

2026 Health Plan Premiums

Full-Time Employees				Part-Time Employees		
	County Bi-Weekly Share	Employee Bi-Weekly Share	Bi-Weekly Difference from 2025	County Bi-Weekly Share	Employee Bi-Weekly Share	Bi-Weekly Difference from 2025
Cigna MyChoice CDHP Plan with Health Savings Account (HSA) & EyeMed Vision Care Program						
Individual	\$276.23	\$48.75	\$6.41	\$138.12	\$186.86	\$24.55
Employee+Child(ren)	\$463.04	\$154.35	\$20.19	\$231.52	\$385.87	\$50.47
Employee+Spouse	\$510.49	\$170.16	\$22.21	\$255.25	\$425.41	\$55.53
Family	\$730.14	\$243.38	\$31.73	\$365.07	\$608.45	\$79.31
Cigna OAP 80% Co-Insurance Plan & EyeMed Vision Care Program						
Individual	\$349.99	\$61.76	\$8.10	\$349.99	\$61.76	\$8.10
Employee+Child(ren)	\$586.71	\$195.57	\$25.56	\$293.36	\$488.93	\$63.91
Employee+Spouse	\$647.16	\$215.72	\$28.15	\$323.58	\$539.30	\$70.38
Family	\$925.42	\$308.47	\$40.21	\$462.71	\$771.18	\$100.53
Cigna OAP 90% Co-Insurance Plan & EyeMed Vision Care Program						
Individual	\$504.48	\$89.03	\$11.66	\$252.24	\$341.27	\$44.69
Employee+Child(ren)	\$845.71	\$281.90	\$36.82	\$422.86	\$704.76	\$92.06
Employee+Spouse	\$933.42	\$311.14	\$40.60	\$466.71	\$777.84	\$101.49
Family	\$1,334.36	\$444.78	\$57.99	\$667.18	\$1,111.97	\$144.99
Kaiser Permanente HMO & EyeMed Vision Care Program						
Individual	\$352.18	\$62.15	\$4.82	\$176.09	\$238.24	\$18.48
Employee+Child(ren)	\$590.39	\$196.80	\$15.18	\$295.20	\$491.99	\$37.94
Employee+Spouse	\$651.22	\$217.08	\$16.68	\$325.61	\$542.69	\$41.69
Family	\$931.21	\$310.40	\$23.81	\$465.60	\$776.01	\$59.54
Delta Dental of Virginia						
Individual	\$10.42	\$10.42	\$0	\$5.21	\$15.63	\$0
Two-Party	\$19.69	\$19.68	\$0	\$9.84	\$29.53	\$0
Family	\$32.45	\$32.44	\$0	\$16.23	\$48.66	\$0

Additional Benefit Deduction Information

- **Fairfax County Government pays 85%** of the annual premium for medical plans covering one individual, and 75% of the annual premium for medical plans covering two or more, for Merit employees scheduled to work 30 or more hours per week.
- Part-Time premiums apply to Benefits Eligible, Part-time Merit employees scheduled to work 30 hours or less per week who were hired after July 3, 2009, and all Non-Merit Benefits Eligible (Status E) employees.
- The Part-Time premium for Individual coverage in the Cigna OAP 80% Co-insurance Plan has been adjusted to comply with the Affordable Care Act (ACA) and is offered at the same rate as that of Merit employees scheduled to work 30 or more hours per week.
- **Fairfax County Government pays 50%** of the annual premium for all tiers of the dental plan.
- Premiums for health plans and optional life insurance benefits are paid via payroll deduction on a pre-tax basis. Premiums for long term disability and dependent life insurance plans are deducted post-tax. These premiums are withheld on a bi-weekly basis, over 26 pay periods. Deductions are based on Fairfax County Government's payroll schedule.
- Payroll-deducted contributions to a Flexible Spending Account (FSA) or Health Savings Account (HSA) are deducted pre-tax and are withheld on a bi-weekly basis over 26 pay periods. These contribution deductions are based on the calendar and tax year.
- For more, visit the [Benefits Page](#) or the [Benefit Premium Deductions and Plan Contributions Page](#).

2026 Medical Plans At-A-Glance

County-Sponsored Medical & Pharmacy Plans for Active Employees

Enrolling & Election Changes

New Hires & Newly Eligible Employees

While enrollment in some benefits and programs at Fairfax County Government are automatic, enrollment in several benefits require action before certain deadlines. New employees, and employees who have become newly eligible for benefits, must enroll using FOCUS Employee Self-Service (ESS) within their initial 30-calendar day benefits eligibility window. This time period commences with their hire date or status change date.

Benefit enrollments are effective the first of the month after an employee's hire date or status change date. Visit the [Resources for New and Newly Eligible Employees Page](#) on FairfaxNet for additional information. Once elections are made, "Save" any changes and print or save a Benefits Participation Overview. This will serve as confirmation of enrollment.

During Open Enrollment

During Fairfax County Government's annual Open Enrollment period, employees may add, change, or drop coverage in health plans and life insurance benefits without a qualifying event. Employees may also elect to contribute to a Flexible Spending Account (FSA) using FOCUS ESS to make changes and contribution elections during this period.

- Open Enrollment is "passive". With the **exception of Flexible Spending Accounts (FSAs)**, an employee's benefit enrollments will rollover or remain the same. Employees who do not want to make changes, and do not want to contribute to an FSA for the new tax year, do not need to take action. However, the Benefits team encourages each employee to review available materials and personal enrollments, taking time to understand plans offered, dependents covered, and costs.
- **October 6, 2025** - The Open Enrollment portal in FOCUS Employee Self-Service (ESS) will be available for employees to make benefit election changes and elect to contribute to a Flexible Spending Account (FSA).
- **October 24, 2025** - Benefit elections and changes must be completed and saved in FOCUS ESS **before 11:59 pm**.
- **January 1, 2026** - New benefits elections and enrollment changes made during Open Enrollment go into effect.

Mid-Year Qualifying Events

Qualifying Events are special circumstances, like changes in family status or employment, that impact benefits eligibility. These events may allow an employee the opportunity to add, change, or drop benefit elections mid-year. If you experience a qualifying event, it is the employee's responsibility to notify the Benefits Division in the Department of Human Resources directly within 30-calendar days of the event. For more, visit our [Qualifying Events Page](#). Not sure if it is a qualifying event? Contact the Benefits team by email at DHRBenefitsDivision@fairfaxcounty.gov.

Benefit Premium Deductions and Plan Contributions

A pay period covers the two-week period that ends two weeks prior to payday. Benefit deductions fall into two main categories – pre-tax or post-tax, and benefit deductions are taken out in any pay period in which employees had active coverage. Due to the timing of benefits eligibility, enrollment, and processing, some employees may not finalize benefit enrollment until past their effective date and may miss their initial premium deductions. In these cases, current and catch-up deductions will be taken in full until any past due balances are paid in full.

For information on premium deductions, visit the [Benefit Premium Deductions and Plan Contributions Page](#).

Have a Question?

For the latest information, please visit the [Benefits Page](#) on FairfaxNet or contact the Benefits Division in the Department of Human Resources by email at DHRBenefitsDivision@fairfaxcounty.gov.



	Cigna OAP MyChoice CDHP (HSA Eligible)		Cigna OAP 80% Co-Insurance Plan		Cigna OAP 90% Co-Insurance Plan		Kaiser Permanente HMO
	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network Only - Local
Health Savings Account (HSA)	County Contribution: \$700 Individuals/\$1,400 Two-Party or More		Plan Not Eligible for Health Savings Account (HSA)		Plan Not Eligible for Health Savings Account (HSA)		Plan Not Eligible for HSA
Annual Deductible**	\$1,750 Individual \$3,500 Family	\$3,500 Individual \$7,000 Family	\$500 Individual \$1,000 Family	\$1,000 Individual \$2,000 Family	\$350 Individual \$700 Family	\$700 Individual \$1,400 Family	\$0
Annual Out-of-Pocket Limit	\$6,000 Individual \$12,000 Family	\$12,000 Individual \$24,000 Family	\$3,000 Individual \$6,000 Family	\$6,000 Individual \$12,000 Family	\$2,500 Individual \$5,000 Family	\$5,000 Individual \$10,000 Family	\$3,500 Individual \$9,400 Family
Preventive Care - Includes, annual physicals, screenings and immunizations and other services based on age and gender	No Cost Plan Pays 100% Deductible does not apply	Through age 17: Plan pays 70% co-insurance, no plan deductible. Ages 18 and above: Plan pays 70% co-insurance after deductible is met	No Cost Plan Pays 100% Deductible does not apply	Through age 17: Plan pays 60% co-insurance, no plan deductible. Ages 18 and above: Plan pays 60% co-insurance after deductible is met	No Cost Plan Pays 100% Deductible does not apply	Through age 17: Plan pays 70% co-insurance, no plan deductible. Ages 18 and above: Plan pays 70% co-insurance after deductible is met	No Cost Plan Pays 100%
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	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	\$10 PCP co-pay per visit No Charge for Children under 5
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	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	\$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	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	In-patient: covered in full when medically necessary Out-patient: \$10 individual, \$5 group
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.	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	\$15 co-pay per visit
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	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	\$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	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	\$150 per visit (co-pay waived if admitted other than observation)
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	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	No Charge
Out-patient 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	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	\$10 co-pay per visit
Out-patient 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	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	\$10 co-pay per visit Annual limit 20 visits
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	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Covered in full to maximum. One hearing aid/ear every 36 months-max \$1,000
	Max benefit is \$3,000 every 24 months	Max benefit is \$3,000 every 24 months	Max benefit is \$3,000 every 24 months	Max benefit is \$3,000 every 24 months	Max benefit is \$3,000 every 24 months	Max benefit is \$3,000 every 24 months	
Annual RX Deductible	Medical and Prescription Drug deductible combined		\$200 Individual/\$400 Family		\$75 Individual/\$150 Family		
Annual RX Out-of-Pocket Limit	Medical and Prescription Drug limit combined		\$2,500 Individual/\$5,000 Family		\$2,000 Individual/\$4,000 Family		
Important Coverage Notes: This is only a highlight of available benefit plans. Official plan documents govern rights and coverage. Review plan summaries for details on annual deductibles and service payments. To access more details or vendor contacts, visit the Benefits Page . *Out-of-Network payments are based on plan allowed amounts for services, not as charged by provider and/or facility. **Annual Deductibles for plans covering more than one person are represented as "Family". Mid-year plan election changes may impact the deductible. Final determination of payment of benefits is made at the time a claim is presented.	Retail (30-day supply) Generic \$10 Formulary/Preferred Brand 20% (max \$55) Non-Formulary/Non-Preferred 35% (max \$110) Specialty 35% (max \$110) Home Delivery (90-day supply) Generic Preventive/Maintenance \$0 Generic \$20 Formulary/Preferred Brand 20% (max \$110) Non-Formulary 35% (max \$220) Specialty 35% (max \$110)	Retail Plan pays 70% after combined deductible is met Home Delivery - Not Covered	Retail (30-day supply) Generic \$10 Formulary/Preferred Brand 20% (max \$55) Non-Formulary/Non-Preferred 35% (max \$110) Specialty 35% (max \$110) Home Delivery (90-day supply) Generic Preventive/Maintenance \$0 Generic \$20 Formulary/Preferred Brand 20% (max \$110) Non-Formulary 35% (max \$220) Specialty 35% (max \$110)	Retail Plan pays 60% after RX deductible is met Home Delivery - Not Covered	Retail (30-day supply) Generic \$7 Formulary/Preferred Brand 20% (max \$50) Non-Formulary/Non-Preferred 30% (max \$100) Specialty Based on Medication Tier Home Delivery (90-day supply) Generic Preventive/Maintenance \$0 Generic \$14 Formulary/Preferred Brand 20% (max \$100) Non-Formulary 30% (max \$200) Specialty Based on Medication Tier	Retail Plan pays 70% after RX deductible is met Home Delivery Not Covered	Kaiser Pharmacy (30-day supply) Generic \$10 Formulary/Preferred Brand \$20 Non-Formulary/Non-Preferred \$35 Community Pharmacy (30-day supply) Generic \$20 Formulary/Preferred Brand \$40 Non-Formulary/Non-Preferred \$55 Home Delivery (90-day supply) Generic \$20 Formulary/Preferred Brand \$40 Non-Formulary/Non-Preferred \$70
	<ul style="list-style-type: none"> Retail 90-day supply only available at Cigna 90 Now participating pharmacies. Tier 1 & Tier 2 diabetic medications and supplies are no-cost when prescription is filled via home delivery pharmacy. 						