ongoing basis may qualify. Before you change your prescription from retail to mail order, you should contact your health plan to find out if your prescription qualifies as a maintenance medication that can be filled through their mail order program. You can also check your health plan's website for more information.

For more information contact:

CareFirst: Call Argus, CareFirst's pharmacy benefit manager at

800-241-3371 or go to www.carefirst.com.

Mail order prescriptions are filled through Walgreen's Mail Service. To find out how to submit your prescription, go to www.carefirst.com, click on "Prescription Drug Information", then "Order Drugs Online".

CIGNA: Call CIGNA TelDrug at 800-835-3784 and ask the customer service rep for a "quick switch." With the quick switch program, CIGNA will outreach to your provider's office and will coordinate the switch to mail order for you. You can also sign up for TelDrug by visiting www.mycigna.com. If you have not yet registered for myCIGNA.com, you will need to click the "register now" link.

Kaiser: Call 301-468-6000 or go to www.kaiserpermanente.org – you will need your member ID and password to log in.

“Generic medications offer the opportunity to save up to 90% over the cost of brand name drugs.”

What's In a Premium?

No one likes to see their health insurance premiums increase from one year to the next but understanding what is driving those increases may help.

Fairfax County's BlueChoice POS, BluePreferred PPO and CIGNA OAP are self-insured plans. This means that the county pays actual claim amounts as opposed to payments from an insurer. "Premiums" for the coming year are calculated using estimates of what claims will be (based upon national and the county's own medical trends) plus administrative expenses and required reserves. Kaiser Permanente and Delta Dental determine their own premiums as fully insured providers.

Components of a Premium

Administrative expenses are fixed costs that the County pays to the health vendors to manage enrollment, process claims and contract with medical providers. Claims, on the other hand, vary from month to month based on health care services actually used. Reserves protect the plans against claims volatility and ensure adequate cash-flow

for claim payments and expenses that have been incurred by participants, but not yet received.

Determining the premiums that will cover these health plan expenses requires the combined expertise of the county's benefits and budget staff as well as our health plan vendors and consultants.

Premium Drivers

There are several factors that can drive premiums higher or lower:

- Higher or lower than expected claims expense for the overall population can differ from predictions, often as a result of factors like the severity of a flu season.
- Overall claims volume can be impacted by individual health problems due to a serious accidents, illnesses, or even premature births.
- Migration, or the unexpected movement of plan participants, can occur from one plan to another during open enrollment or as new hires or retirees.

How does the County Cushion the Impact of Premium Increases for Retirees?

First, rates for retirees are actually blended with

those of the larger population of County employees. This, combined with providing access to group coverage, acts to keep rates for retirees at more reasonable levels.

Second, one of the reserves the County maintains is the Premium Stabilization Reserve (the PSR), which is designed to cover unforeseeable spikes in claim activity. Fluctuations could be due to factors like the H1N1 flu or several high individual claims. However, the PSR can also be used to help reduce premium volatility. This year, for instance, \$3 million was used from that reserve to reduce the amount of premium increase that would have been required this year.

How Can Each of Us Affect Premiums?

Each of us is an important driver of the health care costs for the County. We need to develop attitudes of smart consumerism when it comes to what we spend. Wise consumerism focuses on wellness.

- Are you taking the steps to live a healthy life, including diet, exercise and healthy habits?



- Are you taking advantage of preventive care options such as regular physicals, screenings and vaccinations?

And, you can spend health care dollars effectively and efficiently when making choices of facilities, treatments and diagnostic tests. Examples of cost savings mechanisms could include opting for generic drugs when available, using mail order prescription services for maintenance drugs and choosing a less costly Urgent Care facility over an emergency room for non-emergency services.

While there is no way to fully escape the increases in medical costs at this time, there are steps we can all take to limit our exposure to premium increases. Controlling health care costs requires a true partnership between the County, individual participants, and our health care vendors.

Retiree Life Insurance

Benefit Reduction Schedule

Coverage reduces to 65% of the original unreduced amount on the first of the month after the date you turn age 65 or after the date your coverage ends under the active employee group, whichever occurs first. Coverage reduces again to 30% of the original amount on the first of the month after you turn age 70.



Coverage Options

Retirees can reduce their coverage to a lower option at any time. The benefit reduction schedule applies to all coverage options.

County and Retiree Contributions

The following chart outlines the County and retiree contributions for the various options offered.

Coverage	County Portion	Retiree Portion
Reduction to \$12,500 (<age 80)	50% of coverage	50% of coverage
Reduction to \$12,500 (age 80 +)	100% of coverage	0% of coverage
Basic (no Optional coverage)	50% of Basic coverage	50% of coverage
Basic + Optional 1x Salary	100% of Basic coverage	100% of Optional
Basic + Optional 2x Salary	100% of Basic coverage	100% of Optional
Basic + Optional 3x Salary	100% of Basic coverage	100% of Optional
Basic + Optional 4x Salary	100% of Basic coverage	100% of Optional

Premiums

The rates for retirees are two cents less than the age banded rates for active employees because of the discontinuation of Accidental Death and Dismemberment coverage. The monthly premium rates for dependent coverage are the same premium rates that active employees pay. The coverage level for dependent coverage follows: High option is \$12,500 for your spouse and \$6,250 for your eligible dependent children (monthly premium is \$5.30); Low option is \$6,250 for your spouse and \$2,500 for your eligible dependent children (monthly premium is \$2.64). The County does not make a contribution for dependent coverage.

Age	Monthly Premium Rate per \$1,000 of coverage
Under 30	\$0.07
30-49	\$0.15
50-59	\$0.29
60-79	\$0.47
80-84	\$4.02
85-89	\$6.81
90-94	\$19.99

HEALTH CARE BENEFITS AT-A-GLANCE

CIGNA OPEN ACCESS PLUS (OAP)

	In-Network	Out-of-Network
Physician Network Area	National	
Plan Contact Information	Customer Service: 800-244-6224 Website: www.cigna.com	
Primary Care Physician	No – not required	
Annual Deductible	\$0	\$250 individual/ \$500 family
Yearly Out-of-Pocket Limit	\$0	\$2500 individual/ \$5000 family
Office Visits (Physician or Specialist)	Covered in full after \$10 copay	Covered at 70% of plan allowance after deductible*
Inpatient Hospital Care Doctor's Services	Covered in full	Covered at 70% of plan allowance after deductible*
Laboratory & X-ray	Covered in full at physician's office after \$10 copay. Covered in full at radiology/lab centers or outpatient dept. of hospital.	Covered at 70% of plan allowance after deductible*
Prescription Drugs (see footnotes on page 11 for additional information)	<i>Retail (up to 30-day supply):</i> \$10 copay for generic \$20 copay for brand formulary \$40 copay for brand non-formulary <i>Mail Order (up to 90-day supply):</i> \$20 copay for generic \$40 copay for brand formulary \$80 copay for brand non-formulary	<i>Retail:</i> Covered at 70% of plan allowance; no Rx deductible <i>Mail Order: In-network coverage only</i>
Maternity Care	Covered in full after initial \$10 copay to confirm pregnancy	Covered at 70% of plan allowance after deductible*
Well Child Care	Covered in full after \$10 copay	Well child visits < age 18, covered at 70% of plan allowance, no deductible.
Emergency Treatment	Covered in full after \$50 copay for emergency services (waived if admitted).	Benefits provided in-network for true emergency. Otherwise, covered at 70% of allowed benefit after deductible.*
Mental Health and Substance Abuse Treatment	Inpatient – Covered in full. Outpatient – Covered in full after \$10 per visit copay	Inpatient – Covered at 70% of plan allowance after deductible*. Outpatient – Covered at 70% of plan allowance after deductible.*
Infertility Coverage	Covers testing/ treatment for underlying medical condition, diagnosis, medical/surgical treatment to restore fertility & artificial insemination. \$10 copay for office visit; \$25 copay for facility visit. Excludes drugs, in-vitro, GIFT, ZIFT, etc.	Covered at 70% of plan allowance after deductible.* Covers testing and treatment for underlying medical condition, diagnosis, medical/surgical treatment to restore fertility & artificial insemination. Excludes drugs, in-vitro, GIFT, ZIFT, etc.
Routine Vision Care	Vision benefits provided through Davis Vision	

HEALTH CARE BENEFITS AT-A-GLANCE

BLUECHOICE POS

	In-Network	Out-of-Network
Physician Network Area	Arlington, Alexandria, Fairfax County and City, Falls Church, Prince William County, City of Manassas, City of Manassas Park, Loudoun County, Leesburg, the entire state of Maryland and the District of Columbia.	
Plan Contact Information	Customer Service: 800-296-0724 for 2009; 800-628-8549 for 2010 Website: www.carefirst.com	
Primary Care Physician	Yes – required Referrals required in-network	
Annual Deductible	\$0	\$250 individual/ \$500 family
Yearly Out-of-Pocket Limit	\$0	\$2500 individual/ \$5000 family
Office Visits (Physician or Specialist)	Covered in full after \$10 copay	Covered at 70% of allowed benefit after deductible*. 1 physical exam/cal. yr.
Inpatient Hospital Care/Doctor's Services	Covered in full	Covered at 70% of allowed benefit after deductible*
Laboratory & X-ray	Covered in full at approved radiology/lab centers. \$25 copay at approved outpatient department of hospital (facility charge waived for therapeutic radiation and chemotherapy)	Covered at 70% of allowed benefit after deductible*
Prescription Drugs (see footnotes on page 11 for additional information)	<i>Retail (up to 34-day supply):</i> \$10 copay for generic \$20 copay for brand formulary \$35 copay for brand non-formulary	<i>Mail Order (up to 90-day supply):</i> \$20 copay for generic \$40 copay for brand formulary \$70 copay for brand non-formulary
Maternity Care	Covered in full after initial \$10 copay to confirm pregnancy	Covered at 70% of allowed benefit after deductible*
Well Child Care	Covered in full after \$10 copay	Well child visits < age 18, covered at 70% of plan allowance, no deductible.
Emergency Treatment	Covered in full after \$50 copay for bona fide accidental injury or medical emergency (waived if admitted). Otherwise benefit will be provided out-of-network.	Benefits provided in-network for bona fide accidental injury or medical emergency. Otherwise, covered at 70% of allowed benefit after deductible.*
Mental Health Services and Substance Abuse Treatment	Inpatient – Covered in full. Outpatient – Covered in full after \$10 per visit copay.	Inpatient - 70% of allowed benefit after deductible*. Outpatient – Covered at 70% of allowed benefit after deductible.*
Infertility Coverage	Covered in full for in-vitro fertilization, up to 3 attempts per lifetime. \$100,000 lifetime maximum (POS/PPO combined)	Covered at 70% of allowed benefit after deductible* for in-vitro fertilization, up to 3 attempts per lifetime. \$100,000 lifetime maximum (POS/PPO combined)
Dental Care (additional coverage available through Delta Dental plan – separate premium required)	Discounts on services by participating dentists.	Routine care not covered.
Routine Vision Care	Vision benefits provided through Davis Vision	

HEALTH CARE BENEFITS AT-A-GLANCE

BLUEPREFERRED PPO

	In-Network	Out-of-Network
Physician Network Area	National	
Plan Contact Information	Customer Service: 800-296-0724 for 2009; 800-628-8549 for 2010 Website: www.carefirst.com	
Primary Care Physician	No – not required	
Annual Deductible	\$0	\$250 individual/ \$500 family
Yearly Out-of-Pocket Limit	\$1000 individual/ \$2000 family	\$2500 individual/ \$5000 family
Office Visits (Physician or Specialist)	Covered in full after \$10 copay	Covered at 70% of allowed benefit after deductible*. 1 physical exam/cal. yr.
Inpatient Hospital Care/Doctor's Services	Covered at 90% of allowed benefit*	Covered at 70% of allowed benefit after deductible*
Laboratory & X-ray	Covered at 90% of allowed benefit*	Covered at 70% of allowed benefit after deductible*
Prescription Drugs (see footnotes on page 11 for additional information)	<i>Retail (up to 34-day supply):</i> \$10 copay for generic \$20 copay for brand formulary \$35 copay for brand non-formulary <i>Mail Order (up to 90-day supply):</i> \$20 copay for generic \$40 copay for brand formulary \$70 copay for brand non-formulary	
Maternity Care	Covered at 90% of allowed benefit*	Covered at 70% of allowed benefit after deductible*
Well Child Care	Covered in full after \$10 copay	Well child visits < age 18, covered at 70% of plan allowance, no deductible.
Emergency Treatment	Covered at 90% of allowed benefit*	Covered at 70% of allowed benefit after deductible.*
Mental Health Services and Substance Abuse Treatment	Inpatient – Covered at 90% of allowed benefit.* Outpatient – Covered at 90% of allowed benefit.*	Inpatient – Covered at 70% of allowed benefit after deductible.* Outpatient – Covered at 70% of allowed benefit after deductible.*
Infertility Coverage	Covered at 90% of allowed benefit* for in-vitro fertilization, up to 3 attempts per lifetime. \$100,000 lifetime maximum* (POS/PPO combined).	Covered at 70% of allowed benefit after deductible* for in-vitro fertilization, up to 3 attempts per lifetime. \$100,000 lifetime maximum (POS/PPO combined).
Routine Vision Care	Vision benefits provided through Davis Vision	

HEALTH CARE BENEFITS AT-A-GLANCE

KAISER HMO

Physician Network Area	Metropolitan Washington D.C., including Northern Virginia and Baltimore areas Effective 1/1/09, service area was expanded to include the City of Frederickburg, Spotsylvania and Stafford Counties, along with portions of Caroline, Orange, Fauquier, Hanover, King George and Westmoreland Counties.
Plan Contact Information	Customer Service: 301-468-6000 Website: www.kaiserpermanente.org
Primary Care Physician	Yes – required Referrals required
Annual Deductible	N/A
Yearly Out-of-Pocket Limit	\$3500 individual/\$9400 family
Office Visits (Physician or Specialist)	Covered in full after \$10 copay. All preventive care visits for physicals, pap smears, immunizations, etc. covered in full
Inpatient Hospital Care/Doctor's Services	Covered in full
Laboratory & X-ray	Covered in full
Prescription Drugs (see footnotes below for additional information)	<i>Kaiser pharmacy (up to 30-day supply):</i> \$10 copay for generic \$20 copay for brand formulary \$35 copay for brand non-formulary <i>Mail Order (up to 90-day supply):</i> \$16 copay generic \$36 copay brand formulary \$66 copay brand non-formulary
Maternity Care	Covered in full after \$10 copay on first pre-natal visit
Well Child Care	Covered in full
Emergency Treatment	Covered in full after \$50 copay per visit. Waived if admitted.
Mental Health Services and Substance Abuse Treatment	Inpatient – Covered in full when medically necessary. Outpatient - \$10 copay per visit when medically necessary.
Infertility Coverage	Coverage for in-vitro fertilization for up to 3 completed attempts per lifetime; covered at 50% of allowable charges.
Dental Care (additional coverage available through Delta Dental plan – separate premium required)	Discounts on services.
Routine Vision Care	In addition to Davis Vision benefits, eye refraction exam/ophthalmology visits: \$10 copay; eyewear/contact lens discounts also available.

NOTE: THIS IS A SUMMARY ONLY.

REFER TO THE FAIRFAX COUNTY GOVERNMENT BENEFIT PLAN BOOKLET FOR MORE DETAILED INFORMATION.

*After maximum out-of-pocket is reached, plan pays at 100% of allowed benefit.

Lifetime Maximum Benefits: \$1 Million for CareFirst POS/CareFirst PPO Out-of-Network (combined); \$1 Million for CIGNA Out-of-Network. None for In-Network Benefits for CareFirst POS/PPO, CIGNA OAP or Kaiser HMO.

CIGNA Prescription Drug Out-of-Network benefit is 70% of the plan allowance after the deductible. There is no out-of-network coverage for mail order.

Information retirees should know about benefits

Listed below is information retirees should know about their benefits. For more information about retiree benefits, go to <http://www.fairfaxcounty.gov/retirement/> or contact the Retirement Administration Agency at 703-279-8200 or 800-333-1633. The County reserves the right to change or terminate the benefit provided or adjust the premium at any time.

•**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) is not allowed for purposes of retaining continuous coverage, as FCPS is a separate employer.

•**Changing coverage** – Retirees may change plans or add dependents only at open enrollment or due to a qualified change in family circumstances. Dependents may be dropped from coverage at any time. Please contact the Retirement Administration Agency as soon as your dependent ceases to be eligible for coverage as premium adjustment can only be made retroactively for 60 days. Retirees who move outside of their plan's service area or who become ineligible for their plan due to age must contact the Retirement Administration Agency and elect new coverage for which they are eligible within 60 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 Retirement Administration Agency. Retirees are not required to elect Medicare Part D. After they receive Medicare coverage, Medicare becomes the primary source for payment of claims, and the FCG health plan becomes secondary. Retirees with Medicare are generally responsible for paying the same deductible, co-payment, coinsurance and other out-of-pocket expenses that they would have been responsible for paying prior to receiving Medicare. However, under the BlueChoice POS plan, referrals for specialists are no longer required. Retirees who do not apply for and maintain Medicare Part A and Part B coverage will be responsible for the portion of their claims that Medicare would have paid. Retirees who are enrolled in the Kaiser Permanente plan must contact the Retirement Administration Agency 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. Surviving children may continue their coverage until they become ineligible because of age or loss of dependent status. If the survivors are not covered under a County plan at the time of the retirees' death, they are not eligible for coverage. If a retiree or dependent with coverage dies, please contact the Retirement Administration Agency as soon as possible so that premiums can be adjusted.



“Retirees who do not apply for and maintain Medicare Part A and Part B coverage will be responsible for the portion of their claims that Medicare would have paid.”

Required Notices

Women’s Health and Cancer Rights Act of 1998

This law requires group health plans that provide coverage for medically necessary mastectomies to also provide coverage for:

- reconstruction of the breast on which the mastectomy has been performed;
- surgery and reconstruction of the other breast to provide a symmetrical appearance; and
- prostheses and the treatment of physical complications during all stages of the mastectomy.

The County’s plans cover mastectomies and the benefits required by this act.

Newborns’ and Mothers’ Health Protection Act of 1996

This law includes important protection for mothers and their newborn children with regard to the length of hospital stays following the birth of a child. The law stipulates that “group health plans and health insurance issuers generally may not under Federal law restrict benefits for any hospital length of stay in connection with child-birth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section.” However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not under Federal law require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay less than 48 hours (or 96 hours).



To request this information in an alternate format, call 703-222-5872 (voice) or 703-222-7314 (TTY) or 703-802-8795 (FAX)



A Fairfax County, Va., publication

Got questions?

Call the specific health plan at the number listed below about plan coverage and identify yourself as a Fairfax County Government retiree. Call the retirement numbers listed below if you have more general questions about premiums, effective dates, and changes. Hearing impaired may call 703-222-7314.

<p>BlueChoice POS/ BluePreferred PPO 800-296-0724 for 2009 800-628-8549 for 2010 www.carefirst.com / www.bcbs.com</p>	<p>CareFirst Help Desk – Claims Issues Betsi Fuhrman, 703-324-3474</p>	<p>CIGNA 800-244-6224 (current members) 800-564-7642 (potential new members) www.cigna.com</p>
<p>Kaiser and Kaiser Medicare Plus 301-468-6000 www.kaiserpermanente.org</p>	<p>Delta Dental 800-237-6060 www.deltadentalva.com</p>	<p>Retirement – Enrollment Issues Asima Barzanji 703-279-8202 or 800-333-1633 County HR Staff – Health/Dental/Life 703-324-3311</p>

NOTICE OF CREDITABLE COVERAGE

Important Notice from Fairfax County Government About Your Prescription Drug Coverage and Medicare

Read this notice carefully and keep it where you can find it. If you enroll in a Medicare Prescription Drug Plan, you may need to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

This notice has information about your current prescription drug coverage through your Fairfax County Government retiree health plan and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage. If you (or a dependent on your policy) are not currently eligible for Medicare, this information is not relevant for you at this time.

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- Fairfax County Government has determined that the prescription drug coverage offered by the retiree health plans provided by the BlueChoice Point of Service, BluePreferred PPO, CIGNA OAP, and Kaiser Permanente Plans are each, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.

Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

People with Medicare can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from November 15th through December 31st. This may mean that you may have to wait to join a Medicare prescription drug plan and that you may pay a higher premium (a penalty) if you join later. You may pay that higher premium (a penalty) as long as you have Medicare prescription drug coverage. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a sixty (60) day Special Enrollment Period (SEP) because you lost creditable coverage to join a Part D plan.

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

If you do decide to enroll in a Medicare prescription drug plan and drop your Fairfax County Government retiree health plan coverage (which includes prescription drug coverage), be aware that, under current Fairfax County Government rules, you and your dependents will not be able to get this coverage back. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Since you will be dropping your retiree health coverage, you should also consider how much of your medical expenses the County health plan pays after Medicare Part A or B pays.

You have the following options regarding your health and prescription drug coverages:

- Keep your current Fairfax County Government retiree health coverage, which includes prescription drug coverage, and don't enroll in Medicare Part D coverage; or
- Opt out of your current Fairfax County Government retiree health coverage, which includes prescription drug coverage, and enroll in Medicare Part D coverage. (**Remember:** you will not be able to get your County coverage back later if you opt out of it).
- You also have the option of keeping your current Fairfax County Government retiree health coverage, including prescription drug coverage, and enrolling in Medicare Part D coverage as a supplement to your current coverage, but you will have to pay premiums for both plans and may not need both types of coverage. You should be certain that you truly need both types of coverage to meet your prescription drug needs before you choose this option.

Remember: Your current County health coverage pays for other health expenses, in addition to prescription drugs, and you **will not** be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan and drop your retiree health coverage with the County.

You should also know that if you drop or lose your coverage with Fairfax County Government and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later. If you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what many other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to enroll.

For more information about this notice or your current prescription drug coverage...

Contact the Fairfax County Government Retirement Administration Agency at 703-279-8200 for further information or, for more information about your County prescription drug coverage, call CareFirst Blue Cross Blue Shield (for the BlueChoice POS or BluePreferred PPO Plans) at 1-800-296-0724 (for 2009) and 1-800-628-8549 (for 2010) or Kaiser Permanente at 1-800-777-7902.

NOTE: You will receive this notice annually and at other times in the future (such as before the next period you can enroll in Medicare prescription drug coverage) and if this coverage through Fairfax County Government changes. Additionally, you may request a copy at any time.

For more information about your options under Medicare prescription drug coverage... More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. Individuals enrolled in Medicare will receive a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. You can get more information about Medicare prescription drug plans from the following sources:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number) for personalized help,
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or call them at 1-800-772-1213. TTY users should call 1-800-325-0778.

Remember: Keep this notice. If you enroll in a Medicare Prescription Drug Plan, you may need to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium amount (a penalty).

CIGNA OAP Now Open to Retirees With Medicare

During this open enrollment period, retirees with Medicare may choose to enroll in the CIGNA OAP plan.

Since CIGNA OAP has a nationwide network of providers, retirees living anywhere in the country are eligible for this plan.

This means that retirees with Medicare who live outside of the local service area now have a choice of plans to choose from.

CIGNA OAP also has an extensive network of providers in the local area. For information about CIGNA coverage, see the

enclosed coverage chart. You may also attend one of the open enrollment fairs (see below) or contact CIGNA customer service at 800-CIGNA24. For information about the premiums, see page 3.



Health Screenings Available at Health Fairs



During the Open Enrollment Information Fairs, retirees will be able to get answers to any questions they may have concerning the health insurance and dental insurance options available to them. There will be plan representatives from CareFirst, CIGNA, Kaiser Permanente, Delta Dental and Davis Vision available at these meetings to talk with you.

Free health screenings will also be available as follows:

- CareFirst – blood pressure check
- CIGNA – bone density screening
- Kaiser Permanente – body mass index (BMI)
- Davis Vision – vision screening

You must have an appointment to have a bone density screening.

To schedule your appointment, go to <http://www.pickatime.com/fairfaxcounty.htm>. If you do not have internet access, or are having difficulty with registering for your screening, contact the Department of Human Resources at 703-324-3311.

Employee/Retiree Open Enrollment Fairs

Tuesday, October 20

Pennino Building, Room 206 A&B
12011 Government Center Pkwy, Fairfax
9:00 a.m.-1:00 p.m.

Thursday, October 22

Government Center Conference Rooms 2-3
12000 Government Center Parkway, Fairfax
11:00 a.m.-3:00 p.m.

Tuesday, October 27

South County Government Center, Room 221 A&B
8350 Richmond Highway, Alexandria
9:00 a.m.-1:00 p.m.

Monday, November 9

Government Center Conference Rooms 9-10
12000 Government Center Parkway, Fairfax
11:00 a.m.-3:00 p.m.

Tuesday, November 10

Massey Building, A-Level Conference Room
4100 Chain Bridge Rd., Fairfax
9:00 a.m.-1:00 p.m.