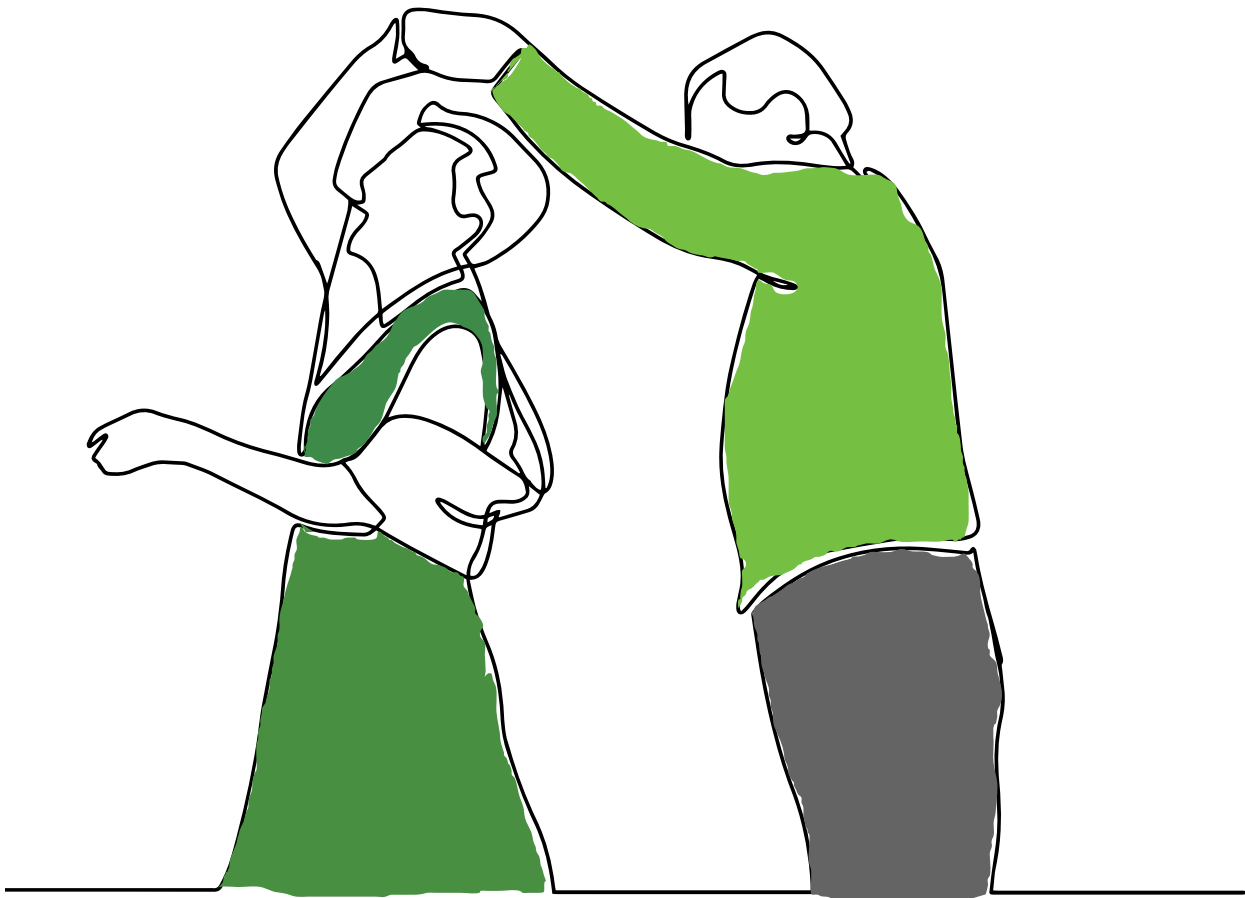


2024

# Fairfax County Government

## Retiree Health Plan & Life Insurance Benefits Guide



# What's New?

## Open Enrollment for Retirees: October 30 to November 17, 2023

### Cigna OAP 90% & 80% Co-insurance Plans

Plan Name	2024 Rate Increase
Cigna OAP 90% Co-Insurance Plan	0%
Cigna OAP 80% Co-Insurance Plan	0%

There will be no medical or pharmacy plan changes, other than regulatory or prescription plan formulary updates. New ID cards will be issued for new enrollees and participants continuing coverage in these plans.

### Cigna MyChoice CDHP Plan and Health Savings Accounts (HSA)

Plan Name	2024 Rate Increase
Cigna MyChoice CDHP	0%

There will be no medical or pharmacy plan changes, other than regulatory or prescription plan formulary updates. Medicare eligible retirees may not enroll in the Cigna MyChoice CDHP and may not contribute to a HSA. New ID cards will be issued for new enrollees and participant continuing this plan.

Enrolled participants may make contributions to an HSA however, Fairfax County Government does not contribute to retiree accounts and it is always the responsibility of the accountholder to ensure eligibility to contribute.

2024 IRS Annual Contribution Limits to HSAs	
Individual	\$4,150
Two-Party/Family	\$8,300
Over 55 Catch-up	\$1,000

### Cigna True Choice Core Medicare Advantage Plan PPO

Plan Name	2024 Rate Increase
Cigna True Choice Core Plan Medicare Advantage Plan	19.4%

This medical plan includes the Cigna RX Part D Prescription Plan. The pharmacy plan saw an overall rate increase of 13.3%, and this is included in the total plan rate increase noted above.

There will be no medical or pharmacy plan changes, other than regulatory or prescription plan formulary updates. **New** ID cards will be issued for new enrollees and participants continuing coverage in this plans.

### Kaiser Permanente HMO and Medicare Advantage Plans

Plan Name	2024 Rate Increase
Kaiser Permanente HMO Plan	6.04%
Kaiser Permanente Medicare Advantage Plan	6.4%

Effective January 1, 2024, the preventive dental benefit included in the Kaiser Permanente plans will change from Dominion National to Liberty Dental Plan. New ID cards will only be issued to those newly enrolled in this plan. Participants continuing enrollment in this plan will not receive new cards.

## UnitedHealthcare Medicare Advantage Plan PPO

Plan Name	2024 Rate Increase
UnitedHealthcare Medicare Advantage Plan (UHC)	4.5%

This medical plan includes the Cigna RX Part D Prescription Plan. The pharmacy plan saw an overall rate increase of 13.3%, which is included in the total plan rate increase noted above. **New** ID cards will be issued for new enrollees and participants continuing coverage in this plans.

Several of UHC's programs will see enhancements at no additional cost.

- UnitedHealthcare Hearing Aid Enhancements - new for 2024, members can utilize their hearing aid allowance to purchase non-prescription (over-the counter) hearing aids through UHC Hearing only.
- Let's Move by UnitedHealthcare - A wellness program coordinated and designed to integrate self-service, virtual and in-person wellness programming focused on nutrition, physical activity, mental health, social well-being, financial wellness and more.
- Continuous Glucose Monitors (CGMs) - The coverage criteria for CGMs has been expanded to more members with diabetes, who are not just dependent on insulin, and now also includes those with certain hypoglycemia conditions (prior authorizations may apply).
- Marriage and Family Therapy - Beginning January 1, 2024, members will be able to see Medicare eligible mental health counselors (MHCs) and marriage and family therapists (MFTs). Coverage for these providers will be under a members existing outpatient or virtual mental health benefits.

## Cigna RX Part D Prescription (PDP) Plan

This plan will continue to provide prescription drug and pharmacy benefits to Medicare eligible participants in the following plans: Cigna OAP 90% and 80% Co-insurance, Cigna True Choice Core Medicare Advantage, and the UnitedHealthcare Medicare Advantage. **New** ID cards will be issued for new enrollees and participants continuing coverage in this plans.

## Dental Plan with Delta Dental of Virginia

For plan year 2024, **the Annual Maximum for this plan will increase from \$2,000 to \$2,500**. There will also be a **2% increase** to the rates for this plan.

There will be no other plan or network changes. Monthly rates can be found on Page 28 of this guide and a summary of benefits can be found, along with other retiree benefit information, on the Retiree Benefits Page.

### Your Number One Resource for Retiree Open Enrollment, the Retiree Benefits Page

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](http://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.

# Join Us To Learn More



## Retiree Health & Benefits Fair

From 11 am to 2 pm on **Thursday, November 9, 2023** the Benefits and LiveWell team, along with our vendor partners, will host an expo-style Retiree Health and Benefits Fair which will include biometric screenings and a flu shot clinic. This event will be held in the South Atrium of the Fairfax County Government Center. For details, or to sign-up for a flu shot, visit the Retiree Benefits Page on the public website:

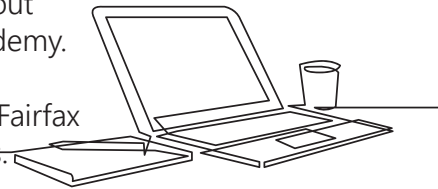
[www.fairfaxcounty.gov/hr/department-human-resources-retiree-benefits](http://www.fairfaxcounty.gov/hr/department-human-resources-retiree-benefits)

## In-Person Retiree Open Enrollment Meeting

One in-person, general retiree benefits overview session hosted by the Benefits Division will be offered to retirees and their families. This meeting will be held in the Board Auditorium of the Fairfax County Government Center on **Thursday, November 9, 2023** at 10 am. No advanced registration is required.

## Virtual Benefits Education for Retirees

- To join a session, type the provided link into a preferred internet browser. Or, an interactive schedule can be found on the Retiree Benefits Page. From this list, retirees can click directly on the link, or copy and paste it into a browser at the time the session is scheduled to begin.
- Sessions are live and the links below cannot be used to attend outside of the date and time listed. If a session is missed, visit the Video Library on Retiree Benefits Page.
- Open Enrollment isn't the only time of year when retirees should be thinking about health plans and benefits. Learn more all year long with the Retiree Benefits Academy. This series offers benefits education sessions and special financial and wellbeing workshops geared to those who are retired, or are considering retirement, from Fairfax County Government. Sessions are open to employees, retirees, and their families.



## General Benefit Education Hosted By Benefits Division

Date	Time	Access Online	Access by Phone	Code
Thursday, October 26th	12 pm	<a href="https://us06web.zoom.us/j/86809120400">https://us06web.zoom.us/j/86809120400</a>	(877) 873-8017	8861283
Tuesday, October 31st	2 pm	<a href="https://us06web.zoom.us/j/82402309829">https://us06web.zoom.us/j/82402309829</a>	(877) 873-8017	8861283
Monday, November 6th	11 am	<a href="https://us06web.zoom.us/j/83119485642">https://us06web.zoom.us/j/83119485642</a>	(877) 873-8017	8861283
Monday, November 13th	10 am	<a href="https://us06web.zoom.us/j/86016879738">https://us06web.zoom.us/j/86016879738</a>	(877) 873-8017	8861283

## Plan-specific Education Hosted By Vendor Partners

Join sessions hosted by benefit vendor partners for a deeper dive in to the plans available to retirees and their eligible dependents. Hear tips on how to maximize your benefit, where to find additional resources, and who to connect with when questions arise.

<b>NEW! Dental Plan Benefits for Retirees with Delta Dental of Virginia</b>				
Date	Time	Access Online	Access by Phone	Code
Wednesday, November 15th	11 am	<a href="https://us06web.zoom.us/j/82447092743">https://us06web.zoom.us/j/82447092743</a>	(877) 336-1839	379049

<b>Cigna OAP 90% and 80% Co-Insurance Plans for <u>Non-Medicare Eligible</u> Retirees</b>				
Date	Time	Access Online	Access by Phone	Code
Tuesday, October 31st	11 am	<a href="https://us06web.zoom.us/j/81799407460">https://us06web.zoom.us/j/81799407460</a>	(877) 873-8017	8861283

<b>Cigna OAP 90% and 80% Co-Insurance Plans for <u>Medicare Eligible</u> Retirees</b>				
Date	Time	Access Online	Access by Phone	Code
Monday, October 30th	12 pm	<a href="https://us06web.zoom.us/j/87992100845">https://us06web.zoom.us/j/87992100845</a>	(877) 873-8017	8861283

<b>Cigna True Choice Core Medicare Advantage Plan (PPO)</b>				
Date	Time	Access Online	Access by Phone	Code
Wednesday, November 1st	11 am	<a href="https://us06web.zoom.us/j/81211092863">https://us06web.zoom.us/j/81211092863</a>	(877) 873-8017	8861283

<b>UnitedHealthcare Group Medicare Advantage Plan (PPO)</b>				
Date	Time	Access Online	Access by Phone	Code
Thursday, November 2nd	1 pm	<a href="https://us06web.zoom.us/j/82255201473">https://us06web.zoom.us/j/82255201473</a>	(877) 873-8017	8861283

<b>Cigna RX Part D Prescription Plan (PDP)</b>				
Date	Time	Access Online	Access by Phone	Code
Monday, November 6th	2 pm	<a href="https://us06web.zoom.us/j/82137564329">https://us06web.zoom.us/j/82137564329</a>	(877) 873-8017	8861283

<b>Wellbeing Rewards for Medicare Eligible Retirees</b>				
Date	Time	Access Online	Access by Phone	Code
Monday, November 13th	12 pm	<a href="https://us06web.zoom.us/j/85414690412">https://us06web.zoom.us/j/85414690412</a>	(877) 873-8017	8861283

<b>Kaiser Permanente Medicare Advantage Plan (HMO)</b>				
Date	Time	Access Online	Access by Phone	Code
Wednesday, November 8th	2 pm	<a href="https://us06web.zoom.us/j/81944647732">https://us06web.zoom.us/j/81944647732</a>	(877) 873-8017	8861283

<b>Your Vision Care Program with EyeMed</b>				
Date	Time	Access Online	Access by Phone	Code
Tuesday, November 14th	10 am	<a href="https://us06web.zoom.us/j/86312212637">https://us06web.zoom.us/j/86312212637</a>	(877) 873-8017	8861283

<b>Managing Your 457 Plan Account with T. Rowe Price as a Retiree</b>				
Date	Time	Access Online Only - Registration Required		
Thursday, November 16th	10 am	<a href="https://us06web.zoom.us/j/86728776996">https://us06web.zoom.us/j/86728776996</a>		

<b>Retiree Life Insurance with The Standard Life Insurance Company</b>				
Date	Time	Access Online	Access by Phone	Code
Tuesday, November 14th	2 pm	<a href="https://us06web.zoom.us/j/8291153181">https://us06web.zoom.us/j/8291153181</a>	(888) 251-2909	708053

# Important Coverage Information

## Sharing Healthcare Information

The Benefits Division in the Department of Human Resources will not share healthcare or enrollment details with anyone other than the retiree subscriber. To protect retiree privacy, the Benefits Division will not provide information to any third party including spouses, dependents, family members and others making inquiries.

A retiree must provide permission in advance, before any details can be shared with a family member. Any changes, requested by someone other than the retiree, will only be granted after review and approval of a legal Power of Attorney or other legal document submitted to the Benefits Division. Privacy guidelines apply in all circumstances, even if both participants are current or former county employees.

## Continuous Coverage Requirement

The county requires retirees to maintain continuous coverage in Fairfax County Government Health (Medical, Prescription, and Vision), Dental, and/or Life plans. After retirement, if a retiree loses any coverage or benefit, for any reason, there is no opportunity to re-elect that coverage at a later date and any break in medical coverage with Fairfax County Government will mean loss of their service-based Retiree Subsidy.

The county allows coverage to be transferred from the active Fairfax County Government employee group to the retiree group and vice versa. However, transfers to and from the Fairfax County Public Schools (FCPS) groups are not allowed for purposes of retaining continuous coverage, as FCPS is a separate employer.

## Qualifying Events and Mid-Year Coverage Changes

Retirees may permanently cancel coverage in a continued benefit at any time. However some mid-year changes to benefit enrollments require a qualifying event. Qualifying Events are special circumstances, like changes in family status or job status, of an employee or their spouse, that impacts benefit eligibility. These events may allow employees to add or change benefit elections during the plan year outside of the annual Open Enrollment period. To learn more, contact the Benefits Division through HR Central at [HRCentral@fairfaxcounty.gov](mailto:HRCentral@fairfaxcounty.gov) or (703) 324-3311 within 30 calendar days of the event.

## Address Changes

Addresses maintained in the Benefits Division in the Department of Human Resources are reported to benefit vendor partners. By keeping them up-to-date, retirees help ensure they receive important information and announcements. To update an address, contact the Benefits Division through HR Central at [HRCentral@fairfaxcounty.gov](mailto:HRCentral@fairfaxcounty.gov) or (703) 324-3311.

## Paying Your Premium

For retirees who receive a monthly annuity, or pension, from the Retirement Systems, benefit deductions are taken in the full monthly amount from the payment paid in the month prior to that month's coverage.

In some cases, a retiree may not receive an annuity from the Retirement Systems, or their annuity payment does not cover the full cost of their monthly premiums. In these cases, the retiree must pay the amount to the Benefits Division via automatic deduction (ACH) from a personal checking account monthly.



## Coverage for Surviving Spouses

Surviving spouses of deceased retirees who were actively covered by a Fairfax County Government health plan at the time of the retiree's passing may have the option of continuing coverage until they remarry. Upon notification of a retiree's death, surviving spouses are contacted by the Benefits Division in the Department of Human Resources regarding coverages. To maintain enrollments, surviving spouses must complete an election form and may need to set-up payment within 30 calendar days of the retiree's death.

Due to Medicare's rules regarding retroactive enrollment, Medicare eligible surviving spouses will need to complete the enrollment process *before* the last day of the month during which their retiree spouse died.

If no action is taken, enrollment forms are not completed, or payment is not made in a timely manner, coverage for the surviving spouse and any dependents will end on the last day of the month in which the retiree plan subscriber passed away.

It is the responsibility of a surviving spouse to contact the Benefits Division through HR Central at [HRCentral@fairfaxcounty.gov](mailto:HRCentral@fairfaxcounty.gov) in the event they remarry or need to cancel coverage.

## Adult Dependents, Children over 18

Dependents over the age of 18, who are removed from a benefit plan, cannot be re-enrolled mid-year as a result of their own qualifying event, i.e., losing coverage through their employer. Qualifying events are special circumstances in employment, benefit eligibility or status for employees and their spouses only. Children over the age of 18 can be added during Open Enrollment providing they meet all other eligibility criteria.

Children may continue coverage on a parent's county-sponsored health plans through the end of the month they turn 26. Dependents under 26 remain eligible even if they marry, move out of their home, go to school, or get a job. When a dependent turns 26, and loses eligibility to be covered, they will receive a COBRA Notice and enrollment form by mail. This form allows for the opportunity to continue coverage.

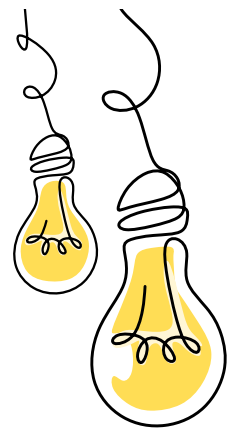
Eligible dependents for the county-sponsored dependent life insurance with The Standard is not maintained by the county. If a dependent turning 26 is the only eligible dependent who remains covered under this plan, the retiree must notify the Benefits Division through HR Central at [HRCentral@fairfaxcounty.gov](mailto:HRCentral@fairfaxcounty.gov). Premiums will continue but no payment will be made for ineligible dependents.

## Retirees Eligible for Medicare

Retirees, and their covered dependents who become eligible for Medicare whether 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 issued to the plan participant or a Social Security Administration Benefit Verification Letter to the Benefits Division. Copies of documentation can be accepted:

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

It is recommended that participants apply for Medicare at the earliest opportunity, 90 days before their eligible birth month or qualified disability date, to ensure Medicare is in effect on time and county coverage is not permanently terminated.



# Medical Plans

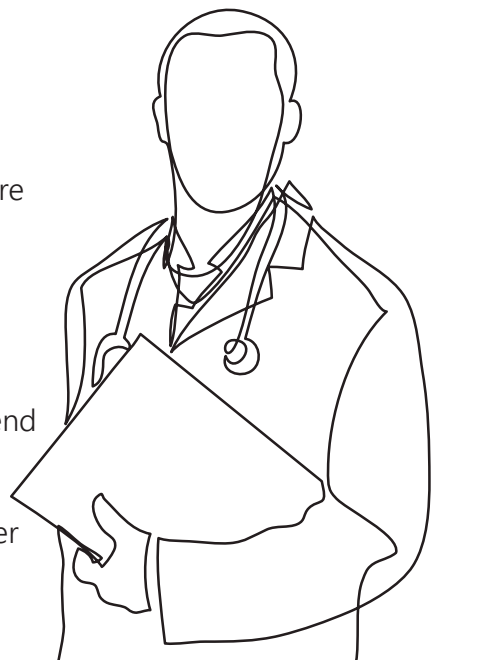
## For Non-Medicare Eligible Participants

### Kaiser Permanente HMO

The Health Maintenance Organization, or HMO, managed by Kaiser Permanente, is a local, center-based plan that features a co-pay structure for in-network services in the Mid-Atlantic region only. There is no coverage for services received from out-of-network providers.

This plan requires participants to select a Primary Care Physician (PCP), and requires PCP referrals when seeking specialty services and can be combined with Kaiser's Medicare Advantage plan for families with a blend of Medicare and non-Medicare eligible participants.

For questions regarding this plan and coverages, contact Kaiser Member Services at (301) 468-6000 or visit them online at [www.kp.org](http://www.kp.org).



#### Coverage & Benefits

- Access to 35+ medical centers in the Mid-Atlantic States region. No annual deductible. 14 Urgent Care locations, 7 that are open 24/7.
- Care away from home with Minute Clinics and Away-from Home Travel Line.
- Behavioral health coverage included.
- Includes pharmacy plan with no-cost delivery through Mail Order Pharmacy.
- Includes enrollment in the EyeMed Vision Care Program

#### In-Network Benefit Snapshot

- No annual deductible
- No-cost preventive care
- \$10 co-pay - PCP Visits
- \$0 co-pay - PCP visits for children under 5
- \$10 co-pay - Specialty care office visits
- \$0 co-pay on most X-rays and lab tests
- \$0 co-pay - Video Visits
- \$10 co-pay on a 30-day supply of generic drugs

For plan summaries and additional resources, visit the Retiree Benefits Page:  
[www.fairfaxcounty.gov/hr/department-human-resources-retiree-benefits](http://www.fairfaxcounty.gov/hr/department-human-resources-retiree-benefits)



Or use this QR Code to navigate quickly to this page on the public website:

*Using a 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.*



## Cigna Managed Plans

- Open Access Plus (OAP) Network, Cigna's largest network of providers.
- Coverage for out-of-network providers.
- Medical plan enrollment includes no-cost preventive care and pharmacy coverage.
- Free Health Information Line, 24/7 Access.
- Telehealth, 24/7 Access to Doctors anywhere, anytime.
- Includes enrollment in the EyeMed Vision Care Program.
- Subscribers are eligible to earn up to \$250 with the MotivateMe Incentive Rewards Program.

For questions regarding this plan and coverages, contact Cigna's Member Services at (800) 244-6224, visit them online at [www.myCigna.com](http://www.myCigna.com) or download the myCigna app.

### Cigna OAP 90% or 80% Co-insurance Plans

- Annual Deductible for medical services. After the annual medical deductible is satisfied, participants pay a co-insurance on covered services.
- Includes pharmacy plan with a separate annual deductible.
- Co-insurances and prescription costs vary between plans.
- Both can be combined with Medicare and the True Choice Core Medicare Advantage Plan for families with a blend of Medicare and non-Medicare eligible participants.

### Cigna MyChoice CDHP Plan

The MyChoice Plan is a Consumer Driven Health Plan (CDHP), also called a High Deductible Health Plan (HDHP), and is not open to any participant enrolled in an outside plan or anyone who is eligible for Medicare. The MyChoice CDHP Plan is the only plan offered by Fairfax County Government that qualifies you to contribute to a Health Savings Account (HSA).

- One annual deductible combined for both medical services and prescription drugs.
- Meeting the Annual Deductible: for plans covering two or more people, one covered family member can meet the entire family deductible. No one person is required to meet the individual annual deductible.
- Health Savings Accounts (HSAs): only plan allowing participants to contribute to an HSA.
- Plan not open to anyone, subscriber or dependent, who is Medicare eligible.

#### Health Savings Accounts (HSAs)

2024 HSA Annual Contribution Limits	
Individual	\$4,150
Two-Party/Family	\$8,300
Over 55 Catch-up	\$1,000

- Fairfax County Government does not contribute to retiree HSAs. Retirees must make their own contributions directly to HSA Bank.
- Retirees enrolled in a non-qualified plan (as deemed by the IRS) along with the MyChoice Plan are NOT eligible to contribute to an HSA.
- It is recommended that you stop contributing to an HSA 6 months before you begin Social Security or you may face a tax penalty.

# MotivateMe

## Retiree Total Wellbeing Program 2024 - Earn up to \$250 per year

Make healthy choices. Get rewarded. It's as simple as that with MotivateMe. Retirees enrolled in the Cigna 80%, 90%, MyChoice, or Kaiser Permanente health plans are eligible to earn up to \$250.

You're always working for the year ahead, so your hard work will pay off in March of the following year. Rewards will be distributed into pension checks. Visit [mycigna.com](http://mycigna.com) or download the Kaiser passport from FairfaxNET to get started. Complete as much as possible by October.

The journey of a healthy life begins with the first step-- let's get started!



GOAL TYPE	DESCRIPTION	AWARD TYPE	AMOUNT
Annual Physical	Required annually for all subscribers. Preventive, primary care exam	1 per year	\$200 - REQUIRED to earn any rewards
Preventive Screening	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. Apply: <a href="https://go.omadahealth.com/fairfaxcounty">https://go.omadahealth.com/fairfaxcounty</a>	1 per year	\$20
Dental Exam*	Visit your dentist for a dental/oral exam	2 per year	\$10 each
Vision Exam*	Visit an optometrist or ophthalmologist for a preventive vision exam	1 per year	\$10
Behavioral Health*	Complete at least 3 visits with a behavioral health provider (in-person or virtual) for mental wellbeing	1 per year	\$20
Retirees Only* Benefits Academy	Participate in a Retiree Benefits Academy session in 2024	2 per year	\$10 each

**Participants must complete the annual physical AND at least 2 other activity categories to earn any rewards.**

\*Indicates self-reported activity via [mycigna.com](http://mycigna.com)

Questions? 703.324.3311, [LiveWell@fairfaxcounty.gov](mailto:LiveWell@fairfaxcounty.gov)

# MotivateMe Retiree 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](https://mycigna.com). **All activities must be completed AND posted on [mycigna.com](https://mycigna.com) by December 31.** Kaiser Permanente subscribers must track their rewards using a paper "passport". The passport can be obtained by emailing [LiveWell@fairfaxcounty.gov](mailto:LiveWell@fairfaxcounty.gov) or can be downloaded from the Retiree Benefits website. 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" can be scanned and emailed to [LiveWell@fairfaxcounty.gov](mailto:LiveWell@fairfaxcounty.gov), mailed, or delivered, in-person to LiveWell at 12000 Government Center Parkway, Suite 270, Fairfax, VA 22035. **All passports must be received by December 31.** You must be subscribed to an eligible medical plan at the time rewards are distributed to receive your rewards.

**When can I complete activities?** We suggest **completing as many MotivateMe activities as possible by October** to ensure they meet the December 31 deadline. It can take up to 8 weeks for claims-based activities, and 48 hours for self-reported activities, to post to [mycigna.com](https://mycigna.com). Do not wait until December to complete or enter your activities as they may not be posted by the deadline.

**How do I register?** Participants don't need to register for MotivateMe. Subscribers to an eligible Fairfax County Cigna (80%, 90%, or MyChoice) or Kaiser Permanente medical plan are automatically eligible in the MotivateMe program.

**Who can participate in MotivateMe?** Fairfax County Government employees and retirees over the age of 18 who subscribe to an eligible County medical plan (Cigna 80%, 90%, MyChoice, or Kaiser Permanente) are eligible to participate and earn rewards. **Participants in the Cigna Medicare Advantage plan or UnitedHealthcare (UHC) Medicare Advantage plan have access to their own wellness and incentive programs, and do NOT have access to MotivateMe.**

**What activities are required to earn rewards?** **There are two requirements to earn rewards.** Participants must have an annual physical **AND** complete at least 2 other activity categories to earn **any** rewards. Points must be posted to the MotivateMe portal by December 31 on mycigna.com or submitted to LiveWell via Kaiser Passport by December 31 or rewards will not be given. Items marked with an asterisk\* are self-reported, through the MotivateMe portal or passport. Subscribers can earn up to \$250 per year.

**Does a Medicare physical count toward the MotivateMe annual physical exam requirement?** Yes. Send your explanation of benefits (EOB) or written documentation for claims-based activities (i.e. annual physical, colonoscopy, mammogram, etc.) showing your name, exam type, provider name, and date of exam to [LiveWell@fairfaxcounty.gov](mailto:LiveWell@fairfaxcounty.gov) or mail it to Fairfax County DHR c/o LiveWell at 12000 Government Center Parkway, Suite 270, Fairfax, VA 22035. **LiveWell must receive Medicare documentation by December 31.**

**I had an annual physical this year, but haven't received credit for it. What should I do?** It may take up to 8 weeks for an annual physical or claims-based activity (i.e. colonoscopy, mammogram, etc.) to appear in the MotivateMe portal. If it has been 8 weeks and you do not see the credit in the MotivateMe portal on [mycigna.com](https://mycigna.com), please email [LiveWell@fairfaxcounty.gov](mailto:LiveWell@fairfaxcounty.gov) for assistance. If the coding is incorrect and the activity has not posted to the MotivateMe portal by December 31, you will not receive rewards for this activity, even if the exam or activity was completed by the deadline. *Tip: Let your health care provider know that the visit is a well visit when you schedule your physical 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?** Retirees will receive their rewards in their pension check within the first quarter of the following year.

**Where can I find the Retiree Benefits Academy schedule?** The Retiree Benefits Academy is a series of webinars held throughout the year by LiveWell and the Benefits Division, and vendor partners. The schedule of events can be found on the Retiree Benefits website under Resources and Video Library: <https://www.fairfaxcounty.gov/hr/department-human-resources-retiree-benefits>

**Who can I contact with questions?** Email [LiveWell@fairfaxcounty.gov](mailto:LiveWell@fairfaxcounty.gov) or call HR Central at 703.324.3311. MotivateMe webinars are offered quarterly to provide more information about the program.

# Vision Care Plan with EyeMed

Vision benefits are so much more than an eye exam. They can help to save money, maintain health, and to see everything life has to offer. The Vision Care Program with EyeMed and its premiums are included as part of enrollment in a county-sponsored medical plan. Enrollment cannot be elected separately.

As part of EyeMed's Insight Network, in-network benefits include no cost preventive eye exams, allowance for glasses and contacts in the same plan year, and \$0 co-pay on many additional vision items like single vision, bifocal, trifocal lenses, anti-reflecting coating, and scratch coating on standard plastic lenses.

For questions regarding this plan and coverages, contact EyeMed's Member Services: (866) 800-5457 or [www.eyemed.com](http://www.eyemed.com).

## Additional benefits for this plan include:

- Freedom Pass-EyeMed members can choose any frame at LensCrafters or Target Optical and pay nothing.
- No-Cost Services for Diabetics including Fundus Photography, Extended Ophthalmoscopy, Gonioscopy, and Laser Scanning

Ongoing Special Offers - Save money with offers on expenses, such as additional lenses and frames, contact orders, designer sunglasses, and services such as Lasik.

## Is It Medical or Vision? An Important Note About Coverage

A medical eye exam differs from a routine vision exam in that it is an exam evaluating or treating a patient for some sort of medical condition. Glaucoma, macular degeneration, cataracts, corneal dystrophy, retinal detachments, etc., are all medical issues with the eyes, not things that can be fixed with glasses or contacts.

A routine vision exam is preventive and the purpose of the exam is to assess general health and to determine the need for glasses or to correct vision. Vision exams are not medical eye exams. They are not for treatment or management of an eye condition such as cataracts, glaucoma, or other sight-threatening diseases or injuries. Examinations for these types of conditions are treated as medical and may be covered under a medical plan.

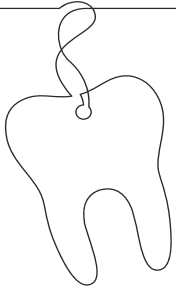
Retirees are encouraged to ask questions and communicate with their providers and their office to help ensure they know what to expect when it comes to billing for either medical or routine vision exams.

## Don't Have an EyeMed Card?

A physical card is not needed when visiting a vision care provider in EyeMed's Insight Network. Retirees can provide identifying information to locate plan information and coverage details. However, additional cards can be found online. Log into [www.eyemed.com](http://www.eyemed.com) to print a replacement vision plan card or use a digital ID on EyeMed's smartphone app.



# Dental Plan with Delta Dental of Virginia



Taking care of one's oral health is an investment in their overall health, and comprehensive dental coverage is available for eligible employees and their families with the Dental Plan with Delta Dental of Virginia. This plan provides coverage for many dental services and offers a choice of two networks: PPO and Premier. Participants who utilize providers from the PPO Network will pay a lower co-insurance for services.

In-network benefits include no cost preventive oral exams and semi-annual cleanings, co-insurance on covered services, and orthodontic services for dependent children, through the end of the month they turn 19.

**For plan year 2024, the Annual Maximum for this plan will increase from \$2,000 to \$2,500.** In addition, there will be a **2% increase** to the monthly rates. Rates can be found on page 28, the last page of this guide. A summary of the dental plan can be found on the Retiree Benefits Page.

Enrolled retirees may add dependents to their current coverage or cancel enrollment permanently by completing and submitting the Retiree Open Enrollment form before the deadline. Retirees may not elect this coverage if not currently enrolled.

For questions regarding this plan and coverages, contact Delta Dental of Virginia Member Services: (800)-237-6060 or [www.DeltaDentalVA.com](http://www.DeltaDentalVA.com).

## Healthy Smile, Healthy You

Healthy Smile, Healthy You is a program allowing for an additional cleaning and exam beyond your plan limit, per benefit period, to help address one of the following health issues:

- Diabetes
- Pregnancy
- High-risk cardiac conditions
- Cancer treatments
- Weakened immune systems
- Kidney failure or dialysis

To get started, download the Healthy Smile, Healthy You registration form located on the Member's page at [DeltaDentalVA.com](http://DeltaDentalVA.com).

## Additional benefits for this plan include:

- Virtual Visits by TeleDentistry.com - Virtual visits for dental emergencies, access to an after-hours dentist, and dental consultations while traveling. Services count as an oral examination under our current plan.
- Right Start 4 Kids - This program helps remove cost barriers to dental care for children up to age 13 and includes 100% diagnostic and preventive coverage with no deductible when visiting an in-network dentist.

For plan summaries and additional resources, visit the Retiree Benefits Page:



[www.fairfaxcounty.gov/hr/department-human-resources-retiree-benefits](http://www.fairfaxcounty.gov/hr/department-human-resources-retiree-benefits)

Or use this QR Code to navigate quickly to this page on the public website:

*Using a 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.*

# Life Insurance with The Standard

## Basic and Optional Life Insurance

The amount of life insurance coverage in effect as an active employee is reduced to 65% at the time of your retirement. Your Life Insurance will further reduce on the first day of the calendar month following the date you reach age 70, and to 30% of the amount in effect prior to your retirement.

As a retiree, you may elect to reduce or cancel enrollment in the life insurance programs at anytime. You may not add or increase your life insurance benefit. Due to the drastic increase in premium upon attaining age 80, retirees who have continued coverage have the option of reducing coverage to \$12,500 which will be fully paid for by Fairfax County Government.

To make a change in this benefit, a completed form is required. To request a form, and returned to, the Benefits Division in the Department of Human Resources contact the Benefits Division through HR Central at [HRCentral@fairfaxcounty.gov](mailto:HRCentral@fairfaxcounty.gov) or (703) 324-3311.

## Dependent Life Insurance

	Spouse	Child	Rate/Month
Option 1	\$10,000	\$5,000	\$2.41
Option 2	\$15,000	\$10,000	\$4.82
Option 3	\$25,000	\$15,000	\$9.67

Life insurance coverage for spouses and dependents can be maintained into retirement. Retirees may elect to reduce or cancel dependent life insurance at anytime. Coverage may not be added or increased.

Fairfax County Government and The Standard Life Insurance Company do not maintain records on spouses and dependents covered under this plan. Benefit eligibility is determined at the time a claim is submitted. A retiree who no longer has eligible dependents, and needs to stop premium deductions, should contact the Benefits Division through HR Central at [HRCentral@fairfaxcounty.gov](mailto:HRCentral@fairfaxcounty.gov) or (703) 324-3311.

For more on all available life insurance options, contact The Standard Dedicated Help Desk Representative, Lonna Owens at [Lonna.Owens@standard.com](mailto:Lonna.Owens@standard.com). Or contact The Standard by phone at (800) 628-8600 or online at [www.standard.com](http://www.standard.com).

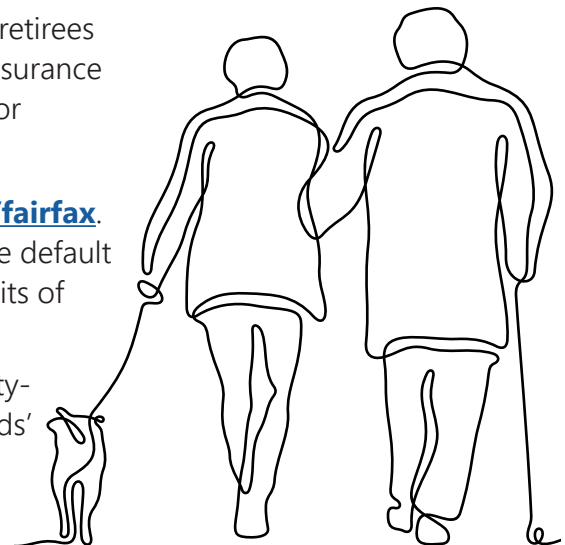
## Beneficiaries

Keeping beneficiaries updated is one of the fastest, easiest things to do for family and loved ones.

To update a beneficiary for the county-sponsored life insurance plans, retirees should access Ready Enroll. Ready Enroll is The Standard's online life insurance beneficiary designation system and is available 24/7 from a computer or smartphone to review and update beneficiary designations.

To get started, visit Ready Enroll at <https://standard.benselect.com/fairfax>. The username is the retiree subscriber's social security number, and the default PIN is the last 4 digits of their social security number and the last 2 digits of their birth year.

For questions about naming beneficiaries, or any other aspect of county-sponsored life insurance coverage, contact Lonna Owens, The Standards' dedicated Help Desk Representative, directly at [Lonna.Owens@standard.com](mailto:Lonna.Owens@standard.com).



# Becoming Eligible for Medicare

Retirees and their covered dependents are required to apply for and maintain enrollment in Medicare Part A and B at their earliest eligibility, whether eligibility is due to age or disability. It is recommended that participants apply for Medicare 90 days before their eligible birth month or qualified disability date. To prevent permanent cancellation of coverage under the county's medical plan, verification of Medicare enrollment must be submitted to the Benefits Division in the Department of Human Resources.

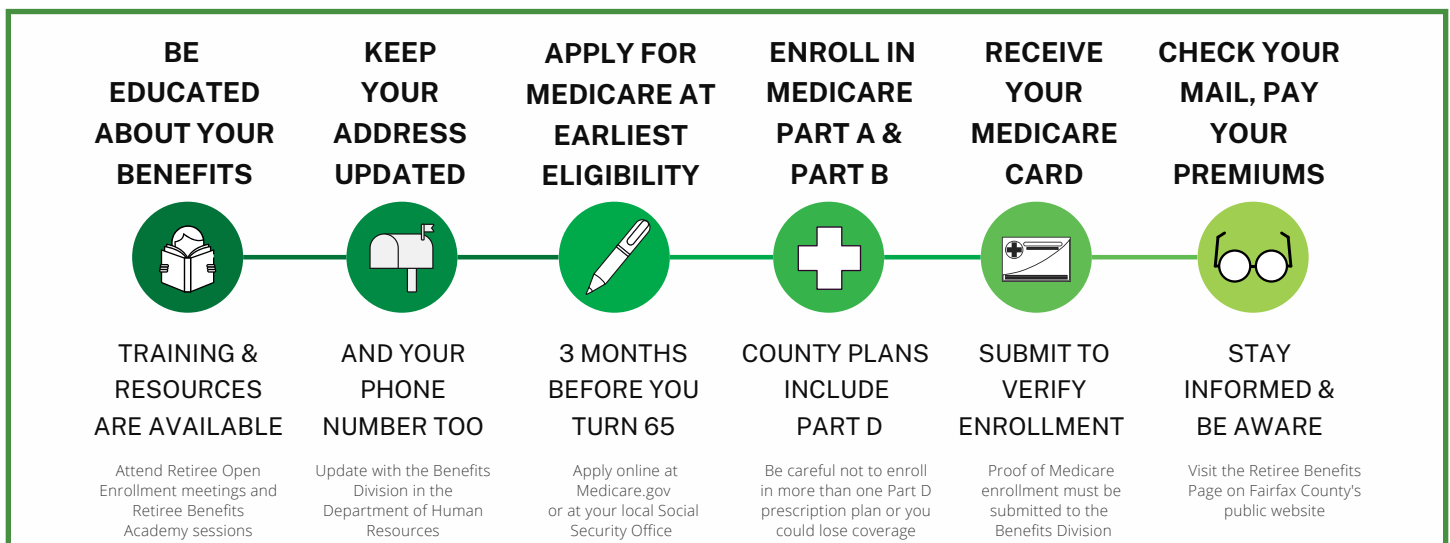
## Know the As, Bs, Cs, and Ds of Medicare

Part A	Part B	Part C (A+B)	Part D
Hospital Insurance	Medical Insurance	Medicare Advantage	Prescription Drug
Hospital stays Skilled nursing facility stays Home health care Hospice care	Doctor's services Outpatient care Diagnostic tests Preventive services Laboratory services Durable medical equipment	Combines Parts A & B Commonly includes supplemental benefits like hearing, vision, and dental May or may not include prescription coverage	Helps lower prescription drug costs All plans must offer at least a standard coverage set by Medicare

All participants eligible for Medicare, whether due to age or disability, are enrolled in a county-sponsored Part D prescription plan. Simultaneous enrollment in a county-sponsored Part D Prescription plan and one managed by a non-county vendor will result in permanent termination of medical coverage.

## Medicare Timeline

To verify timely enrollment and to prevent permanent cancellation of medical coverage with Fairfax County Government retirees and their covered dependents must submit a copy of their 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 in person, by email as a picture or scanned attachment, or via fax at (703) 802-8795. For additional details on submissions, contact the Benefits Division through HR Central at [HRCentral@fairfaxcounty.gov](mailto:HRCentral@fairfaxcounty.gov) or (703) 324-3311.



# Medical Plans

## For Medicare Eligible Participants

### Cigna OAP 90% or 80% Co-insurance Plans

Both of these Cigna managed Co-insurance plans offer in- and out-of-network coverage and access to the Open Access Plus (OAP) Network. After satisfying the deductible, participants are responsible for a co-insurance, or a percentage of the bill. Participants continue to pay co-insurances until they reach the out-of-pocket maximum. A Pharmacy Plan with a separate deductible is included.

With the county-sponsored Cigna plans, families have their choice of enrollment combinations. Couples, or families, made-up of participants who are Medicare eligible and those who are not, may all enroll in the Cigna Co-insurance plans. Family members, who are not eligible for Medicare, may enroll in one of the Co-insurance plans, while Medicare eligible family members may choose to enroll in the Cigna co-insurance plans as secondary coverage or the Cigna True Choice Core Medicare Advantage Plan (for Medicare eligible participants only).

Note that special guidelines apply for families enrolled in plans covering a combination of Medicare and non-Medicare eligible participants. Any Medicare eligible individual will be given their own record in the Cigna system and will be required to meet their own deductible, even if they are considered the dependent. Fairfax County Government has adjusted the applicable premium to offset any cost burden on these families.

#### Benefits & Coverage

- Open Access Plus (OAP) Network, Cigna's largest network of providers.
- Coverage for out-of-network providers.
- Medical plan enrollment includes no-cost preventive care services, screenings, and pharmacy coverage.
- Free Health Information Line and Telehealth for virtual access to doctors 24/7, anywhere, anytime.
- Includes enrollment in the EyeMed Vision Care Program.
- Subscribers are eligible to earn up to \$250 with the MotivateMe Incentive Rewards Program.

For questions regarding this plan and coverages, contact Cigna's Member Services at (800) 244-6224, visit them online at [www.myCigna.com](http://www.myCigna.com) or download the myCigna app.



### Your Cigna Co-Insurance Plan and Medicare

When participants are covered in one of the county-sponsored co-insurance plans and Medicare, Medicare becomes the primary payer of claims. The Fairfax County Government plan will become the secondary "payer." The plans offered are not considered supplemental or gap plans.

Medicare's primary payment pays up to the limits of that coverage and may offset costs of some services, but does not eliminate all out-of-pocket costs to the participant.



The county-sponsored insurance, or secondary payer, may pay a portion of the service cost, after the primary insurer has paid, but not in all cases. You will always be responsible for your co-insurances and deductibles. If Cigna's normal liability is equal to or less than Medicare's payment, Cigna does not make an additional payment as the secondary payer.

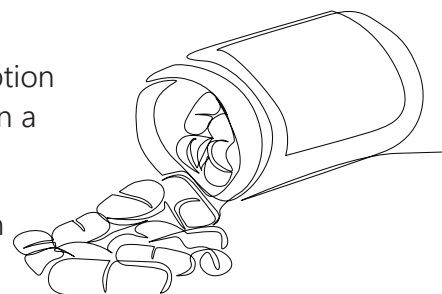
If the primary payer, Medicare, denies coverage, the county plan may or may not pay part of the cost, depending on the service.

- Participants enrolled in a Cigna managed Co-insurance Plan and Medicare, whether due to age or disability, will be enrolled in the Cigna RX Part D Prescription Plan (PDP). A separate card will be issued to access pharmacy benefits, and after Medicare eligibility, the participant must create a new online ID on myCigna.com
- The new Medicare participant (retiree or dependent) may be required to meet a pharmacy deductible in the new plan. Medical and RX deductibles re-set along with new Medicare enrollment.
- Any non-Medicare eligible dependents will remain on Cigna's Medical and RX Plans and will be issued their own subscriber number(s) for accessing care.
- Special guidelines apply when a retiree enrolls in a medical plan covering one (or more) Medicare eligible individuals under the same plan. The individual(s) eligible for Medicare will be given their own record in the Cigna system and will be required to meet their own deductible. Any participant enrolled under the same plan (whether it is the retiree or covered dependent), who is not eligible for Medicare, will be required to meet a separate deductible. Fairfax County Government has adjusted the applicable premiums to offset any cost burden on these families.

## Cigna RX Part D Prescription Plan (PDP)

The Cigna RX (PDP) Plan is Fairfax County Government's Group Part D Prescription Plan. This is the pharmacy plan for all Medicare eligible participants enrolled in a Cigna or UnitedHealthcare plan.

Unsure of how certain drugs will be covered? Call Cigna RX Part D Prescription (PDP) Plan Customer Service to speak to a representative at (800) 558-9562.



	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 - limited to 30 day supply	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.	

A list of medication coverage changes will be included in plan year mailings from Cigna. Full 2024 formularies will not be mailed to plan subscribers. For more information on covered medications, contact the Cigna RX Part D Prescription (PDP) Plan (800) 558-9562.

# Secondary vs. Medicare Advantage Plans

While Fairfax County Government does not offer supplemental or “gap” plans to Medicare eligible retirees, two types of medical plans that can be paired with Medicare enrollment are available.

Based on the most commonly asked retiree questions, see a snapshot comparison of the offered plans below. For more specific information on each plan, review available plan documents or speak to plan representatives.



	Secondary Plans	Medicare Advantage Plans
	Includes the county-sponsored Cigna OAP 90% and 80% Co-insurance plans for Medicare eligible participants	Includes the county-sponsored Cigna True Choice Core, UnitedHealthcare Group, and Kaiser Medicare Advantage plans
<i>Do I need to be enrolled in Medicare?</i>	Yes-Retirees and covered dependents are required to enroll in, and maintain, Medicare Part A & B coverage at their earliest eligibility to continue in a county-sponsored medical plan.	
<i>Who pays my bills?</i>	Medicare is the primary payer. These plans become secondary. Note: If the plan’s normal liability is equal to or less than Medicare’s payment, no additional payment is made by the secondary payer.	These plans contract directly with Medicare to provide Part A and Part B benefits. Medicare services aren’t paid for by Original Medicare.
<i>How much does it cost?</i>	Premiums - Retirees will be responsible for a monthly premium paid to Medicare and a monthly premium for the county-sponsored plan. Eligible Retirees will continue to receive a service-based subsidy.	
	Participants will always be responsible for co-insurances and deductibles. View plan specific information for more details.	In general, these plans are co-pay style plans with no annual deductible. There is a flat fee associated with services.
<i>Is the plan’s network nationwide?</i>	Yes	With the exception of the Kaiser plan, the Cigna True Choice Core and UnitedHealthcare Group plans offer a nationwide network
<i>Can I see Out-of-Network Providers?</i>	Yes, however costs will vary between services at in-network and out-of-network provides and facilities.	With the exception of the Kaiser plan, the Cigna True Choice Core and UnitedHealthcare Group plans allow for out-of-network services as long as the provider or facility is willing to bill the plan.
<i>Do I need a referral for specialists?</i>	No	With the exception of the Kaiser plan, no referrals are required.
<i>Is a Part D Prescription Plan included with this plan?</i>	Yes	Yes
<i>How many ID cards will I have?</i>	For medical services, present both a Medicare card and the medical plan ID card. For prescriptions, present a Part D Pharmacy card.	For medical services, present just the medical plan ID card. For prescriptions, present a Part D Pharmacy card. Kaiser members will have only one card for medical services and prescriptions.
<i>Do I still get the EyeMed Vision Care Program included?</i>	Yes	Yes
<i>If I don’t like it, can I change plans later?</i>	As a retiree, as long as continuous coverage in a medical plan is maintained, plan enrollments may be changed each year during Retiree Open Enrollment. If coverage ever terminates, for any reason, there is no opportunity to enroll later.	

# Kaiser Permanente Medicare Advantage Plan HMO

Good health is essential and so is finding a plan that supports you, your health, and your lifestyle. Consider your care needs and what your life may be like after age 65. With Kaiser Permanente, your doctor, specialists, and health plan all work together to make it easier for you to get care.

## Plan Highlights

- 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.
- 1,600+ Kaiser Permanente physicians in the region and 23,000+ physicians nationwide.
- Convenient medical plan with Part D prescription drug coverage included.

## Additional Benefits

- \$30 preventative dental care through Dominion National.
- A routine vision allowance with \$200 to spend every 24 months on eyewear.
- Fitness center membership with a local participating Silver&Fit fitness center and Digital Fitness Choices with Home Fitness Tools to help you thrive in the comfort of your home.
- 24 one-way rides to non-urgent medical appointments per calendar year.

## Co-payment Snapshot

- \$0 Annual Deductible
- \$3,400 Out-of-pocket maximum
- \$0 Annual wellness exam
- \$0 Preventive services
- \$10 Doctor's office visit
- \$0 Inpatient medical hospital care
- \$50 co-payment - Emergency care
- \$10 co-payment - Urgent care
- \$0 Diagnostic tests and lab services

## This plan and Medicare

Retirees interested in enrolling in the Kaiser Medicare Advantage Plan, who are Medicare eligible or have Medicare eligible dependents must complete a separate group enrollment application with Kaiser along with completing their plan enrollment with Fairfax County Government.

The Kaiser Medicare Advantage Plan does not include all of their Mid-Atlantic facilities. Visit [KP.org](https://www.kp.org) to check on home addresses and zip codes before enrolling.

This plan is eligible for families that are made up of participants who are eligible for Medicare and those who are not. Participants eligible for Medicare are enrolled in Kaiser's Medicare Advantage Plan. Participants who are not eligible for Medicare remain enrolled in Kaiser's traditional HMO.

For questions regarding this plan and coverages, contact Kaiser Member Services: (888) 777-5536 or [www.KP.org](https://www.kp.org).



# Cigna True Choice Core Medicare Advantage PPO

Cigna's True Choice Core Medicare Advantage PPO plan offers participants freedom of choice with access to care, when and where they need it. This plan covers annual physicals and other necessary screenings, lowering the risk of associated diseases and medical conditions, along with other medical services.

When a family has a blend of Medicare eligible participants and non-Medicare eligible participants, those enrolled in Medicare can elect the Cigna True Choice Core Medicare Advantage Plan. The other members of the family who are not eligible for Medicare would be enrolled in either the 90% or 80% Co-Insurance Plans.

## Benefits and Coverage

- National network with the option of using in- or out-of-network providers, as long as they participate in Medicare and are willing to bill the plan.
- Plan includes the Cigna RX Part D Prescription Plan (PDP) Plan and the EyeMed Vision Care Program.
- Clinical support programs that focus on behavioral health, chronic care, heart health and more.
- 24-hour Health Information Line - For confidential and convenient service, Nurse Advocates are available by phone to answer your questions 24 hours a day, seven days a week.

## Additional Benefits

- Telehealth services that let you talk with a doctor by phone or video for non-emergency care. Available 24/7/365 – even on weekends and holidays – from wherever you are.
- Silver&Fit Fitness program is a \$0 member cost share program at a national network of fitness facilities, including YMCA, 24 Hour Fitness and Curves. One-on-One Silver&Fit Healthy Aging Coaching, and home fitness kits are also included.
- Home Delivered Meals Program available to make your homecoming after an in-patient hospital or skilled nursing facility stay more comfortable.

## Wellbeing and Rewards

The Cigna Medicare Advantage Rewards program provides an incentive for completion of certain health activities such as your annual 360 Exam and health screenings: HbA1c, Diabetic Retinal Eye Exam, Mammogram and Colonoscopy Screenings.

Cigna True Choice Core Medicare Advantage Plan participants are not eligible to earn MotivateMe Rewards.

For questions regarding this plan and coverages, contact Cigna True Choice's Member Services at (888) 281-7867 or visit them online at [www.myCigna.com](http://www.myCigna.com).

### Co-payment Snapshot\*

- \$0 Annual Deductible
- \$1,500 - Out-of-pocket maximum
- \$0 Annual wellness exam
- \$0 Preventive services
- \$5 Doctor's office visit
- \$0 Inpatient medical hospital care
- \$120 co-payment for Emergency care
- \$10 co-payment for Urgent care
- \$0 Diagnostic tests and lab services

*\*List co-pays reflects costs for in- and out-of-network medical services under this plan.*

Visit the Retiree Benefits Page on the Public Website:

[www.fairfaxcounty.gov/hr/department-human-resources-retiree-benefits](http://www.fairfaxcounty.gov/hr/department-human-resources-retiree-benefits)

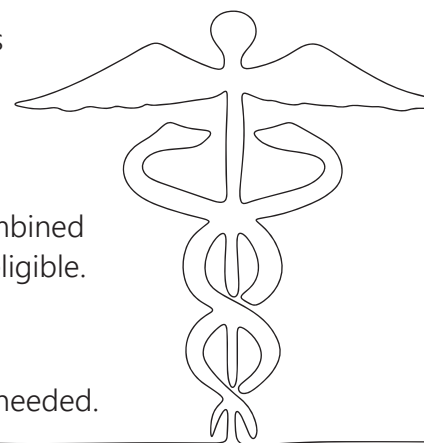


- Review current health plans
- Learn how to update life insurance beneficiaries
- Check out the Resource and Video Library
- See what health and wellbeing programs are offered to retirees

# UnitedHealthcare Group Medicare Advantage PPO

The UnitedHealthcare Medicare Advantage plan offers a way to help members to connect to the care they need. Plan benefits and features include help finding a doctor, getting a ride to appointments, or talking to a nurse 24/7.

The United Healthcare Group Medicare Advantage Plan (PPO) is only open to enrollment for participants who are Medicare eligible. This plan cannot be combined with any other plan to accommodate family members who are not Medicare eligible.



## Benefits and Coverage

- National PPO with coverage for doctors, clinics, and hospitals. No referrals needed.
- This plan allows participants to visit doctors, specialists and hospitals, in or out-of-our-network, for the same cost share, as long as the provider participates in Medicare and is willing to bill the plan.
- Plan includes the Cigna RX Part D Prescription Plan (PDP) Plan and the EyeMed Vision Care Program.
- Even though participants are not required to see a network doctor, your doctor may already be part of the network. Search the online Provider Directory at [www.UHCRetiree.com/fairfax](http://www.UHCRetiree.com/fairfax) or call UnitedHealthcare's Customer Service at (866) 859-5402.

## Additional Benefits

- With UnitedHealthcare HouseCalls, participants receive yearly check-ups at home at no extra cost.
- With UnitedHealthcare Hearing, plan participants can receive a hearing exam. Retirees without local access to a UHC Hearing provider can purchase hearing aids through Home Delivery.
- A post-discharge meal delivery program provides freshly-made meals to a participant's home after having been discharged from the hospital or skilled nursing facility, at no additional cost.

## Wellbeing and Rewards

The Renew Active fitness benefit provides free gym membership at participating Renew Active locations including access to many premium gyms. Renew Active also provides access to thousands of on-demand digital workout videos and live streaming fitness classes, along with social activities at local health and wellness classes and events, and an online brain health program from AARP® Staying Sharp®.

### Co-payment Snapshot\*

- \$0 Annual Deductible
- \$1,500 Out-of-pocket maximum
- \$0 Annual wellness exam
- \$0 Preventive services
- \$5 Doctor/specialist office visit
- \$0 Inpatient medical hospital care
- \$120 co-payment for Emergency care
- \$10 co-payment for Urgent care
- \$0 Diagnostic tests and lab services

*\*List co-pays reflects costs for in- and out-of-network medical services under this plan.*

The Renew Rewards program motivates members to take action by rewarding the achievement of certain milestone activities. Members can receive rewards for completing health-related activities, such as getting their annual physical or wellness visit or accepting a UnitedHealthcare® HouseCalls visit in their home.

UnitedHealthcare Group Medicare Advantage Plan participants are not eligible to earn MotivateMe Rewards.

For questions regarding this plan and coverages, contact UHC Member Services: (866) 859-5402 or [www.UHCRetiree.com/fairfax](http://www.UHCRetiree.com/fairfax).

# Resources for Retirees

## Who Can Help Me With That?

A benefit is generally anything that is advantageous to the recipient and can be in the form of a payout, compensation, reimbursement, discount, etc. As a retiree, the term “benefit” can be used for pension, annuity, or social security payments, health insurance, life insurance payouts, and more. When questions arise about “benefits”, it can be important to know whom to contact. Below are a few of the more frequently asked questions and where to go for help.

Pension or Annuity Statements and Direct Deposits	<b>Retirement Systems</b> - As a retiree from Fairfax County Government who receives a pension or annuity, the Retirement Systems acts similarly to the Payroll Division of an active employee. For questions regarding your pension/annuity, COLA, Direct Deposits, and other retiree pay related questions.
Benefit Premiums and Deductions	<b>Benefits Division</b> - The Benefits Division in the Department of Human Resources administers health and benefits for retirees of Fairfax County Government. Our team is available to assist with premium and benefit deduction inquiries.
Updating my Address	<b>More Than One Office</b> - Addresses of record need to be updated with both the Benefits Division in the Department of Human Resources and the Retirement Systems. – The Benefits Division administers retiree health and life insurance benefits. To update an address with us and our vendor partners, contact HR Central at (703) 324-3311 or <a href="mailto:HRCentral@fairfaxcounty.gov">HRCentral@fairfaxcounty.gov</a> to obtain the required form.
Questions about my county-sponsored medical and prescription coverage	<b>Plan Vendor Partners</b> - For plan specific questions regarding coverage and/or provider assistance contact benefit vendor partners directly. The Benefits team is available to assist with escalated service and claims concerns, after retirees and participants have contacted the plans customer service team first.
Questions about Medicare	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b> - Neither the Benefits Division nor the Retirement Systems administer Medicare. We are unable to assist with enrollment, questions regarding premiums, or service concerns. For questions regarding Medicare, visit <a href="https://www.medicare.gov">Medicare.gov</a> .
Update my Beneficiary	<b>Retiree Life Insurance</b> - For information on how to update beneficiaries for a county-sponsored retiree life insurance benefit, see page 14 of this guide.
	<b>Retirement Balance</b> - Contact the Retirement Systems at (703) 279-8200.
	<b>Deferred Compensation</b> - To update your beneficiaries with T. Rowe Price, log on to your account at: <a href="https://rps.troweprice.com">rps.troweprice.com</a> or call them at (888) 457-5770.

### The Benefits Division

12000 Government Center Parkway, Suite 270  
Fairfax, VA 22035

Email: [HRCentral@fairfaxcounty.gov](mailto:HRCentral@fairfaxcounty.gov)

Phone: (703) 324-3311/Fax: (703) 802-8795

[www.fairfaxcounty.gov/hr/department-human-resources-retiree-benefits](https://www.fairfaxcounty.gov/hr/department-human-resources-retiree-benefits)

### Retirement Systems

12015 Route 50, Suite 350  
Fairfax, VA 22033

Email: [retirementquestions@fairfaxcounty.gov](mailto:retirementquestions@fairfaxcounty.gov)

Phone: (703) 279-8200

[www.fairfaxcounty.gov/retirement](https://www.fairfaxcounty.gov/retirement)

# Retiree Benefits Page

Are you looking for more detailed information on the health and wellbeing benefits offered to Fairfax County Government retirees? Maybe you just need to know whom to contact for a question or want to keep up with latest events and happenings. By accessing the Retiree Benefits Page on the county's public website, anyone with an internet connection has immediate, 24/7 access to detailed information on retiree benefits.

[www.fairfaxcounty.gov/hr/department-human-resources-retiree-benefits](http://www.fairfaxcounty.gov/hr/department-human-resources-retiree-benefits)

Department of Human Resources - Retiree Benefits

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CONTACT INFORMATION: Monday - Friday 8:00 a.m. - 4:30 p.m. [Share This](#)

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Susan Kirkman,  
Director of Benefits & LiveWell

Department of Human Resources - Retiree Benefits



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## Check out the Retiree Benefits Academy!

This year-long educational series is designed for current, and soon-to be, retirees. The Retiree Benefits Academy offers ongoing opportunities to gain a better understanding of health plan and life insurance benefits, along with finances, and general health and wellbeing as a retiree.

Workshops include:

- *Benefits Planning for Retirement*
- *Life After Work & Age is Just a Number*
- *Understanding Your Life Insurance Benefits*
- *Health & Wellbeing with LiveWell*

For details on the workshops offered and quarterly calendars, visit the Video Library and Resources section of the Retiree Benefits Page.



# Retiree Benefit Contact List

## General Assistance

Benefits & LiveWell	HR Central	(703) 324-3311	<a href="mailto:HRCentral@fairfaxcounty.gov">HRCentral@fairfaxcounty.gov</a>
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## Cigna managed Medical Plans

Co-Insurance & MyChoice Plans		(800) 244-6224	<a href="http://www.myCigna.com">www.myCigna.com</a>
True Choice Core Medicare Advantage Plan		(888) 281-7867	<a href="http://www.myCigna.com">www.myCigna.com</a>

## Cigna RX Part D Prescription (PDP) Plan

(800) 558-9562  
*(Pharmacy plan for Medicare eligible participants enrolled in plans managed by UnitedHealthcare or Cigna.)*

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

Dedicated Help Desk	Steve Page		<a href="mailto:Fairfax457@troweprice.com">Fairfax457@troweprice.com</a>
Dedicated Help Desk	Kelli Parris		<a href="mailto:Fairfax457@troweprice.com">Fairfax457@troweprice.com</a>
Vendor Partner	T. Rowe Price	(888) 457-5770	<a href="http://rps.troweprice.com">rps.troweprice.com</a>

## Dental Plan

Vendor Partner	Delta Dental of Virginia	(800) 237-6060	<a href="http://www.deltadentalva.com">www.deltadentalva.com</a>
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## Health Savings Account (HSAs)

Vendor Partner	HSA Bank	(800) 357-6246	<a href="http://www.myCigna.com">www.myCigna.com</a>
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## Kaiser Permanente Medical Plans

Non-Medicare Eligible	Kaiser Permanente	(800) 777-7902	<a href="http://www.kp.org">www.kp.org</a>
Medicare Eligible	Kaiser Medicare Advantage	(888) 777-5536	<a href="http://www.kp.org">www.kp.org</a>

## Life Insurance

Dedicated Help Desk	Lonna Owens	(703) 324-3351	<a href="mailto:Lonna.Owens@standard.com">Lonna.Owens@standard.com</a>
Vendor Partner	The Standard	(800) 628-8600	<a href="http://www.standard.com">www.standard.com</a>

## UnitedHealthcare (UHC) Group Medicare Advantage Medical Plan

Vendor Partner	UHC	(866) 859-5402	<a href="http://www.UHCRetiree.com/fairfax">www.UHCRetiree.com/fairfax</a>
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## Vision Care Program

Vendor Partner	EyeMed	(866) 800-5457	<a href="http://www.eyemed.com">www.eyemed.com</a>
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## Miscellaneous, Non-DHR Contacts

Defined Benefit/Pension	Retirement Systems	(703) 279-8200	<a href="mailto:retirementquestions@fairfaxcounty.gov">retirementquestions@fairfaxcounty.gov</a>
Medicare	Medicare	(800) 633-4227	<a href="http://www.medicare.gov">www.medicare.gov</a>



# 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
- Prostheses and physical complications of all stages of the mastectomy, including lymphedema.

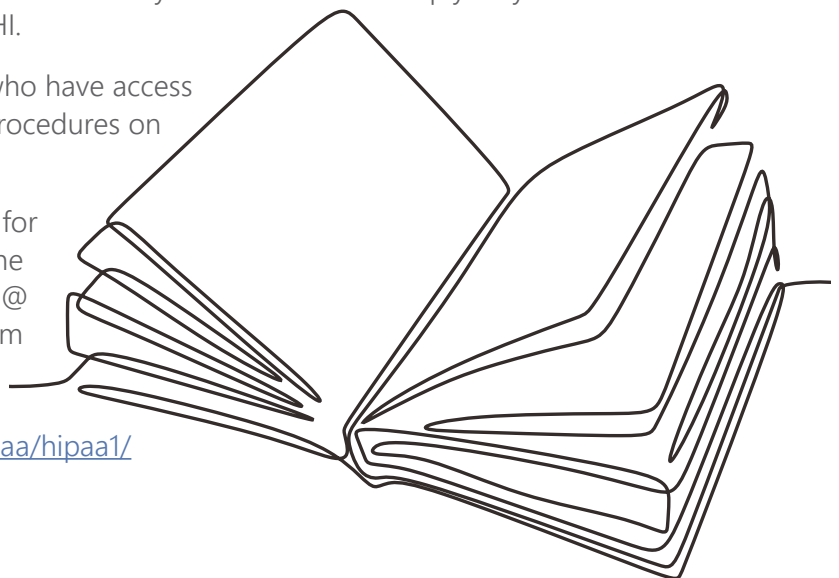
The county's medical plans cover mastectomies and the benefits required by this act.

## **Health Insurance Portability and Accountability Act (HIPAA)**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations impose privacy and security requirements upon the use and disclosure of protected health information. Protected health information (PHI) is information created, received, or maintained by the Fairfax County Government's group health plans that relates to an individual's physical or mental health or condition, the provision of medical care for that individual or the payment for that individual's medical care, which identifies or may be used to identify the individual to whom it relates. It's the policy of Fairfax County Government to comply fully with HIPAA's requirements and to protect the privacy of such PHI.

Accordingly, all members of the Benefits Division who have access to PHI must comply with the county's policy and procedures on the use and disclosure of PHI.

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](mailto: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](http://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](http://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](http://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](http://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: 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](http://www.socialsecurity.gov) or call them at 1 (800) 772-1213 (TTY 1 (800) 325-0778).

# 2024 Retiree Health Plan Premiums

## Cigna OAP Co-insurance Plans

Blend of Medicare & Non-Medicare eligible participants may enroll.

Cigna MyChoice Plan	Monthly Premium
Individual	\$588.37
2 Individuals	\$1,147.05
Family	\$1,711.94
Cigna OAP 90% Co-Insurance Plan	
Individual	\$998.59
Individual with Medicare	\$698.15
2 Individuals	\$1,962.05
2 Individuals - 1 with Medicare	\$1,695.32
2 Individuals both with Medicare	\$1,396.16
Family	\$2,886.13
Family - 1 with Medicare	\$2,693.38
Family - 2 with Medicare	\$2,497.72
Family - 3 with Medicare	\$2,302.07
Cigna OAP 80% Co-Insurance Plan	
Individual	\$718.25
Individual with Medicare	\$497.27
2 Individuals	\$1,400.51
2 Individuals - 1 with Medicare	\$1,211.28
2 Individuals both with Medicare	\$983.55
Family	\$2,090.03
Family - 1 with Medicare	\$1,954.23
Family - 2 with Medicare	\$1,799.59
Family - 3 with Medicare	\$1,644.94

## Dental Plan with Delta Dental of Virginia

Plan Tier	Monthly Premium
Individual	\$45.16
2 Individuals	\$85.31
Family	\$140.59

## Monthly Medical Subsidy for Retirees Ages 55+

Retirees age 55+, or those retired due to a service-connected disability, receive a monthly subsidy toward the cost of a county medical plan. Surviving spouses are entitled to a subsidy if they receive a Joint and Last Survivor Benefit only.

Years of Service at Retirement	Subsidy Amount
5 - 9	\$40
10 - 14	\$75
15 - 19	\$165
20 - 24	\$200
25 or more*	\$230

*\*Also includes retirees of any age who are approved for a service-connected disability retirement and covered under a county medical plan and police officers who retired with unreduced benefits after 20 years of service.*

## Information Regarding Retiree Premiums

- Monthly medical plan premiums include prescription coverage and vision care plan.
- Service-based subsidies for eligible retirees will be applied to medical plan premiums.
- Medicare premiums are paid separately to the Social Security Administration.

## Medicare Advantage Plans and Combinations

### Cigna True Choice Core Medicare Advantage Plan PPO

Medicare eligible participants enrolled the Medicare Advantage Plan  
Non-Medicare eligible participants enrolled in a Cigna Co-insurance Plan

Medicare & Non-Medicare Eligible	Monthly Premium
Individual with Medicare	\$526.72
2 Individuals - 2 with Medicare	\$1,052.02
2 Individuals - 1 True Choice Core, 1 Cigna 90% Co-Insurance Plan	\$1,458.85
2 Individuals - 1 True Choice Core, 1 Cigna 80% Co-Insurance Plan	\$1,175.23
Family - 1 True Choice Core others Cigna 90% Co-Insurance Plan	\$2,423.73
Family - 1 True Choice Core others Cigna 80% Co-Insurance Plan	\$1,784.84
Family - 2 True Choice Core others Cigna 90% Co-Insurance Plan	\$2,524.10
Family - 2 True Choice Core others Cigna 80% Co-Insurance Plan	\$1,742.14
Family - All with Medicare	\$1,578.74

### UnitedHealthcare Medicare Advantage Plan PPO

Only Medicare eligible participants may enroll.

All Medicare Eligible	Monthly Premium
Individual	\$543.74
2 Individuals - 2 with Medicare	\$1,086.06
Family - All with Medicare	\$1,629.80

### Kaiser Permanente HMO & Medicare Advantage Plans

Blend of Medicare & Non-Medicare eligible participants may enroll.

Medicare & Non-Medicare Eligible	Monthly Premium
Individual	\$767.93
Individual with Medicare	\$307.82
2 Individuals	\$1,496.39
2 Individuals - 1 with Medicare	\$1,074.33
2 Individuals - 2 with Medicare	\$614.22
Family	\$2,226.28
Family - 1 with Medicare	\$1,804.21
Family - 2 with Medicare	\$1,344.10
Family - 3 with Medicare	\$922.04