

Becoming Eligible for Medicare

Retirees, and their covered dependents, who become eligible for Medicare, whether due to age or disability, are required enroll in Medicare Part A and Part B at their earliest eligibility. 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 proper coverage is in effect, on time.



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 under Fairfax County Government.

For additional details on how Medicare impacts county-sponsored benefits, contact the Benefits Division in the Department of Human Resources through HR Central at HRCentral@fairfaxcounty.gov or (703) 324-3311.

Submitting Verification

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

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

Want To Learn More?

Attend a virtual or in-person health plan or wellbeing session offered by the Benefits Division in the Department of Human Resources, LiveWell, or a benefits vendor partner. A full list of events offered during Retiree Open Enrollment or as part of the ongoing Retiree Benefits Academy can be found on the Retiree Benefits Page on the county's public website:

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

In addition to the information available on the Retiree Benefits Page, [Medicare.gov](http://www.Medicare.gov) offers a wide variety of articles and resources on how to enroll in Medicare.

2024 Retiree Medical Plans At-A-Glance

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

Tips & Reminders

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

Retirees, LiveWell, and MotivateMe

Retirees are eligible to participate in designated LiveWell events and activities including virtual fitness classes, mindfulness and social wellbeing workshops, bio-metric screenings, flu shot clinics, and more. Sign-up for the LiveWell Listserv to receive ongoing communications by email on upcoming events. For more information, contact LiveWell at LiveWell@fairfaxcounty.gov.



Retirees who maintained enrollment in one of the following county-sponsored medical plans as the subscriber can earn up to \$250 per plan year with the MotivateMe Wellbeing Rewards Program.

- Cigna OAP 90% and 80% Co-insurance Plans
- Cigna MyChoice CDHP Plan
- Kaiser Permanente HMO and the Kaiser Medicare Advantage Plan

Additional information on these programs can be found on the Health and Wellness Programs section of the Retiree Benefits Page: www.fairfaxcounty.gov/hr/department-human-resources-retiree-benefits.



Retiree Benefits Page on the Public Website

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

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



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

1. Open the camera app on your smartphone.		2. Focus the camera on the QR code.	3. Gently tap the code image, or website as it appears		4. Follow the instructions to complete the action.
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	Cigna OAP MyChoice CDHP (HSA Eligible)		Cigna OAP 90% Co-Insurance Plan		Cigna OAP 80% 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
Annual Deductible	\$1,750 Individual \$3,500 Family	\$3,500 Individual \$7,000 Family	\$350 Individual \$700 Family	\$700 Individual \$1,400 Family	\$500 Individual \$1,000 Family	\$1,000 Individual \$2,000 Family	\$0
Annual Out-of-Pocket Limit	\$6,000 Individual \$12,000 Family	\$12,000 Individual \$24,000 Family	\$2,500 Individual \$5,000 Family	\$5,000 Individual \$10,000 Family	\$3,000 Individual \$6,000 Family	\$6,000 Individual \$12,000 Family	\$3,500 Individual \$9,400 Family
Preventive Care - Includes, annual physicals, screenings & 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 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 70% co-insurance, no plan deductible Ages 18 and above: Plan pays 60% 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 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	\$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 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	\$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 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	Inpatient: covered in full when medically necessary Outpatient: \$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 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.	\$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 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	\$10 co-pay per visit
Emergency Room	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	\$150 per visit (co-pay waived if admitted other than observation)
Inpatient Hospital Facility	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	No Charge
Outpatient Hospital Facility	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	\$10 co-pay per visit
Outpatient Professional Service	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	\$10 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 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	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		\$75 Individual/\$150 Family		\$200 Individual/\$400 Family		Kaiser Permanente HMO
Annual RX Out-of-Pocket Limit	Medical and Prescription Drug limit combined		\$2,000 Individual/\$4,000 Family		\$2,500 Individual/\$5,000 Family		
For All Cigna Prescription Plans	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 \$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	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 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

Important Note: Out-of-Network payments are based on plan allowed amounts for services, not as charged by provider and/or facility. This overview is only a highlight of the benefits and plans. Official plan documents govern rights and coverage benefits. Review plan summaries for details on annual deductibles and service payments.