

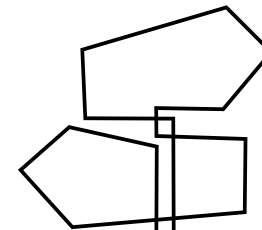
# 2024 Monthly COBRA Premiums

Employees & Eligible Dependents		Retirees & Eligible Dependents	
Cigna MyChoice CDHP Plan & EyeMed Vision Care Program			
Individual	\$600.13	Individual	\$600.14
Employee+Child(ren)	\$1,140.93	Two-Party	\$1,169.99
Employee+Spouse	\$1,258.10	Family	\$1,746.18
Family	\$1,799.89		
Cigna OAP 90% Co-Insurance Plan & EyeMed Vision Care Program			
Individual	\$1,018.55	Individual	\$1,018.56
Employee+Child(ren)	\$1,935.95	Two-Party	\$2,001.29
Employee+Spouse	\$2,136.73	Family	\$2,943.85
Family	\$3,055.21		
Cigna OAP 80% Co-Insurance Plan & EyeMed Vision Care Program			
Individual	\$732.58	Individual	\$732.62
Employee+Childr(en)	\$1,392.64	Two-Party	\$1,428.52
Employee+Spouse	\$1,536.25	Family	\$2,131.83
Family	\$2,197.35		
Kaiser Permanente HMO with EyeMed Vision Care Program			
Individual	\$785.99	Individual	\$783.29
Employee+Child(ren)	\$1,494.12	Two-Party	\$1,526.32
Employee+Spouse	\$1,648.40	Family	\$2,270.81
Family	\$2,357.55		
Delta Dental of Virginia			
Individual	\$46.06	Individual	\$46.06
Two-Party	\$87.02	Two-Party	\$87.02
Family	\$143.40	Family	\$143.40

COBRA participants pay the full monthly premium of elected coverages plus a 2% administrative fee. There is no contribution from Fairfax County Government towards the cost.

- Coverage is not processed or made effective until the initial premium payment is made in full.
- Premiums are paid via automatic deductions from a personal bank account taken on the first day of the month for that month's coverage.
- Failure to pay the full premium before the last day of the coverage month, will result in permanent cancellation coverage with no option to re-enroll.

# 2024 COBRA Continuation of Coverage



## COBRA Overview

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires the county to offer employees and their families the opportunity to extend their medical and dental insurance coverage in certain instances where coverage would otherwise end. Examples of when the offer to continue coverage is to be extended include: termination of employment, reduction in hours, divorce, or loss of dependent status, i.e., turning 26 and aging out of eligibility.

The coverage offered under COBRA is identical to the coverage available to active employees and retirees. Once elected, coverage can be continued for a designated period based on the event triggering eligibility. If you lose coverage due to termination of employment or reduction in hours, your maximum continuation period is 18 months. New ID cards will be issued for participants who continue coverage under a medical plan.

COBRA eligible participants will receive a COBRA Notice by mail. The COBRA Notice contains an election form to be completed and returned to the Benefits Division in the Department of Human Resources. New COBRA Notices are generated weekly and mailed to the address listed in FOCUS. Notices and election forms cannot be generated prior to the COBRA qualifying event, nor can enrollment be completed in advance. Review your personalized COBRA Notice carefully for important enrollment and payment deadlines.

## Dependent Children Turning 26

At age 26, dependent children lose their eligibility to be covered under county benefit plans unless previously declared disabled. Coverage in a county-sponsored medical, vision, or dental plan will terminate automatically on the last day of the month in which they turn 26 unless their date of birth is on the first day of the month. In those cases, coverage will terminate the last day of the month before turning 26. A COBRA Notice will be mailed to the address of record in FOCUS in the month coverage ends.

If your dependent is the only eligible dependent who remains covered under the dependent life plan with the county, coverage and premiums will continue unless you notify the Benefits Division in the Department of Human Resources. This benefit does not terminate automatically.

## COBRA & Flexible Spending Accounts

If you are participating in the Healthcare Flexible Spending Account (FSA) at the time of a COBRA qualifying event (such as termination, retirement, or reduction in hours), you may elect to continue contributing by completing the COBRA Election Form and submitting to the Benefits Division.

- Participants who are enrolled in a Healthcare Flexible Spending Account and terminate employment mid-year will have access to their full fund balance if,
  - Services were performed prior to the date of their termination, or
  - Elect to continue funding the account through COBRA to cover services after their date of termination.
- If you elect to enroll in a Healthcare Flexible Spending Account through COBRA, contributions will be post-tax and include an additional 2% admin fee. There is no tax-advantage to contributing to a FSA through COBRA.
- COBRA participants who elect to contribute to a FSA will continue to have access to their online TASC account. Current MyCash Debit Cards will provide access to any funds in your MyCash account only. Note: The debit card cannot be used at the point-of-service or to access funds.
- FSA enrollment is only available for COBRA participants until the end of the plan year in which the qualifying event occurs and is not available for Dependent Care Accounts.



	<b>Cigna OAP MyChoice CDHP (HSA Eligible)</b>		<b>Cigna OAP 90% Co-Insurance Plan</b>		<b>Cigna OAP 80% Co-Insurance Plan</b>		<b>Kaiser Permanente HMO</b>
	<b>In-Network</b>	<b>Out-of-Network*</b>	<b>In-Network</b>	<b>Out-of-Network*</b>	<b>In-Network</b>	<b>Out-of-Network*</b>	<b>In-Network Only - Local</b>
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	<b>Retail (30-day supply)</b> Generic \$10 Formulary/Preferred Brand 20% (max \$55) Non-Formulary/Non-Preferred 35% (max \$110) Specialty 35% (max \$110) <b>Home Delivery (90-day supply)</b> Generic Preventive/Maintenance \$0 Generic \$20 Formulary/Preferred Brand 20% (max \$110) Non-Formulary 35% (max \$220) Specialty 35% (max \$110)	<b>Retail</b> Plan pays 70% after combined deductible is met  <b>Home Delivery</b> Not Covered	<b>Retail (30-day supply)</b> Generic \$7 Formulary/Preferred Brand 20% (max \$50) Non-Formulary/Non-Preferred 30% (max \$100) Specialty Based on Medication Tier <b>Home Delivery (90-day supply)</b> Generic Preventive/Maintenance \$0 Generic \$14 Formulary/Preferred Brand 20% (max \$100) Non-Formulary 30% (max \$200) Specialty Based on Medication Tier	<b>Retail</b> Plan pays 70% after RX deductible is met  <b>Home Delivery</b> Not Covered	<b>Retail (30-day supply)</b> Generic \$10 Formulary/Preferred Brand 20% (max \$55) Non-Formulary/Non-Preferred 35% (max \$110) Specialty 35% (max \$110) <b>Home Delivery (90-day supply)</b> Generic Preventive/Maintenance \$0 Generic \$20 Formulary/Preferred Brand 20% (max \$110) Non-Formulary 35% (max \$220) Specialty 35% (max \$110)	<b>Retail</b> Plan pays 70% after RX deductible is met  <b>Home Delivery</b> Not Covered	<b>Kaiser Pharmacy (30-day supply)</b> Generic \$10 Formulary/Preferred Brand \$20 Non-Formulary/Non-Preferred \$35 <b>Community Pharmacy (30-day supply)</b> Generic \$20 Formulary/Preferred Brand \$40 Non-Formulary/Non-Preferred \$55 <b>Home Delivery (90-day supply)</b> 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.