

This information is for Fairfax County Government Retirees

Contact Information

Contacts	Vendor	Phone	Web
Benefits/HR Central		703-324-3311	HRCentral@fairfaxcounty.gov
OAP Plans Keisha Lewis	Cigna On-Site Rep	800-244-6224 703-324-2446	www.mycigna.com keisha.lewis@fairfaxcounty.gov
Cigna HealthSpring	800-558-9562, Monday through Friday, 8 a.m. to 8 p.m.		
HMO	Kaiser Permanente	301-468-6000	www.kaiserpermanente.org
Dental	Delta Dental of Virginia	800-237-6060	www.deltadentalva.com
Vision	Davis Vision	800-208-2112	www.davisvision.com, (client control code 4443)
Group Life/LTD	The Standard	703-324-3351	lonna.owens@fairfaxcounty.gov
Deferred Compensation Marie Canterbury	T. Rowe Price On-Site Rep	888-457-5770 703-324-4995	www.rps.troweprice.com marie.canterbury@fairfaxcounty.gov
Medicare	Medicare	800-633-4227	www.medicare.gov
Benefits Assistance	VIACAP	703-324-5851	www.fairfaxcounty.gov

This Following Subsidy Information is for Fairfax County Government Retirees

2017 Subsidies

Retirees pay the full cost of 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				Monthly Subsidy for Retirees Age 65+			
Years of Service at Retirement	Subsidy Amount	2017 Supplement	2017 Subsidy Amount	Years of Service at Retirement	Subsidy Amount	2017 Supplement	2017 Subsidy Amount
5 - 9	\$25	\$5	\$30	5 - 9	\$15	\$15	\$30
10 - 14	\$50	\$15	\$65	10 - 14	\$25	\$40	\$65
15 - 19	\$125	\$30	\$155	15 - 19	\$100	\$55	\$155
20 - 24	\$150	\$40	\$190	20 - 24	\$150	\$40	\$190
25 or more*	\$175	\$45	\$220	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				*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			

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2017 Health, Vision and Dental Premiums for Retirees

Cigna OAP Co-Pay Plan	Total Monthly Premium Cost (w/out Subsidy)
Individual	\$842.00
Individual with Medicare	\$580.75
2 Individuals	\$1,641.88
2 Individuals - 1 w/Medicare; 1 w/o	\$1,415.19
2 Individuals with Medicare	\$1,148.23
Family	\$2,449.99
Family - 1 Medicare	\$2,307.79
Family - 2 Medicare	\$2,150.92
Family - 3 Medicare	\$1,994.06
Cigna OAP 90% Coinsurance Plan	
Individual	\$690.98
Individual with Medicare	\$482.92
2 Individuals	\$1,357.98
2 Individuals - 1 w/Medicare; 1 w/o	\$1,174.62
2 Individuals with Medicare	\$965.83
Family	\$1,997.09
Family - 1 Medicare	\$1,863.52
Family - 2 Medicare	\$1,728.05
Family - 3 Medicare	\$1,592.59
Cigna OAP 80% Coinsurance Plan	
Individual	\$485.37
Individual with Medicare	\$331.38
2 Individuals	\$946.46
2 Individuals - 1 w/Medicare; 1 w/o	\$810.29
2 Individuals with Medicare	\$656.30
Family	\$1,412.40
Family - 1 Medicare	\$1,307.79
Family - 2 Medicare	\$1,203.23
Family - 3 Medicare	\$1,098.66
Kaiser Permanente HMO	
Individual	\$575.61
Individual with Medicare	\$299.19
2 Individuals	\$1,150.32
2 Individuals - 1 w/Medicare; 1 w/o	\$873.90
2 Individuals with Medicare	\$597.48
Family	\$1,668.82
Family - 1 Medicare	\$1,449.51
Family - 2 Medicare	\$1,173.09
Family - 3 Medicare	\$896.67
Delta Dental PPO	
Individual	\$42.74
2 Individuals	\$80.74
Family	\$133.06



To request this information in an alternate format, call 703-324-3311, TTY 711