

2024 Health Plan Premiums

	Full-Time Employees				Part-Time Employees	
	Employee Annual Premium	County Bi-Weekly Share	Employee Bi-Weekly Share	Bi-Weekly Difference from 2023	County Bi-Weekly Share	Employee Bi-Weekly Share
Cigna MyChoice CDHP Plan with Health Savings Account (HSA) & EyeMed Vision Care Program						
Individual	\$1,058.98	\$230.82	\$40.73	\$0	\$115.41	\$156.14
Employee+Child(ren)	\$3,355.56	\$387.19	\$129.06	\$0	\$193.60	\$322.66
Employee+Spouse	\$3,700.32	\$426.96	\$142.32	\$0	\$213.48	\$355.80
Family	\$5,293.86	\$610.82	\$203.61	\$0	\$305.41	\$509.02
Cigna OAP 90% Co-Insurance Plan & EyeMed Vision Care Program						
Individual	\$1,797.44	\$391.75	\$69.13	\$0	\$195.88	\$265.01
Employee+Child(ren)	\$5,694.00	\$657.00	\$219.00	\$0	\$328.50	\$547.50
Employee+Spouse	\$6,284.72	\$725.14	\$241.71	\$0	\$362.57	\$604.28
Family	\$8,985.86	\$1,036.84	\$345.61	\$0	\$518.42	\$864.03
Cigna OAP 80% Co-Insurance Plan & EyeMed Vision Care Program						
Individual	\$1,292.72	\$281.76	\$49.72	\$0	\$281.76	\$49.72
Employee+Child(ren)	\$4,096.04	\$472.62	\$157.54	\$0	\$236.31	\$393.84
Employee+Spouse	\$4,518.28	\$521.35	\$173.78	\$0	\$260.68	\$434.46
Family	\$6,462.82	\$745.71	\$248.57	\$0	\$372.85	\$621.42
Kaiser Permanente HMO & EyeMed Vision Care Program						
Individual	\$1,387.04	\$302.30	\$53.35	\$3.01	\$151.15	\$204.50
Employee+Child(ren)	\$4,393.46	\$507.05	\$169.02	\$9.54	\$253.53	\$422.54
Employee+Spouse	\$4,848.24	\$559.41	\$186.47	\$10.54	\$279.71	\$466.18
Family	\$6,933.96	\$800.07	\$266.69	\$15.05	\$400.04	\$666.72
Delta Dental of Virginia						
Individual	\$270.92	\$10.42	\$10.42	\$0.21	\$5.21	\$15.63
Two-Party	\$511.68	\$19.69	\$19.68	\$0.38	\$9.84	\$29.53
Family	\$843.44	\$32.45	\$32.44	\$0.63	\$16.23	\$48.66

Additional Premium Deduction Information

- Payroll-deducted premiums for health plans and optional life insurance benefits are taken pre-tax. Premiums for long term disability and dependent life insurance plans are deducted post-tax. All are withheld on a bi-weekly basis, over 26 pay periods. These 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 taken 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.
- Part-Time premiums apply to Benefits Eligible, Merit employees scheduled to work 30 hours or less per week who were hired after July 3, 2009 and all Non-Merit Benefits Eligible (Status E) employees.
- 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).

2024 Medical Plans At-A-Glance

County-sponsored Medical & Pharmacy Plans for Active Employees

Open Enrollment for Active Employees: October 2 to 20, 2023

Open Enrollment Details

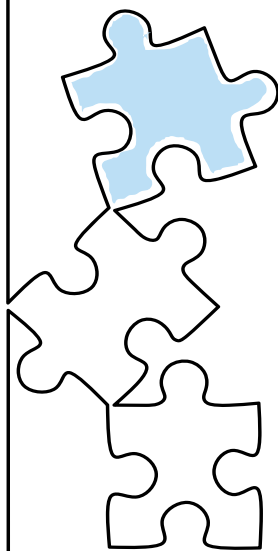
- Open Enrollment is the annual time for employees to assess current health plans, life insurance, and other benefits enrollments and to make adjustments for the new plan year.
- Open Enrollment is "passive". With the exception of Flexible Spending Accounts (FSAs), an employee's benefit enrollments will 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 plan offered, dependents covered, and costs.
- FOCUS Employee Self-Service (ESS) will open for employees to make benefit changes and update enrollments on **October 2, 2023**.
- To make a change to current benefit elections, or to elect to contribute to a Flexible Spending Account (FSA), selections must be completed and saved in FOCUS ESS **before 11:59 pm on October 20, 2023**.
- New benefits elections, dependents added, or enrollment changes made during Open Enrollment go into effect **January 1, 2024**.

Tips & Reminders

- Payroll deducted contributions to a Flexible Spending Account (FSA) do not roll over to the new year. FSA contribution elections must be made annually during Open Enrollment even if you made contributions in the previous year.
- **SAVE YOUR CHANGES!** - Changes made in FOCUS ESS are not saved automatically. Employees making elections must complete enrollments and manually save at the final step. Once saved, always remember to Print or Save a PDF copy of your elections.
- Dependent records cannot be removed from FOCUS. While you may end a dependent's coverage in FOCUS ESS during Open Enrollment, you cannot permanently delete their record.

How to Learn More

- Virtual education will begin in late September. A full schedule of events can be found on FairfaxNet.
- For Open Enrollment 2024, two in-person Health & Benefit Fairs will be held. Visit the [Open Enrollment Page](#) on FairfaxNet for details
- Open Enrollment isn't the only time of year to learn about your benefits. Keep up with your health, your benefits, and more by visiting the [Benefits](#) and [LiveWell](#) Pages on FairfaxNet, read Newslink daily for our upcoming events and announcements, check out the [LiveWell & Benefits Blog](#), and sign-up for the [LiveWell](#) listerv.



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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
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	\$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		
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.