



2022 Active Employee Benefits Guide

Fairfax County Government

Benefit and Plan Education for 2022



For plan year 2022, all Open Enrollment education will be offered virtually. There will be no in-person meetings or Health Fairs.

Virtual sessions are open to all Fairfax County employees, retirees, and their families. Participants are encouraged to attend as many sessions as they would like. Advance registration is not required.

A [full schedule](#) with access links and information can be found on the [Open Enrollment Page](#) on FairfaxNet along with additional resources.

Virtual Open Enrollment Sessions Hosted by the Benefits Division

Monday, October 4th at 1 pm

Wednesday, October 6th at 11 am and 7 pm

Thursday, October 14th at 11 am and 7 pm

Tuesday, October 19th at 9 am and 1 pm

Thursday, October 21st at 2 pm

Wednesday, October 27th at 9 am and 1 pm

Wednesday, November 3rd at 11 am

Plan Specific Education Hosted By Vendor Partners

Cigna managed 90% & 80% Co-Insurance Plans

- Tuesday, October 5th at 11 am
- Thursday, October 14th at 1 pm
- Tuesday, October 26th at 7 pm

Cigna managed MyChoice CDHP Plan

- Thursday, October 7th at 3 pm
- Wednesday, October 13th 11 am
- Monday, October 18th at 7 pm

Kaiser Permanente HMO

- Thursday, October 7th at 1 pm
- Wednesday, October 20th at 11 am

Health Savings Accounts

- Friday, October 8th at 11 am
- Wednesday, October 13th at 1 pm

Flexible Spending Accounts with TASC

- Monday, October 11th at 11 am
- Wednesday, October 20th at 1 pm

Cigna: Ask the Pharmacist

- Monday, October 18th at 11 am

Life Insurance & Long Term Disability with the Standard

- Thursday, October 28th at 1 pm



To request this information in an alternate format or for reasonable ADA accommodations, please call HR Central at 703-324-3311 (TTY 711)

What's New for 2022

About this Guide

This benefits guidebook is intended to be a digital overview of the benefits offered to Fairfax County Government employees and updates for 2022. Throughout this guide, you will find hyperlinks that will connect readers to FairfaxNet, relevant contacts and other resources for additional information. This document is not comprehensive and all participants in the offered plans should review the available resources and attend general and plan specific [Open Enrollment sessions](#).



2022 Premiums

There will be premium increases for all medical plans in 2022. For details on premium increase for the Cigna managed plans, see the Premium section of this guide. Premiums for all health plans can be found on the Active Rate Chart on the final page of this guide.

Cigna 90% Co-Insurance Plans

No pharmacy or medical plan changes for Plan Year 2022. No new cards will be issued for continuing participants.

Cigna 80% Co-Insurance Plans

No medical plan changes for plan year 2022. New cards will be issued for new and continuing participants.

Pharmacy plan changes for 2022 include a new deductible, out-of-pocket maximum, and new co-pays and co-insurances for prescription drugs from retail locations and mail order.

<i>Pharmacy Changes for this Plan</i>	2021	2022
Deductible (Ind/Family)	\$75/\$150	\$200/\$400
Out-of-Pocket Maximum (Ind/Family)	\$2,000/\$4,000	\$2,500/\$5,000
Rx Retail Generic	\$7	\$10
Rx Retail Formulary	20% (max \$50)	20% (max \$55)
Rx Retail Non-Formulary & Specialty	35% (max \$100)	35% (max \$110)

MotivateMe Incentive Rewards

Get motivated. Get healthy. Get up to \$250. LiveWell is here to help you stay motivated along your health journey with extra incentives for making choices that support your wellbeing. New for 2022:

- Spouse Goals: Couple goals are life goals. In 2022, there are additional ways for spouses covered under a Fairfax County health plan to participate in MotivateMe. Rewards for the plan subscriber.
- Health Outcomes: The proof is in the (low-sugar) pudding.
- Total Wellbeing: Complete 3 visits with an Employee Assistance Program (EAP) or behavioral health provider, like a mental health counselor, and receive rewards. Subscribers can also earn rewards for donating blood, in support of community wellbeing.
- Stay Fit: Whether you exercise at the Employee Fitness & Wellness Center, at home with BurnAlong, or through the completion of a community race (5k, 10k, etc.) We see you, and want to reward your efforts to stay fit.

What's New for 2022 Continued

Cigna MyChoice CDHP

New annual deductible and out-of-pocket maximum for Plan Year 2022. The annual deductible and out-of-pocket maximum in the MyChoice CDHP include medical and pharmacy services.

New cards will be issued for new and continuing participants.

<i>Deductible Changes for this Plan</i>	2021	2022
Annual Deductible (Ind/Family)	\$1,400/\$2,800	\$1,750/\$3,500
Annual Out-of-Pocket Max (Ind/Family)	\$4,500/\$9,000	\$6,000/\$12,000

Pharmacy plan changes for 2022 include new co-pays and co-insurances for prescription drugs from retail locations and mail order.

<i>Pharmacy Changes for this Plan</i>	2021	2022
Rx Retail Generic	\$4	\$10
Rx Retail Formulary	20% (max \$50)	20% (max \$55)
Rx Retail Non-Formulary & Specialty	35% (max \$100)	35% (max \$110)

Health Savings Accounts

Participants in the Cigna MyChoice CDHP Plan on January 1st will receive a lump-sum county contribution in their Health Savings Accounts. The contributions from Fairfax County Government are sent to HSA Bank on the first payroll Friday of the new year. Funds are usually credited to accounts early the following week. If you enroll in the plan mid-year, the county contribution will be pro-rated. Contributions are not based on employee status.



2022 IRS Annual Contribution Limits (<i>Max includes all county contributions</i>)	
Individual	\$3,650
Two-Party/Family	\$7,300
Over 55 Catch-up	\$1,000

Flexible Spending Accounts

Fairfax County Government offers the opportunity to participate in three types of Flexible Spending Accounts. The minimum contribution for Flexible Spending Accounts is \$125. See below for 2022 annual maximums.

- Healthcare FSA - \$2,750
- Limited Purpose FSA - \$2,750
- Dependent Care FSA - \$5,000

Do you still have funds in your 2020 or 2021 Flexible Spending Account? Avoid forfeiture of FSA funds. Review the updated qualified dates for these plans on [FairfaxNet](#) and check your current balances on [tasconline.com](#)

Kaiser Permanente HMO

No pharmacy or medical plan changes for Plan Year 2022. No new cards will be issued for continuing participants.

Dental Plan

Fairfax County Government's Employee Dental Plan will continue to be managed by Delta Dental of Virginia. There are no changes in the plan or network for 2022. There is a slight rate increase.

A Note on 2022 Medical Plan Premiums



The past 18 months have been challenging for most of us. With the various restrictions the pandemic has placed on our lives—work, school, family—it has been difficult to adjust to a “new normal.”

As a result of the strain on the health care system caused by the pandemic, it seemed almost impossible to access some types of health care throughout 2020 and into 2021, and many of us have tried new ways of seeing providers, such as virtual visits. But despite what seemed like a lull in health care provision, the self-insured plans offered to Fairfax County

Government employees and their families continued to be utilized at much higher rates than plans in similar organizations. And despite additional cost containment measures, the costs of services like advanced imaging and specialty medications continue to rise exponentially.

A few examples of participants’ extraordinary use of our self-insured plans include:

- **Emergency Room Visits** – in the last three years **over 3,000 ER visits were reported as “steerable,”** meaning they could have been addressed somewhere other than the ER, which **would have resulted in savings of \$2.5 million in claims.**
- **Advanced diagnostic testing** (MRI, CT, PET) – costs are **84% higher than Cigna’s norm** for public sector clients for the last three years, costing \$216.58 per member, per year.
- **Specialist visits** – for the same three-year period are **43% higher than Cigna’s norm,** costing **\$265 per member, per year.**
- Treatment of **Chronic Conditions** such as, diabetes, hypertension, obesity, depression, asthma and coronary artery disease. 41% of covered participants with these conditions make up **74% of total plan costs.**
- Lastly, **Specialty Pharmacy** is the fastest growing cost driver. Specialty Pharmacy costs **increased over 10% from 2019 to 2020** and are running **23.5% above Cigna’s norm** for public sector clients.

So, while many of you may have skipped preventive visits or elective surgery due to safety concerns, many employees and their family members continued to receive services and fill specialty prescriptions at a higher rate than Cigna’s other public sector plans across the country.

The high use of services and medications, along with an increase in chronic conditions, and the general toll the pandemic has taken on the healthcare system, has greatly strained our self-insured medical plans. The costs in these plans— the 90% and 80% Co-insurance plans and the MyChoice CDHP— continue to increase. **As a result of the continued high use of services and prescription medications, there will be double digit premium increases in all of the Cigna plans offered to Fairfax County employees and retirees for 2022.**

There are additional factors that have prompted the large premium increases subscribers will see this year. In 2021, we chose to stick to our long-term strategy and eliminated the Cigna Co-Pay Plan. The county anticipated this closure would have some impact on claim costs in the other self-insured plans. For many years the costly premium of the Co-Pay Plan, (between 18 and 65% higher than the other medical plans) combined with the number of participants, offset the elevated use of services and high-cost claims. However, the cost to the county, and its taxpayers, was not sustainable. With the closure of our most popular plan, participants and their claims migrated to the lower cost plans.

A Note on 2022 Premiums Continued



The COVID-19 pandemic was something that no one anticipated. For many reasons, the county opted to keep premium increases contained for the 2021 plan year. We did not implement the full recommended premium increases necessary to offset the shift of claims from the Co-Pay plan to the remaining Cigna plans. Additionally, to try to counter some of the uncertainty at the height of the pandemic, **all plans covered any testing and treatment of COVID-19 at 100%**. This additional coverage and applying a minimal premium increase in 2021, compounded the need for higher premiums in plan year 2022.

It is important to understand what it means to have a “self-insured” plan model, as we have with our Cigna plans. A self-insured medical plan means that the cost of all medical and pharmacy claims, as well as administrative fees, are paid with a combination of contributions from the county and participants in the plans. There is no third party taking on the risk and paying for these medical services. The costs of all services paid for by the plans, from preventive doctor visits to cholesterol tests, and newborn babies, to chemotherapy, are all paid from employee premiums and county funds. We all have a personal stake in keeping our costs under control.

For the 2022 plan year, to help mitigate the financial impact on participants in the Cigna administered medical plans, the county will offer **three Premium Holidays in 2022**. Each Premium Holiday will be equal to your contribution amount for one pay period. These premium holidays will occur **in the months of February, April and July**.

We will also be **increasing the rewards in the MotivateMe program from \$200 to \$250 for the 2022 plan year**. LiveWell will introduce new programs that are designed to target some of our previously discussed chronic conditions, and those will be added to the MotivateMe incentive program. See the MotivateMe pages of this brochure for details.

Medical Plan & Premium Resources

- [Open Enrollment Page](#) on FairfaxNet
- [2022 Active Rate Sheet](#)
- [2022 Active At-A-Glance](#)

It's been a year.

Did you know that half of all full-time, benefits-eligible employees say making health insurance decisions is always **very stressful** for them?

To make sure everyone has a stress-free open enrollment this year—and to help you avoid getting tied up with open enrollment questions—we'd like you to let your team know about our new virtual benefits counselor, ALEX®.

- Personalized Benefits Guidance
- Confidential Support
- Works on Any Computer, Smartphone, or Tablet

Help your team during open enrollment by sending them to www.myAlex.com/fairfaxcounty/2022



Family Matters

Total Wellbeing For The Whole Family

Preparing For Parenthood

Congratulations! Whether you are expecting, planning to adopt, foster, or expand your family in other ways, LiveWell is here to support you on the journey. Join us for quarterly Parenthood Events to learn all about leave and benefits. Participate in webinars and workshops such as Baby Basics and Childbirth Prep (and invite a birth partner or spouse to join in as well). Plus, the Employee Assistance Program (EAP) can help you find childcare, moving companies, provide emotional support, and other resources as your family grows.

BurnAlong

Stay fit—at home, at work, and everywhere in between—with BurnAlong. Fairfax County employees have free access to on-demand and live video classes from 100's of instructors spanning 45+ health and wellness categories--cardio, strength, yoga, mindfulness, nutrition, financial wellbeing, and programming for kids and those with chronic conditions--plus classes from LiveWell and Employee Fitness & Wellness Center instructors. The videos are available online and through the app on personal devices such as phones and tablets. Plus, employees can invite up to 4 family members to join for free. Use your county email address and desktop browser to enroll at <https://fit.burnalong.com/fairfaxcounty>.

Omada

Small steps lead to big changes. Members in Fairfax County sponsored health plans (Cigna 80%, 90%, MyChoice and Kaiser Permanente) have access to Omada. Omada is an online program that helps those at risk for Diabetes Type II or cardiovascular disease make lifestyle changes for the prevention of Diabetes Type II. Participants have access to the program for 1-2 years, depending upon health plan enrollment, and receive tools such as a Bluetooth-enabled scale, access to a dedicated health coach, online peer support, weekly learning modules, and more. Plus, coming in 2022, members in a Fairfax County-sponsored Cigna plan will have access to Omada programs that are especially designed for those who currently have Diabetes Type II or Hypertension.

LiveWell Webinars and Special Events

LiveWell offers monthly webinars, online fitness classes such as Gentle Yoga and Building your Balance, virtual cooking demonstrations, healthy happy hours, kid-friendly programs, Tai Chi, meditation, and Airrosti injury assessments. Stay tuned to the LiveWell newsletter for the latest updates on upcoming events.



Programs & Resources

- Agency Workshops
- Biometric Screenings & Biometric Kiosks
- Blood Drives
- BurnAlong
- Employee Assistance Program (EAP)
- Employee Fitness & Wellness Center
- Flu Vaccines
- Health Coaching
- LiveWell Ambassadors
- MotivateMe Incentives
- Omada
- Online Challenges
- Outreach Events
- Parenthood Events
- RECenter Discounts
- Special Events
- Weight Watchers (WW)
- Workshops & Webinars
- 4P Foods Deliveries

Contact Us

LiveWell@fairfaxcounty.gov
703.324.3311 (TTY 711)

Important Things to Know

What Am I Eligible to Enroll In?

Fairfax County Government offers its employees a wide variety of benefits. From health benefits to disability and leave programs, there is a lot to choose from. Benefits eligibility is tied to your employment status.

Full-time and part-time merit employees can participate in all of the benefits offered by Fairfax County. Part-time, non-merit, benefits eligible employees may elect to enroll in the medical (and vision) plan, the dental plan, Flexible Spending Accounts, and the deferred compensation plan, managed by T. Rowe Price.

Who Can Be Covered?

You have the option of covering eligible dependents on your health benefits and life insurance plans.

- Spouses as recognized by the Commonwealth of Virginia. Employees enrolling a spouse must provide a copy of their marriage certificate or a copy of the top of the most recent tax return showing both social security numbers or nine-digit tax identification number and filing status.
- Children, step-children, adopted children or any children whom you have been granted legal custody of through the courts who is under the age of 18. A copy of the child's birth certificate or legal custody document must be provided when enrolling dependent children along with a valid social security number or nine-digit tax identification number. Once added to a plan, dependent children can be covered until age 26.
- Disabled dependents, regardless of age, are eligible to remain on the county's health plans if the disability occurred before age 26. Appropriate notification and documentation must be provided to Cigna or Kaiser Permanente for verification prior to the disabled dependent's 26th birthday.

Health Insurance Orders

The county is required to enroll qualified dependent(s) listed on court-issued Qualified Medical Support Orders into your county-sponsored health plan. If you are not enrolled in a plan when we receive an order, you may choose a health plan or you will be enrolled with any named dependent(s) into the Cigna 80% Co-Insurance Plan. Enrollments cannot be canceled without a court order release.

Sharing of Health and Benefit Information



The Benefits Division will not share personal information, or enrollment details, with anyone other than the employee. To protect the privacy of subscribers, the Benefits Division will not provide details regarding benefit enrollment without approval from the employee, or an approved Power of Attorney on file with the Benefits Division.

In lieu of a Power of Attorney, employees may provide "on-the-spot" permission for a one-time release of information. The employee would need to be present, in-person, or on the phone, and provide verifying information before any details can be shared. This includes all family members and personal representatives.

Any enrollment changes requested by someone other than the employee will only be granted after review and approval of a Power or Attorney or other legal document. Privacy guidelines apply in all circumstances, for all family members, agency representatives, and even if both participants are current county employees.

Employment Status Changes

If the status of your employment changes mid-year, this could be considered a qualifying event, allowing you to make changes to your benefits outside of our annual Open Enrollment period. If you move to a full-time or part-time merit position, you must contact the Benefits Division **within 30 calendar days** to make changes. If you move from a full-time merit position to a non-merit position in the middle of a plan year, your elected medical benefits will remain in effect unless otherwise indicated by the employee to the Benefits Division. In some cases, your enrollments may terminate on the last day of the plan year. Always remember to contact the Benefits Division directly with any questions or concerns about your benefits and how they will be impacted by changes in your employment.



Qualifying Events

Qualifying Events are special circumstances, like changes in your family status, your job, or the job of your spouse, that allow you the opportunity to add or change benefit elections during the plan year. The change requested must be on account of, and consistent with, the qualifying event, and must be requested **within 30 days** of the qualifying event.

If you experience a qualifying event, and need to make a mid-year change to your benefits, it is the employee's responsibility to notify DHR Benefits Division within 30 calendar days of the event. These changes cannot be made in FOCUS or by your agency. All changes take effect on the first of the month following the qualified event except for birth/adoption/placement for adoption, which take effect on the date of birth/adoption/placement.

For more information on [qualifying events](#) visit the [Benefits Page](#) on FairfaxNet.

Children Turning 26

If you are covering a child who will be turning 26 this plan year, your child's coverage under Fairfax County benefits will end the last day of the month in which they turn 26. These dependents will be automatically removed from your medical and dental plans. A COBRA Notice will be mailed to the subscriber's address on record in FOCUS. COBRA, or the Consolidated Omnibus Budget Reconciliation Act of 1985, requires the county to offer employees and their families the opportunity to extend their health and dental insurance coverage at group rates in certain instances where coverage would otherwise end. For more information on COBRA, visit the Benefits Page on FairfaxNet.

Find additional details on [Eligible Dependents](#) and [COBRA](#) on the [Benefits Page](#) on FairfaxNet.

Disabled Dependents

Disabled dependents, regardless of age, are eligible to remain on the county's health plans if the disability occurred before age 26. If you are currently providing insurance for a handicapped/disabled dependent and would like to continue their coverage past age 26, please reach out to the Benefits team directly. Required paperwork must be completed and submitted to the medical plan carrier for review at least 90 days prior to the dependent's termination date in order to be considered for continued coverage. This required paperwork may include physician forms and a separate questionnaire. The treating physician must complete this information. You may also include an award for social security benefits letter with the completed questionnaire. Your completed documentation will be reviewed to determine if your dependent meets the criteria for continued coverage.

Open Enrollment FAQs



What am I currently enrolled in and how much am I paying?

Employees can review their current and past enrollments by accessing their benefit record on FOCUS ESS. Log on to FOCUS ESS, select “My Benefits”. On the lower left portion of the page, select “Participation Overview”. From here, you can move the date forward or backward to review benefit enrollments.

To review what you are currently paying on a biweekly basis, employees can access their pay advice on FOCUS ESS. Log on to FOCUS ESS and select “My Pay”. From here the first option on the menu will be “Pay Advice” Here you can see your current bi-weekly deductions.

On the “My Pay” Page in FOCUS ESS, you can also access your Total Rewards Statement. This document will provide you an overview of what you have been paid, along with what both you and the county have paid towards your benefits.

To view plan information and premiums for 2022, visit the [Benefits Page](#) on FairfaxNet.

Can you check to see if I completed my Open Enrollment elections correctly? Did I save it?

Employees can review their current and past enrollments, including future enrollments elected during Open Enrollment, by accessing their benefit record on FOCUS ESS. Log on to FOCUS ESS, select “My Benefits”. On the lower left portion of the page, select “Participation Overview”. From here, you can move the date forward or backward to review benefit enrollments.

What if I want to make another change before Open Enrollment ends?

Enrollment changes can be made anytime during the Open Enrollment period. There is no limit on the number of changes and how often you can update your record. The last enrollments saved and recorded in FOCUS ESS at the end of Open Enrollment, 11:59 pm on Friday, November 5, 2021 will be maintained and become effective January 1, 2022.

What should I do if I missed the Open Enrollment deadline?

Elections made during Open Enrollment are binding. If you missed the deadline and coded any working hours during the Open Enrollment period, you will not be permitted to change your elections without a qualifying event.

For information on what constitutes a qualifying event, visit our [Qualifying Event Page](#) on FairfaxNet.

If you have concerns about your enrollment or believe your enrollments are incorrect, please review your “Participation Overview” of FOCUS ESS or review your printed or saved confirmation from Open Enrollment. Without submitting your printed or saved confirmation, the Benefits Division will not review any appeals regarding erroneous enrollments. If you do discover an error and have your printed or saved confirmation, appeals to correct or amend elections made during Open Enrollment must be submitted to the Benefits Division in writing.

What is the difference between FSA and HSA? Can you use and HSA for childcare?

An FSA or Flexible Spending Account is a “spending” account where employees contribute their own money on a pre-tax basis to use on qualifying expenses. Funds in an FSA are use-or-lose and come in Healthcare, Dependent Care and Limited Purpose.

And HSA, or Health Savings Account, is a independent account paired with enrollment in the Cigna MyChoice CDHP Plan. Contributions can be made by the employee and/or the county and rollover year after year. Funds in an HSA can be used for qualified healthcare expenses.

See our comparison chart of [FSAs vs HSAs](#) on the [Benefits Page](#) on FairfaxNet.

What is the county’s contribution to my HSA for 2022 and when will I see it?

For tax year 2022, Fairfax County Government will make lump-sum contributions to individual Health Savings Accounts for employees enrolled in the Cigna MyChoice CDHP for January 2022. The contribution will be \$700 for subscribers in individual plans and \$1,400 for subscribers in plans covering two or more people.

The contribution from Fairfax County Government is sent to HSA Bank on the first payroll Friday of the new plan year. Typically, funds are credited to your account early the following week.

Visit the [Health Savings Account Page](#) on FairfaxNet and or review our [HSA FAQs](#).

I want to remove my ex-spouse from my record but every time I try, I get an error message. What should I do? Your system shows my ex-spouse as a dependent. How do I confirm I’m not paying for an ex-spouse’s coverage?

Eligible dependents should be added to your FOCUS record for enrollment in medical/vision and dental plans only. Dependents listed in FOCUS are not maintained for life insurance coverage, FSA or HSA benefits, nor are they considered beneficiaries.

Dependents listed in FOCUS, who have been covered under our medical/vision or dental plans at any time, cannot be deleted or removed completely. Your FOCUS record is a historical record of anyone who has been covered under your medical/vision and dental plans. If you try to delete a previously covered dependent, you will receive an error message.

To review who is currently covered under your plans, access your “Participation Overview” under “My Benefits”. From here, you can move the date forward or backward to review benefit enrollments and covered dependents.

To learn more about who is considered an [Eligible Dependent](#), visit the [Benefits Page](#) on FairfaxNet.

Have More Questions? Want to Know More?

Visit the [Benefits Page](#) on FairfaxNet for additional information on all the benefits offered. From here, you can visit the 2022 [Open Enrollment Page](#) or our expanded [Open Enrollment FAQ](#).



2022 Benefits Overview and Resources:

Medical Plans

The information provided in the following pages is a brief synopsis of the benefits offered to you. Please take the time to review the information and use the resources provided. In this version of the guide, look for the Resource Box with clickable hyperlinks to connect directly to additional information on FairfaxNet along with vendor partner resources. And don't forget to attend one of our general benefit, or plan specific Open Enrollment Meetings. A [full schedule](#) of events can be found on FairfaxNet.

Medical Plans

For the 2022 plan year, the county will continue to offer self-insured plans managed by Cigna: 90% and 80% Co-Insurance Plans and the MyChoice CDHP with HSA. These PPO plans use a provider network. This means you will always pay less if you use a provider in the plan's Open Access Plus Network but participants have the option of in- and out-of-network coverage. While you will continue to have access and coverage for covered services from out-of-network providers, you may receive a bill for the difference between the provider's charge and the plan allowed amount. Check with all providers before receiving services.

Our fully insured HMO managed by Kaiser Permanente will continue to be available for employees and their families. This plan offers in-network services only and requires referrals for specialty services.

Medical Benefit Resources

- [Open Enrollment Page](#) on FairfaxNet
- [2022 Active Rate Sheet](#)
- [2022 At-A-Glance Plan Comparison](#)
- [ALEX: Virtual Benefits Counselor](#)
- [Who is Eligible to be covered?](#)
- [Qualifying Events and Mid-Year Changes](#)



Cigna managed 90% or 80% Co-Insurance Plans

- Open Access Plus Network, Cigna's largest network of providers.
- Access to out-of-network providers and coverage.
- Annual medical deductible followed by co-insurance on covered services. If you have other family members on the plan, each must meet their own individual deductible until all family members meet the overall family deductible.
- Includes pharmacy plan with separate annual deductible.
- Free Health Information Line, 24/7 Access.
- Telehealth, 24/7 Access to Doctors Anywhere Anytime.
- No cost Lifestyle Management Programs and Healthy Rewards Discount Program.

Cigna Co-Insurance Plan Resources

- [Open Enrollment Page](#) on FairfaxNet
- [MyCigna.com](#)
- Cigna Customer Service: (800) 244-6224
- Keisha Lewis, Cigna Rep.: (703) 324-2446





Cigna managed MyChoice CDHP Plan

- Open Access Plus Network, Cigna's largest network of providers.
- Access to out-of-network providers and coverage.
- Combined annual medical and pharmacy deductible followed by co-insurance on covered services and drugs. If you have other family members on the plan, the overall family deductible must be met before the plan pays. Each family member does not need to meet an individual deductible.
- The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own individual out-of-pocket limit.
- Includes pharmacy plan.
- Eligible to be combined with a Health Savings Account.
- County and payroll-deducted employee contributions directly to personal Health Savings Account.
- Free Health Information Line, 24/7 Access.
- Telehealth, 24/7 Access to Doctors Anywhere Anytime.
- No-cost Lifestyle Management Programs and Healthy Rewards Discount Program.

Cigna MyChoice CDHP Resources

- [Open Enrollment Page](#) on FairfaxNet
- Current [MyChoice CDHP Plan Page](#)
- [MyCigna.com](#)
- Current [Health Savings Account Page](#)
- [HSA Bank](#)
- Cigna Customer Service: (800) 244-6224
- Keisha Lewis, Cigna Rep.: (703) 324-2446



Kaiser Permanente Health Maintenance Organization

- Great health starts with a great doctor. Choose your doctor and change anytime. Primary Care Physician (PCP) selection and referrals required.
- Local, center-based care. Save time and money with pharmacy, lab, x-ray, and most doctors in one place.
- 35+ medical centers in the Mid-Atlantic States region. No annual deductible. 14 Urgent Care locations, 7 open 24/7.
- Includes pharmacy plan with no-cost delivery through Mail Order Pharmacy.
- No co-pay for video visits, 24/7 medical advice by phone, and e-Visits.
- Care away from home with Minute Clinics and Away-from-Home Travel Line.
- Active&Fit Direct and ChooseHealthy Programs. Reduced rates on studios, gyms, fitness gear and online classes.
- Wellness Coaching at no extra cost and automatic enrollment in chronic care program.
- Self-care apps Calm and myStrength; download at no cost to ease stress, improve awareness, and be more mindful.



Kaiser Permanente HMO Resources

- [Open Enrollment Page](#) on FairfaxNet
- Current [Kaiser HMO Page](#)
- [KP.org](#)
- Kaiser Member Services: (301) 468-6000



	CIGNA OAP MyChoice CDHP with HSA		CIGNA OAP 90%
	In-Network	Out-of-Network*	In-Network
Primary Care Physician (PCP)	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
Specialty Care	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
HSA Fund	County Fund Contribution: \$700 Individual/\$1,400 Family		Not Eligible
Annual Deductible	\$1,750 Individual \$3,500 Family	\$3,500 Individual \$7,000 Family	\$350 Individual \$700 Family
Annual Out-of-Pocket Limit	\$6,000 Individual \$12,000 Family	\$12,000 Individual \$24,000 Family	\$2,500 Individual \$5,000 Family
Preventive Care - All Ages	Plan Pays 100%	Through age 17: Plan pays 70% co-insurance, no plan deductible Ages 18 and above: Plan pays 70% co-insurance after deductible is met	Plan Pays 100%
Routine Preventive Care, Immunizations, Mammogram, PAP, PSA Tests			
Inpatient Hospital Facility	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
Outpatient Hospital Facility	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
Outpatient Professional Service	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
Chiropractic Care	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met. Max 12 visits per year.	Plan pays 90% co-insurance after plan deductible is met
Hearing Aids	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
	Max benefit is \$3,000 every 24 months	Max benefit is \$3,000 every 24 months	Max benefit is \$3,000 every 24 months
Emergency Room	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
Urgent Care Facility	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
Mental Health & Substance Abuse Treatment (In-Patient)	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
Annual Prescription Drug Deductible	Medical and Prescription Drug deductible combined		\$75 Individual
Annual RX Out-of-Pocket Limit	Medical and Prescription Drug limit combined		\$2,000 Individual
All Cigna Plans: <ul style="list-style-type: none"> Generic Preventive Medications are \$0 and any deductible is waived. A 90-day supply from a Retail Pharmacy is only available at a Cigna 90 Now participating Pharmacy. Most Diabetic Medications and Supplies are free for participants in all Cigna managed plans when the prescription is filled via home delivery pharmacy or at a retail pharmacy. 	Retail – 30 day supply Generic - \$10 Formulary/Preferred Brand - 20% (max \$55) Non-Formulary/Non-Preferred - 35% (max \$110) Specialty 35% (max \$110) Home Delivery – 90 day supply Generic Maintenance - \$0 Generic - \$20 Formulary/Preferred Brand - 20% (max \$110) Non-Formulary/Specialty - 35% (max \$220)	Retail – You pay 30% after deductible Home Delivery – Not Covered	Retail – 30 day supply Generic - \$7 Formulary/Preferred Brand - 20% (max \$50) Non-Formulary/Non-Preferred - 30% (max \$100) Home Delivery – 90 day supply Generic Maintenance - \$0 Generic - \$14 Formulary/Preferred Brand - 20% (max \$100) Non-Formulary/Specialty - 30% (max \$200)

* Out-of-Network payments are based on plan-allowed amounts for services, not as charged by provider and/or facility.

Co-Insurance Plan	CIGNA OAP 80% Co-Insurance Plan		Kaiser Permanente HMO
Out-of-Network*	In-Network	Out-of-Network*	In-Network - 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 under 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
Not Eligible for Fund	Not Eligible for Fund		Not Eligible for Fund
\$700 Individual \$1,400 Family	\$500 Individual \$1,000 Family	\$1,000 Individual \$2,000 Family	\$0
\$5,000 Individual \$10,000 Family	\$3,000 Individual \$6,000 Family	\$6,000 Individual \$12,000 Family	\$3,500 Individual \$9,400 Family
<u>Through age 17:</u> Plan pays 70% co-insurance, no plan deductible <u>Ages 18 and above:</u> Plan pays 70% co-insurance after deductible is met	Plan Pays 100%	<u>Through age 17:</u> Plan pays 70% co-insurance, no plan deductible <u>Ages 18 and above:</u> Plan pays 60% co-insurance after 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. Max 12 visits per year.	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met. Max 12 visits per year.	\$15 co-pay; Annual limit 20 visits
Plan pays 90% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Covered in full to maximum. One hearing aid/ear every 36 months-max \$1,000
Max benefit is \$3,000 every 24 months	Max benefit is \$3,000 every 24 months	Max benefit is \$3,000 every 24 months	
Plan pays 90% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	\$150 per visit (co-pay waived if admitted other than observation)
Plan pays 90% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 80% 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	Inpatient - covered in full when medically necessary Outpatient - \$10 individual \$5 group
Individual/\$150 Family	\$200 Individual/\$400 Family		
Individual/\$4,000 Family	\$2,500 Individual/\$5,000 Family		
Retail – You pay 30% after Pharmacy deductible	<u>Retail – 30 day supply</u> Generic - \$10 Formulary/Preferred Brand - 20% (max \$55) Non-Formulary/Non-Preferred - 35% (max \$110) Specialty 35% (max \$110)	Retail – You pay 30% after Pharmacy deductible	<u>Kaiser Pharmacy – 30-day supply</u> Generic - \$10 Formulary/Preferred Brand - \$20 Non-Formulary/Non-Preferred - \$35
Home Delivery – Not Covered	<u>Home Delivery – 90 day supply</u> Generic Maintenance - \$0 Generic - \$20 Formulary/Preferred Brand - 20% (max \$110) Non-Formulary/Specialty - 35% (max \$220)	Home Delivery – Not Covered	<u>Community Pharmacy – 30-day supply</u> Generic - \$20 Formulary/Preferred Brand - \$40 Non-Formulary/Non-Preferred - \$55 <u>Home Delivery – 90-day supply</u> Generic - \$20 Formulary/Preferred Brand - \$40 Non-Formulary/Non-Preferred - \$70

*Review plan summaries for details on annual deductibles and service payments.

MotivateMe

Total Wellbeing Program 2022 - Earn up to \$250 per year

GOAL TYPE	DESCRIPTION	AWARD TYPE	AMOUNT
Health Assessment	Required annually for all subscribers. Complete on mycigna.com or kp.org/tha	1 per year	\$100 - BOTH are REQUIRED to earn any rewards
Annual Physical	Required annually for all subscribers. Preventive, primary care exam	1 per year	
Health Assessment-Spouse	Complete on mycigna.com or kp.org/tha	1 per year	\$25
Annual Physical-Spouse	Preventive, primary care exam	1 per year	\$10
Preventive Screening	Choice of 1 screening per year: colon, cervical, prostate, mammogram, OR annual OB/GYN preventive exam	1 per year	\$30
Preventive Screening-Spouse	Choice of 1 screening per year: colon, cervical, prostate, mammogram, OR annual OB/GYN preventive exam	1 per year	\$30
Omada	Complete at least 16 lessons of a Fairfax County-sponsored Omada program: https://go.omadahealth.com/fairfaxcounty	1 per year	\$25
Omada-Spouse	Complete at least 16 lessons of a Fairfax County-sponsored Omada program: https://go.omadahealth.com/fairfaxcounty	1 per year	\$25
Complete the Cigna Wellness Screening Form*	Complete the wellness screening form and upload it to mycigna.com . Cigna members only.	1 per year	\$10
Complete the Cigna Wellness Screening Form-Spouse*	Complete the wellness screening form and upload it to mycigna.com . Cigna members only.	1 per year	\$10
Achieve Health Outcomes	Achieve: Blood pressure level of less than or equal to 139/89 OR Healthy cholesterol ratio of <= 4.4 (women), <= 5 (men), OR Fasting blood sugar level of <100 mg/dl OR Non-fasting blood sugar level of less than 140 mg/dl	1 per year	\$30
Telephonic Health Coaching	Make progress toward a health goal with a coach Achieve a health goal with a coach	Progress: 1 per year Achieve: 1 per year	\$10 \$30
Dental Exam*	Visit your dentist for a dental/oral exam	2 per year	\$10 each
Vision Exam*	Visit an optometrist or ophthalmologist for a vision exam	1 per year	\$5
Tobacco Free Pledge*	Attest to being tobacco free, or complete a cessation program	1 per year	\$5
LiveWell Classes*	Participate in live webinars or workshops sponsored by LiveWell (in-person or virtual)	5 per year	\$10 each
COVID-19 Vaccine*	Receive the complete COVID-19 vaccine series (or complete 1-dose vaccine) or receive the COVID-19 vaccine booster	1 per year	\$5 each
EAP & Behavioral Health*	Complete at least 3 visits with an EAP or behavioral health provider (in-person or virtual)	1 per year	\$15
Blood Donation*	Donate blood at a community drive, donation center, or LiveWell-sponsored blood drive	2 per year	\$5 each
Complete a Community Race*	Participate in a community 5k, 10k, marathon, etc.	1 per year	\$10
Stay Physically Active*	Exercise at least 3 hours per week for at least 8 weeks at the Employee Fitness & Wellness Center or on BurnAlong	1 per year	\$10

*Indicates self-reported activity via mycigna.com

Questions? 703.324.3311, LiveWell@fairfaxcounty.gov

MotivateMe Employee FAQ's

What is the purpose of MotivateMe? MotivateMe is an incentive program for employees and retirees who subscribe to a Fairfax County health plan. The purpose of the program is to encourage participants to *actively* engage in their health and wellbeing through a relationship with their primary care provider, educational activities, and preventive care.

How does MotivateMe work? Cigna subscribers track and manage their rewards through mycigna.com. Cigna participants are required to complete a physical with a primary care provider and Cigna's online health assessment annually to receive any rewards. **All activities must be completed and posted on mycigna.com by December 31.** Kaiser Permanente subscribers must track their rewards using a paper "passport". The passport can be downloaded from the LiveWell website on FairfaxNet or by emailing LiveWell. Kaiser participants are required to complete Kaiser's total health assessment at kp.org/tha every year. Annual physical and biometric screening results must also be up to date in Kaiser's medical portal to meet the physical requirement. **The completed "passport" must be scanned and emailed to LiveWell@fairfaxcounty.gov by December 31.**

How do I register? Participants don't need to register for MotivateMe, specifically. Eligible subscribers in a Fairfax County health plan are automatically enrolled in the MotivateMe program.

Who can participate in MotivateMe? Fairfax County Government employees and retirees who are over the age of 18 and subscribe to a county health plan (Cigna 80%, 90% or MyChoice or Kaiser Permanente) are eligible to participate and earn rewards. Retirees who subscribe to a UnitedHealthcare or Cigna Medicare Advantage plan are ineligible to participate in MotivateMe.



What activities are required to earn rewards? **There are two requirements to earn rewards.** Participants must have an annual physical **AND** complete their health plan's online health assessment during the calendar year. **Points must be posted to the MotivateMe portal by December 31 or rewards will not be given.** Additional points and activities can be completed or tracked before the requirements are completed, but points will not be awarded until the physical and health assessment are completed and posted. Items marked with an asterisk are self-reported, through the MotivateMe portal or passport.* Subscribers can earn up to \$250 per year.

Does my CDL exam or public safety physical through Occupational Health count as the annual physical? No. All physical exams must be completed through a primary care provider. The goal of MotivateMe is to encourage employees and retirees to build a relationship with a primary care provider and remain **actively engaged** in their health and wellbeing throughout the year.

I had an annual physical this year, but haven't received credit for it. What should I do? It may take approximately 8 weeks for claims-based activities such as an annual physical or cancer screening (mammogram, colonoscopy, etc.) to appear in the MotivateMe portal. If it has been 8 weeks and you do not see the credit in your wellness portal, please contact LiveWell@fairfaxcounty.gov.
Tip: Let your health care provider know that the visit is a well visit when you schedule the exam and confirm the coding before you leave the office visit.

Does an annual "well woman" exam through an OB/GYN count as an annual physical? No. The annual physical must be completed through a primary care provider and is different from a well woman exam. The well woman exam may count as the annual OB/GYN exam.

When, and how, do I receive my MotivateMe rewards? Rewards will be available in March of the following year. Employees enrolled in Kaiser or the CIGNA 80%, or 90%, plans will receive their rewards in a healthcare Flexible Spending Account (FSA). Employees enrolled in the CIGNA MyChoice plan will receive the rewards into their Health Savings Account (HSA). Maximum HSA contribution amounts apply.

Do I have to have a healthcare flexible spending account in order to receive rewards? No. Rewards will be placed into an existing healthcare flexible spending account or, if you do not have one, Fairfax County will open an account on your behalf, using just the MotivateMe rewards.

What do you mean "tobacco free"? Being tobacco free includes not vaping or using any form of tobacco for smoking (cigarettes, cigars, bidis, JUUL, etc.) or smokeless tobacco.

Where can I find the Cigna wellness screening form? Download the form from mycigna.com or from the LiveWell website. Return the form to Cigna using the instructions at the top of the form. It may take several weeks for the form to be processed, so plan ahead to meet the December 31st deadline. All forms must be processed and posted to the MotivateMe portal on mycigna.com by December 31.

Who can I contact with questions? Email LiveWell@fairfaxcounty.gov or call HR Central at 703.324.3311. Plus, participate in quarterly MotivateMe webinars to learn more about the program.

2022 Benefits Overview and Resources:

FSA, HSAs, & Deferred Compensation

Flexible Spending Accounts with TASC

Fairfax County offers employees the opportunity to participate in Dependent Care, Healthcare, and Limited Purpose Flexible Spending Accounts managed by TASC. Employees designate an annual amount of money that is deducted from their paycheck on a pre-tax basis and deposited into a Flexible Spending Account.

FSA Resources

- [FSA vs. LPPFSA vs HSA](#)
- [TASC Online Portal](#)
- [MyCash Funds](#)
- [IRS Pub 502](#)

See below for IRS annual maximums for tax year 2022:

- Healthcare FSA - \$2,750
- Limited Purpose FSA - \$2,750
- Dependent Care FSA - \$5,000
- Minimum contribution - \$125



2020 & 2021 FSA Balances



In early 2021, the Benefits Division announced an extension of grace periods for Flexible Spending Accounts (FSAs) and a mid-year Special Election Period. Since the original announcement, further interpretation and guidance regarding Flexible Spending Accounts for tax years 2020 and 2021 have changed. The grace period guidelines have been clarified to be a total of 12 months, not an additional 12 months. The guidelines for the run-out periods have remained the same.

As a result of this update, please carefully review the updated chart for FSA fund access information.

2020 FSA Funds	Qualified Dates	Submission Deadlines
Healthcare and Dependent Care FSAs	First day of plan enrollment through December 31, 2021	First day of plan enrollment through March 31, 2022

2021 FSA Funds	Qualified Dates	Submission Deadlines
Healthcare, Limited Purpose and Dependent Care FSAs	First day of plan enrollment through December 31, 2022	First day of plan enrollment through March 31, 2023

2022 FSA Funds	Qualified Dates	Submission Deadlines
Healthcare and Limited Purpose FSAs	First day of plan enrollment through March 15, 2023	First day of plan enrollment through March 31, 2023
Dependent Care FSAs	First day of plan enrollment through December 31, 2022	First day of plan enrollment through March 31, 2023

Health Savings Accounts (HSAs)

A Health Savings Account, or HSA, is a tax-advantaged, medical savings account for qualified health expenses available to participants in the Cigna MyChoice CDHP Plan. HSA funds roll-over from year-to-year so you are able to build a nest egg for future medical, dental and vision expenses.



- The 2022 county contribution to eligible employee Health Savings Accounts is **\$700 for individuals and \$1,400 for plans covering two or more.**
- Fairfax County Government makes contributions to this account on the first payroll Friday in the new year. The money from Fairfax County Government is not in your Health Savings Account on the first day of the new year.
- The 2022 IRS contribution limits to Health Savings Accounts is \$3,650 for individuals and \$7,300 for those enrolled in a two-party or family plan.
- Subscribers who are 55 years or older can contribute an additional \$1,000 per year.
- The total contribution limit includes any money contributed to your account by Fairfax County Government, by you, and any MotivateMe Incentive Rewards you may have earned.
- HSAs are governed by the IRS. If you have any questions on eligibility, contributions, eligible expenses, or any other tax relevant issues, it is best to consult with a tax professional.

Health Savings Account (HSA) Resources

- [Current HSA Page](#)
- [HSA FAQ](#)

- [MyCigna.com](https://www.mycigna.com)
- Cigna Customer Service : (800) 244-6224
- HSA Bank Customer Service: (800) 357-6246



Deferred Compensation



You have options for how you build your savings in the Fairfax County Deferred Compensation Plan.

Before-tax and Roth contributions—both have benefits.

Through payroll deductions, you may contribute to the Fairfax County Deferred Compensation Plan, up to the Internal Revenue Service (IRS) annual limits, through one or both of the options below (as long as your combined savings do not exceed certain limits):

- Before-tax contributions (made before taxes are taken out of your paycheck)

Deferred Compensation Resources

- Current [Deferred Compensation Page](#)
- [Visit T. Rowe Price](#)
- Email the [T. Rowe Price Help Desk](#)

Roth contributions (made with money that has already been taxed). According to plan rules, before-tax and Roth contributions may not total more than 80% of your pay (in whole percentages only). Before-tax and Roth contributions are also subject to IRS annual limits.



2022 Benefits Overview and Resources: Vision, Dental, EAP, Life Insurance, & LTD

Vision Care Plan with EyeMed

Vision benefits are so much more than an eye exam. They help you save money, stay healthy, and see everything life has to offer.

The Vision Care Program with EyeMed, part of the Insight Network, covers yearly routine eye examinations and provides coverage of eyeglasses and/or contact lenses. After initial cards are received, no new cards will be issued. If you misplace your cards, your provider can use your personal information with EyeMed to access your benefits.

Vision premiums are included in the medical plan premium deductions.

Vision Care Plan Resources

- [Vision Care Page](#)
- [EyeMed.com](#)
- [Find a Provider](#)
- [Member FAQ](#)

Dental Plan with Delta Dental of Virginia

The Dental Plan with Delta Dental of Virginia provides coverage for many dental services that you or your eligible dependents may need. The plan offers you the choice of two networks: PPO and Premier. Participants who utilize providers from the PPO Network will pay a lower co-insurance for services.

Dental Plan Resources

- [2022 Rate Sheet](#)
- [Dental Plan Page](#)
- [Delta Dental Home](#)
- [Find a Provider](#)



Employee Assistance Program (EAP)

An employee assistance program (EAP) is a support program designed to assist employees in resolving personal issues and concerns. And while an EAP traditionally assists employees, and their household members, with services like personal counseling, stress, grief, and alcohol or substance abuse, the Employee Assistance Program with Cigna covers a broad range of life and family issues such as child or elder care, relationship challenges, financial or legal problems,

wellness matters and other events that impact their daily lives. The Cigna EAP's combination of programs provides opportunities to identify and proactively engage participants in behavioral and wellness services, coaching and support.

EAP Resources

- [EAP Page](#)
- [EAP 24/7](#)
- [Dedicated Counselors](#)

Life Insurance

Fairfax County offers Group Term Life Insurance to merit employees. This benefit provides Basic Term Life and Accidental Death and Dismemberment Insurance (AD&D) equal to 1 times your annual salary. This means that in the event of your death, your beneficiary will receive one times your annual salary. If your death is a result of an accident, with the AD&D coverage, your loved ones will receive two times your annual salary. The county pays the full cost of this coverage for active employees. Note, the AD&D benefit terminates at retirement.



Optional Life Insurance is available too. You can buy extra life insurance for your family's security. Select one, two, three or four times your annual salary, rounded to the next higher \$1,000 with a maximum coverage of \$1 million. These amounts are in addition to your basic coverage discussed above and you are responsible for 100 percent of the premium. Interested but want to know more? For a schedule of the age-banded rates and plan details and highlights, refer to the 2021 Open Enrollment Page on FairfaxNet or contact the Standard Insurance Dedicated Representative at 703-324-3351.

It is also important to remember that coverage amounts are reduced to 65% of the original face value when you turn 65 or retire, whichever comes first. The amount reduces again to 50% of the original face amount at age 70 if you are still working. If you are retired, coverage reduces a final time to 30% of the original face value of the policy at age 70. Note: Electing Optional or Dependent Life coverage after your 30 days of initial eligibility requires an Evidence of Insurability, or EOI, completion, and approval by Standard Life Insurance underwriters.

The county also offers [Dependent Life](#) Insurance for your family members.



Life Insurance Resources

- Current [Life Insurance Page](#)
- [Ready Enroll Online Beneficiaries](#)
- [Find Active Life Highlights](#)
- Lonna Owens, Standard Rep: (703) 324-3351
- Standard Customer Service: (800) 628-8600



Long Term Disability

I bet you never asked yourself what would happen if you couldn't work for an extended period of time due to an illness or injury? How would you pay your bills and provide for your family? When you select this benefit, The Standard Insurance Company will pay you a monthly benefit, if you are out of work more than 60 days due to illness or disability. The benefit provides income replacement of 60% of your monthly salary for an approved, qualified disability. The premium is 100% paid by you on an after-tax basis, but, if you need it, the benefit is paid to you tax-free. **Note:** Electing Long Term Disability after your 30 days of initial eligibility requires an Evidence of Insurability, or EOI, completion, and approval by Standard Life Insurance underwriters.

Long Term Disability Resources

- Current [Long Term Disability Page](#)
- Lonna Owens, Standard Rep: (703) 324-3351
- Standard Customer Service: (800) 628-8600



And Don't Forget Your Beneficiaries



When you think about beneficiary designations, your life insurance likely crosses your mind, but retirement accounts and Health Savings Accounts (HSAs) also include beneficiaries. Designating beneficiaries for one benefit does provide direction for other accounts and beneficiary designations take precedence over what you've specified, in your will or trust.

Neglecting to specify a beneficiary could result in your assets passing through the probate process. This can lead to delays in payment, unintentional distributions, and unwelcome tax implications.

Another common mistake is leaving unintended beneficiaries on file. Have you had a life event since you last updated your personal information? It is not uncommon to find a parent or ex-spouse listed as an employee's beneficiary despite their wishes to leave assets to their current spouse or children. Beneficiaries do not have to be family members. They can be neighbors, siblings, partners, close friends, even institutions or charities and assets can be split among multiple people and entities.

Fairfax County employees have beneficiaries on file in multiple places. Use the table below to review them all.

Benefit	Manager	How to Update
Deferred Comp/457	T. Rowe Price	Log on to your account at: rps.troweprice.com
Health Savings Accounts (HSA)	Cigna/HSA Bank	Log on to your account at: www.MyCigna.com <ul style="list-style-type: none"> • Select "Manage HSA" • Select "Profile Summary" from the drop-down menu that appears under your name in the upper right corner.
Life Insurance (Basic Group Term and Optional)	Standard	Access the Ready Enroll Online Beneficiary Portal: https://standard.benselect.com/fairfax <ul style="list-style-type: none"> • Your username is your Social Security Number. • When you first log in, your personal identification number (PIN) will be the last four digits of your Social Security Number followed by last two digits of birth year.
Retirement/Pension	Retirement Systems	To view beneficiaries, log on to your account at: www.fairfaxcounty.gov/retirement/ Or complete a paper form and submit it to the Retirement Systems.

While you are reviewing this important information, did you know that you can update your own address and emergency contact information in FOCUS ESS? By going to My Personal and Work Info, you can quickly ensure you and your loved ones can be contacted in the event of an emergency. And, by updating your personal details in FOCUS, your new address will be sent to all of the benefit vendors so you don't miss those new medical, flexible spending, or health savings account cards for the upcoming plan year.





Now Available: Ready Enroll Life Insurance Beneficiary Solution



Have you heard about the new beneficiary designation process?

As of January 4, 2021, Fairfax County Government employees and retirees should use the online system called Ready Enroll to name or update life insurance beneficiaries. Ready Enroll provides convenient 24/7 access and a secure, personalized experience.

Why are beneficiary designations so important?



Eliminate confusion.

Leave no doubt about who you want to receive the hard-earned money you leave behind.



Facilitate prompt payment.

Your loved ones might need your life insurance benefits immediately to help cover funeral expenses or replace your lost income. If no beneficiary is named, they may have to wait longer for payment.



Provide peace of mind.

Your life insurance is meant to protect your loved ones financially if something happens to you.

Are you ready to get started?

- Visit the online portal at <https://standard.benselect.com/fairfax>
- Your username is your Social Security Number.
- Upon first login, your PIN is the last four digits of your Social Security Number followed by the last two digits of your birth year. (You will then be prompted to change your PIN.)

Example: If your Social Security Number is 123-45-6789 and you were born in 1970, your username would be *123456789* and your initial PIN would be *678970*.

Contact The Standard's dedicated representative for Fairfax County Government at Lonna.Owens@standard.com or **703.324.3351** if you have questions about naming beneficiaries or any other aspect of your life insurance coverage.



Call HR Central at **703.324.3311 (TTY 711)** to request reasonable ADA accommodations.

Vendor Partner Contacts

General Assistance

Benefits & LiveWell	HR Central	(703) 324-3311	hrcentral@fairfaxcounty.gov
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Cigna managed Medical Plans

Vendor Partner	Cigna	(800) 244-6224	www.mycigna.com
On-Site Help Desk	Keisha Lewis	(703) 324-2446	keisha.lewis@cigna.com
Home Delivery RX	Cigna	(800) 835-3784	www.mycigna.com

Deferred Compensation/457(b) managed by T. Rowe Price

On-Site Help Desk	Steve Page	(703) 324-4995	Fairfax457@troweprice.com
On-Site Help Desk	Kelli Parris	(703) 324-4995	Fairfax457@troweprice.com
Vendor Partner	T. Rowe Price	(888) 457-5770	rps.troweprice.com

Dental Plan

Vendor Partner	Delta Dental	(800) 237-6060	www.deltadentalva.com
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Employee Assistance Program (EAP)

24-Hour Line	All Employees	(877) 622-4327	www.mycigna.com
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Flexible Spending Accounts

Vendor Partner	TASC	(800) 422-4661	www.tasconline.com
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Health Savings Accounts

Vendor Partner	HSA Bank	(800) 357-6246	www.mycigna.com or www.hsabank.com
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Kaiser Permanente

Vendor Partner	Kaiser Permanente	(301) 468-6000	www.kp.org
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Life Insurance and Long Term Disability

On-Site Help Desk	Lonna Owens	(703) 324-3351	lonna.owens@standard.com
Vendor Partner	The Standard	(800) 628-8600	www.standard.com

Vision Care Program

Member Services	EyeMed	(866) 800-5457	www.eyemed.com
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Miscellaneous, Non-DHR Contacts

Defined Benefit/Pension	Retirement Systems	(703) 279-8200	retirementquestions@fairfaxcounty.gov
Medicare	Medicare	(800) 633-4227	www.medicare.gov



Federally Mandated Notices

Newborns' and Mothers' Health Protection Act of 1996 (NMHPA)

This federal 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 childbirth 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). 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).

Genetic Information Nondiscrimination Act (GINA)

GINA sets a national level of protection by prohibiting employers from requiring or purchasing genetic information about you or your family members. The law also prohibits group and individual health insurers from using your genetic information in determining eligibility or premiums.

Women's Health and Cancer Rights Act of 1998 (WHCRA)

This federal law requires group health plans that provide coverage for medically necessary mastectomies to also provide the following coverage for those that elect breast reconstruction:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to provide a symmetrical appearance; and
- Prosthesis and physical complications of all stages of the mastectomy, including lymphedema.

The county's medical plans cover mastectomies and the benefits required by this act.

Health Insurance Portability and Accountability Act (HIPAA)

To obtain a copy of the Notice of Privacy Practices for the Fairfax County Health Plans you may contact the Benefits Office at 703-324-3311, E-Mail: HRCentral@fairfaxcounty.gov or you may download a copy from FairfaxNET.

If you wish to obtain more information on the HIPAA law, you may contact Medicare and Medicaid Services (CMS) at <http://cms.hhs.gov/hipaa/hipaa1/default.asp>; Phone: 410-786-1565 (not toll free).

FEDERALLY MANDATED NOTICES CONTINUED

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1-866-444-EBSA (3272).

Prescription Drug Coverage and Medicare

NOTICE OF CREDITABLE COVERAGE

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

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Fairfax County Government and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare 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.
2. Fairfax County Government has determined that the prescription drug coverage offered by all of the Cigna plans offered by the County and the Kaiser HMO are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

FEDERALLY MANDATED NOTICES CONTINUED

What Happens To Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a different Medicare drug plan, your current Fairfax County Government Health Plan coverage may be affected.

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

- Keep your current Fairfax County Government Health Plan coverage (which includes prescription drug coverage) and don't enroll in a different Medicare Part D plan; or
- Opt out of your current Fairfax County Government Health Plan coverage (which includes prescription drug coverage) and enroll in a different Medicare Part D plan. You will not be able to get your Fairfax County Government Health plan coverage back if you opt out of it, unless (as a dependent) you become eligible to re-enroll due to a Qualifying Change in Status Event.

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 different Medicare prescription drug plan and drop your health coverage with the county.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the Fairfax County Government and do not join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

More Information About This Notice or Your Current Prescription Drug Coverage

Contact HR Central at 703-324-3311 for further information or call CIGNA at 800-244-6224, or Kaiser Permanente at 800-777-7902.

Note: You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through Fairfax County Government changes. You also may request a copy of this notice at any time.

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. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your state Health Insurance Assistance Program (see the inside back cover of 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.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov or call them at 1-800-772-1213 (TTY 1-800-325-0778).

2022 Medical & Dental Premiums

	Full-Time Employees				Part-Time Employees	
	Employee Annual Premium	County Bi-Weekly Share	Employee Bi-Weekly Share	Bi-Weekly Difference from 2021*	County Bi-Weekly Share	Employee Bi-Weekly Share
OAP 90% Co-Insurance Plan, managed by CIGNA with EyeMed Vision Care Program						
Individual	\$1,709.24	\$372.53	\$65.74	\$14.32	\$186.26	\$252.00
Employee+Child(ren)	\$5,414.76	\$624.77	\$208.26	\$45.58	\$312.38	\$520.64
Employee+Spouse	\$5,974.84	\$689.51	\$229.84	\$50.36	\$344.76	\$574.60
Family	\$8,544.90	\$985.95	\$328.65	\$71.96	\$492.98	\$821.62
OAP 80% Co-Insurance Plan, managed by CIGNA with EyeMed Vision Care Program						
Individual	\$1,215.76	\$264.98	\$46.76	\$9.16	\$264.98	\$46.76
Employee+Child(ren)	\$3,852.16	\$444.48	\$148.16	\$29.00	\$222.24	\$370.40
Employee+Spouse	\$4,248.92	\$490.26	\$163.42	\$32.04	\$245.13	\$408.55
Family	\$6,077.76	\$701.29	\$233.76	\$45.78	\$350.64	\$584.41
MyChoice CDHP, managed by CIGNA with EyeMed Vision Care Program						
Individual	\$1,020.76	\$222.47	\$39.26	\$6.32	\$111.24	\$150.49
Employee+Child(ren)	\$3,234.40	\$373.20	\$124.40	\$20.02	\$186.60	\$311.00
Employee+Spouse	\$3,566.16	\$411.49	\$137.16	\$22.12	\$205.74	\$342.91
Family	\$5,102.24	\$588.73	\$196.24	\$31.61	\$294.36	\$490.61
Kaiser Permanente HMO with EyeMed Vision Care Program						
Individual	\$1,309.88	\$285.47	\$50.38	\$5.38	\$142.74	\$193.11
Employee+Child(ren)	\$4,149.86	\$478.83	\$159.61	\$16.82	\$239.41	\$399.03
Employee+Spouse	\$4,577.82	\$528.22	\$176.07	\$18.58	\$264.11	\$440.18
Family	\$6,547.84	\$755.51	\$251.84	\$26.56	\$377.76	\$629.59
Delta Dental of Virginia						
Individual	\$265.46	\$10.22	\$10.21	\$0.54	\$5.11	\$15.32
Two-Party	\$501.80	\$19.30	\$19.30	\$1.02	\$9.65	\$28.95
Family	\$826.80	\$31.81	\$31.80	\$1.68	\$15.90	\$47.71

*Premiums for plan year 2021 were deducted over 27 pay periods vs. 26 pay period deductions for plan year 2022 premiums.

Additional Premium Deduction Information

- For Plan Year 2022, payroll-deducted premiums for Health and Optional Life insurance benefits are pre-tax. Premiums for Long Term Disability and Dependent Life Insurance are post-tax. All will be withheld on a bi-weekly basis, over 26 pay periods. Deductions are based on Fairfax County Government's payroll schedule.
- For tax year 2022, payroll-deducted contributions to Flexible Spending Accounts and Health Savings Accounts will be withheld bi-weekly over 26 pay periods during the calendar year.
- Visit the [Missed Deductions Page](#) on FairfaxNet for information on missed deductions.
- Part-Time premiums apply to Benefits Eligible, Merit employees scheduled to work 30 hours or less per week who were hired after July 3, 2009 and all Non-Merit Benefits Eligible (Status E) employees.
- Part-Time premium for Individual coverage in the OAP 80% Co-insurance Plan has been adjusted to comply with the Affordable Care Act (ACA).



To request this information in an alternate format or for reasonable ADA accommodations, please call HR Central at 703-324-3311 (TTY 711)