

Cigna RX Part D Prescription Plan - Group Medicare Part D Plan

	Retail (30-day supply)	Home Delivery (90-day supply)
Deductible	\$75	\$75
Out-of-Pocket Maximum	\$2,000	\$2,000
Generic Drugs	You pay \$7	You pay \$14
Preferred brand drugs	You pay 20% (\$50 max)	You pay 20% (\$100 max)
Non-preferred brand drugs	You pay 30% (\$100 max)	You pay 30% (\$200 max)
Specialty drugs <i>limited to 30 day supply</i>	You pay 30% (\$100 max)	Not available
What you pay in the coverage gap	Once you reach \$5,030 in total drug costs you move into the Coverage Gap stage. You will pay the same copays as your Initial Coverage or same as standard Part D.	
Catastrophic coverage	Once you reach the \$8,000 true out-of-pocket limit, you will have a \$0 copay for Generic and Brand drugs covered by the plan.	

Your Rx plan uses a drug list with four cost-sharing tiers, or coverage levels:

Tier 1 Preferred Generic Drugs; Tier 2 Preferred Brand Drugs; Tier 3 Non-Preferred Generic & Brand Drugs; Tier 4 Specialty Drugs Generic & Brand (limited to 30-day supply).

Unsure how your drugs will be covered? Connect with a Cigna Customer Service representative at (800) 558-9562.

Additional Benefit Highlights for Medicare Advantage Plans

Description	Cigna True Choice Core Medicare Advantage Plan PPO	UnitedHealthcare Group Medicare Advantage Plan PPO	Kaiser Permanente HMO Medicare Advantage Plan
Diagnostic Radiology Advanced Radiology	\$0 10%	10%	\$0
Outpatient Therapy Services: Occupational, Physical, Speech/ Language Therapies, Cardiac and Pulmonary Rehab	\$10 co-pay per visit	\$10 co-pay per visit	\$10 co-pay per visit
Durable Medical Equipment	10%	10%	\$0
Diabetic Supplies	\$0	\$0	\$0
Home Health Services	\$0	\$0	\$0
Telemedicine	\$5 (\$0 with MDLive)	\$5	\$0
Post Discharge Benefits	Meal Delivery - Up to 14 nutritional meals delivered to your home immediately following an inpatient discharge for acute inpatient care.	Includes 28 meals via Mom's Meals, 12 one-way rides via Logisticare, and 6 hours in-home care via CareLinx up to 30 days after discharge. Covered after all inpatient/SNF discharges. Unused benefits do not rollover.	Not available.
Incentive Program	Managed by Cigna.	Managed by UHC	LiveWell's MotivateMe
Wellness/Exercise Program	Silver&Fit	Renew Active and Let's Move Programs	Silver&Fit

2024 Retiree Medical Plans At-A-Glance

County-sponsored Medical & Pharmacy Plans for **Medicare Eligible** Participants

Medicare Eligibility

Retirees and their covered dependents who become eligible for Medicare due to age or disability, are required to enroll in Medicare Part A and Part B at their earliest eligibility.

To verify timely enrollment and prevent cancellation of medical coverage, submit a copy of a Medicare Card or Social Security Administration Benefit Verification Letter to the Benefits Division in the Department of Human Resources. Copies of documentation can be accepted:

- By Mail: 12000 Government Center Parkway, Suite 270, Fairfax, VA 22035
- By Email: HRCentral@fairfaxcounty.gov
- By Fax: (703) 802-8795

Medical plan participants who become eligible for Medicare, whether due to age or disability, are automatically enrolled in the county-sponsored Part D prescription plan. **Enrollment in any non-county Part D plan will result in permanent termination enrollment in a county-sponsored medical plan.**

To learn more about how Medicare eligibility may impact medical plan enrollments or how to submit verifications, contact the Benefits Division through HR Central at HRCentral@fairfaxcounty.gov or (703) 324-3311.

Tips & Reminders

- Don't forget to update addresses with the Benefits Division in the Department of Human Resources. Addresses maintained in the Benefits Division are reported to benefit vendor partners, and by keeping them up-to-date, retirees help ensure they receive important announcements and information. To update an address, contact the Benefits Division through HR Central at HRCentral@fairfaxcounty.gov or (703) 324-3311.
- The county requires retirees to maintain continuous coverage in a Fairfax County Government sponsored health plan (medical, including vision, and dental, and life insurance benefits. **As a retiree, if any coverage is lost, for any reason, there is no opportunity to re-elect coverage at a later date and termination of enrollment from a county-sponsored medical plan will result in loss of any service-based Retiree Subsidy.**
- The Kaiser Medicare Advantage Plan does not include all facilities. Visit KP.org to confirm your zip code is in a covered service area before you enroll.



Retiree Benefits Page on the Public Website


Quickly access additional Open Enrollment materials, plan summaries, benefit resources for retirees, contact information and more. Visit the Retiree Benefits Page on the public website:

www.fairfaxcounty.gov/hr/department-human-resources-retiree-benefits



To get there even faster, get out your smartphone and use the OR Code to the left. Follow the simple steps below to link directly to the Retiree Benefits Page.

1. Open the camera app on your smartphone.		2. Focus the camera on the QR code.	3. Gently tap the code image, or website as it appears		4. Follow the instructions to complete the action.
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	Cigna OAP 90% Co-Insurance Plan		Cigna OAP 80% Co-Insurance Plan		Cigna True Choice Core Medicare Advantage PPO	UnitedHealthcare Group Medicare Advantage Plan PPO	Kaiser Permanente HMO Medicare Advantage Plan								
	Non-Medicare and Medicare Eligible Participants Can be combined with Cigna Medicare Advantage Plan		Non-Medicare and Medicare Eligible Participants Can be combined with Cigna Medicare Advantage Plan		Medicare Eligible Participants Only	Medicare Eligible Participants Only	Medicare Eligible Only, can be combined with Non-Medicare Kaiser HMO Plan								
	Includes Cigna RX PDP Plan		Includes Cigna RX PDP Plan		Includes Cigna RX PDP Plan	Includes Cigna RX PDP Plan	Includes Kaiser Part D RX Plan								
	In-Network	Out-of-Network	In-Network	Out-of-Network	In- and Out-of Network	In- and Out-of Network	In-Network Only - Local								
Annual Deductible	\$350 Individual \$700 Family	\$700 Individual \$1,400 Family	\$500 Individual \$1,000 Family	\$1,000 Individual \$2,000 Family	None	None	\$0								
Annual Out-of-Pocket Limit	\$2,500 Individual \$5,000 Family	\$5,000 Individual \$10,000 Family	\$3,000 Individual \$6,000 Family	\$6,000 Individual \$12,000 Family	\$1,500 each per covered individual	\$1,500 each per covered individual	\$3,400 per covered individual								
Preventive Care - Includes, annual physicals, screenings & immunizations and other services based on age and gender	No Cost Plan Pays 100% Deductible does not apply	Ages 18 and above: Plan pays 70% co-insurance after deductible is met	No Cost Plan Pays 100% Deductible does not apply	Ages 18 and above: Plan pays 60% co-insurance after deductible is met	Medicare Covered Preventive Care Plan pays 100%	Medicare Covered Preventive Care Plan pays 100%	No Charge								
Primary Care Physician or PCP	Plan pays 90% co-insurance after plan deductible is met	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	\$5 co-pay per visit	\$5 co-pay per visit	\$10 co-pay per visit								
Specialty Care	Plan pays 90% co-insurance after plan deductible is met	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	\$5 co-pay per visit	\$5 co-pay per visit	\$10 co-pay per visit								
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 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	\$0 per Admission (lifetime maximum of 190 days)	\$0 per Admission	Pay nothing per benefit period, for a Medicare covered stay in a network hospital. Benefit Period begins on the first day of inpatient stay and ends when patient has been discharged for 60 consecutive calendar days.								
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 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met. Max 12 visits per year.	Medicare Covered \$10 co-pay per visit	Medicare Covered \$10 co-pay per visit	\$10 per visit - Covered services include manual manipulation of the spine to correct subluxation only.								
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 80% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	\$10 co-pay per visit, waived if admitted within 24 hours	\$10 co-pay per visit, waived if admitted within 24 hours (Worldwide)	\$10 co-pay per visit								
Emergency Room	Plan pays 90% co-insurance after plan deductible is met	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	\$120 co-pay per visit, waived if admitted within 24 hours (Worldwide, \$50,000 maximum benefit)	\$120 co-pay per visit, waived if admitted within 24 hours (Worldwide)	\$50 co-pay per visit (This co-payment does not apply if you are immediately admitted directly to the hospital as an inpatient.)								
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 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	\$0 per Admission	\$0 per Admission	No Charge								
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 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	\$0	\$0	No Charge								
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 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	Outpatient Surgery \$0 Non-Surgical Service \$5 copay	\$0	Covered services include telehealth visits such as video chats and telephonic visits. You pay nothing.								
Hearing Aids	Plan pays 90% co-insurance after plan deductible is met	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	\$3,000 maximum allowance available every 36 months	\$2,800 maximum allowance available every 36 months when using a UnitedHealthcare Hearing Provider	You pay nothing for one hearing aid for each ear, every 36 months, limited to \$1,000 benefit maximum.								
	Max benefit is \$3,000 every 24 months	Max benefit is \$3,000 every 24 months	Max benefit is \$3,000 every 24 months	Max benefit is \$3,000 every 24 months											
<p>Cigna RX Part D Prescription Plan (PDP) included in these plans. For additional plan details contact our vendor partners directly or visit the Retiree Benefits Page</p> <table border="1"> <tr> <td>Cigna True Choice Core Medicare Advantage Plan (PPO)</td> <td>(888) 281-7867</td> </tr> <tr> <td>Cigna RX Part D Prescription Plan (PDP)</td> <td>(800) 558-9562</td> </tr> <tr> <td>UnitedHealthcare Group Medicare Advantage Plan (PPO)</td> <td>(866) 859-5402</td> </tr> <tr> <td>Kaiser Permanente Medicare Advantage Plan (HMO)</td> <td>(888) 777-5536</td> </tr> </table> <p>www.fairfaxcounty.gov/hr/department-human-resources-retiree-benefits</p>  <p>To access, use this QR Code to navigate quickly to our page: Using your smartphone, open the camera app. Focus the camera on the QR code by gently tapping the code. Follow the instructions on the screen to complete the action.</p>							Cigna True Choice Core Medicare Advantage Plan (PPO)	(888) 281-7867	Cigna RX Part D Prescription Plan (PDP)	(800) 558-9562	UnitedHealthcare Group Medicare Advantage Plan (PPO)	(866) 859-5402	Kaiser Permanente Medicare Advantage Plan (HMO)	(888) 777-5536	<p>Preferred Pharmacy (up to 60 day supply) \$10 Preferred Generic \$10 Generic or Preferred Brand \$10 Non-preferred Brand or Specialty</p> <p>Standard Pharmacy (up to 60 day supply) \$15 Preferred Generic \$15 Generic or Preferred Brand \$15 Non-preferred Brand or Specialty</p> <p>OON Pharmacy (up to 30 day supply) \$7.50 Preferred Generic \$7.50 Generic or Preferred Brand \$7.50 Non-preferred Brand or Specialty</p> <p>Home Delivery (90 day supply) \$5 All Covered Tiers</p>
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<p>Important Note: Out-of-Network payments are based on plan allowed amounts for services, not as charged by provider and/or facility. This overview is only a highlight of the benefits and plans. Official plan documents govern rights and coverage benefits under each plan. Review plan summaries for details on annual deductibles and service payments.</p>															