

Information retirees should know about benefits

If you are covered under a County life, health and/or dental plan at the time of your retirement, you may continue the insurance under the retiree group. You have 60 days after your coverage ends as an active employee to elect to continue your coverage as a retiree. The County reserves the right to change or terminate the benefit provided or adjust the premium at any time. If you are not covered by a County life, health or dental plan at retirement, you are not eligible for retiree coverage.

Who pays for retiree health and dental insurance?

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. For 2012, the County will continue the additional temporary supplement. **The 2012 subsidy is reflected below:**

Monthly Subsidy for Retirees Ages 55-64			
Years of Service at Retirement	Subsidy Amount	2012 Supplement	2012 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 and Over			
Years of Service at Retirement	Subsidy Amount	2012 Supplement	2012 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.			

Retirees can pay their share of their health and/or dental insurance premiums in one of two ways. If possible, the cost will be deducted from the monthly annuity in the month prior to the month of coverage. If the individual does not receive an annuity or if the retiree's check is not large enough to cover the monthly premiums, the retiree must pay their monthly premiums by mailing a personal check payable to the County of Fairfax, to the Retirement Agency.

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. Coverage will be effective the first of the month following receipt of the enrollment form.

If your spouse terminates employment with FCG, you may pick up the coverage for both of you and any covered dependents through the Retirement Administration Agency by requesting the coverage within 60 days of your spouse's termination date. Coverage begins the first of the month after receipt of the enrollment form.

Retirees whose retirement annuity has been suspended by the Retirement Administration Agency may pay for the full cost of their benefits by personal check as long as they are eligible to have their retirement benefits restored. If coverage is canceled by the retiree, or if a retiree's coverage is dropped because premiums have not been paid or because the retiree becomes ineligible, the retiree MAY NOT reenroll.

When can retirees make changes to their coverage?

New retirees have the following options within 60 days of retirement:

- You may continue in the same health plan that you had as an active employee until the next open enrollment period as long as you continue to meet the plan's eligibility and residency requirements. **Note:** Retirees or their dependents who turn age 65 after December 31, 2004 are not eligible to continue in Kaiser Permanente. The Kaiser Medicare Plus plan is only open to current members who were enrolled in the Medicare plan as of December 31, 2004.
- If you are no longer eligible for coverage in your current plan (either due to Medicare or because you live outside of the plan's service area), you must elect other coverage for which you are eligible.
- Reduce coverage level (drop dependents).
- Drop coverage altogether. However, once dropped, coverage may never be reinstated.