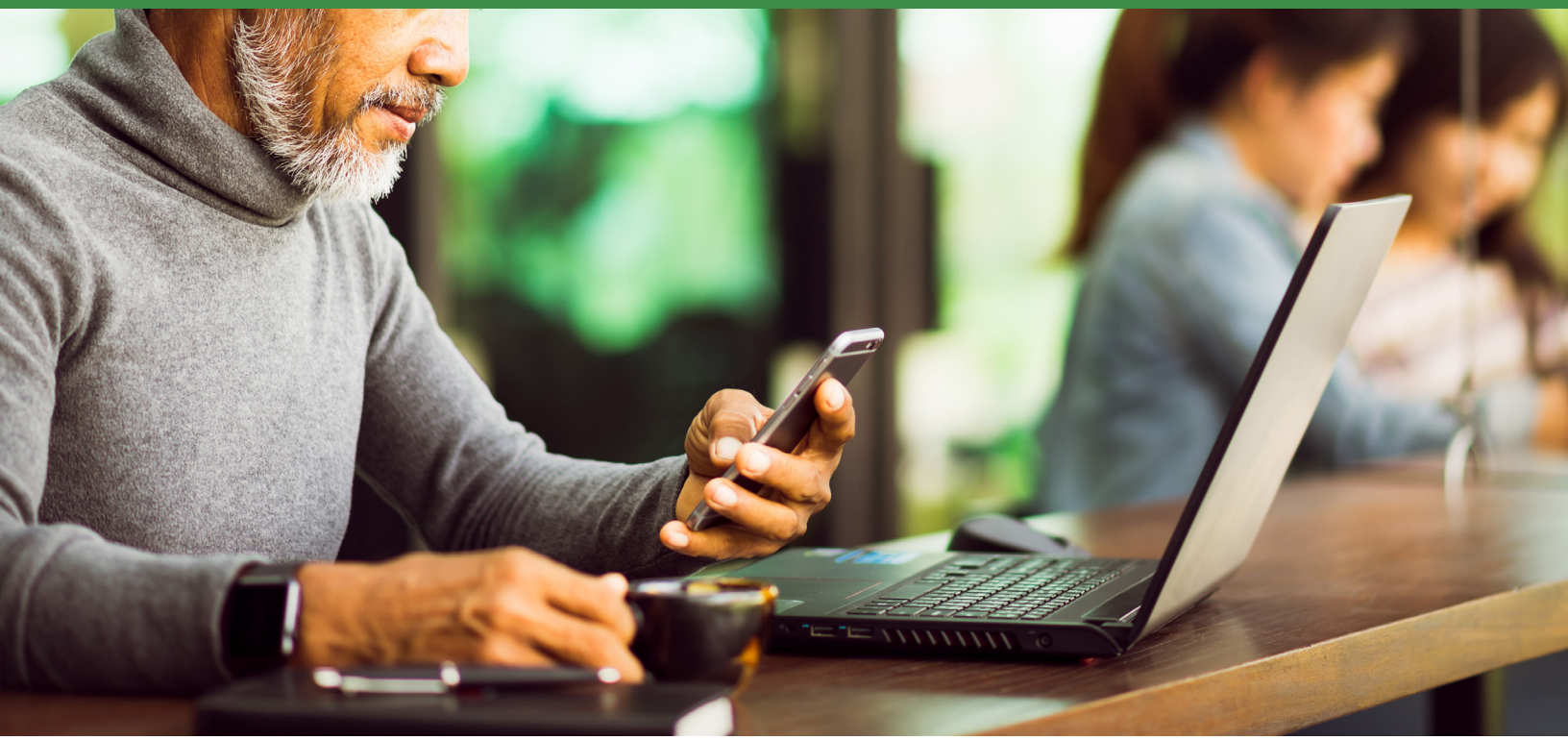
Fairfax County Government

Retiree Benefits Guide

Plan Year 2020



COUNTY OF FAIRFAX
1742
VIRGINIA

What's New for 2020

Retiree Benefit Information Online

Access retiree benefit information and forms on Fairfax County Government's public site at www.fairfaxcounty.gov/hr/fairfax-county-benefits-summary.

NEW Vision Care Program, EyeMed

Beginning on January 1, 2020 Fairfax County Government employees and retirees will have a new Vision Care Program provider. Please see the Vision section of this guide for more information.

Health Matters Care Management

Health Matters Care Management is an enhanced care program designed to increase engagement and connect members to more resources. This program is available to all Cigna participants who receive inpatient care. The increased level of engagement with this program offers integrated enhancements to medical, pharmacy and behavioral care, combined with a community support model, transition specialist, and pre- and post-discharge outreach work to create better outcomes for members.

Step Therapy for HealthSprings, Cigna's Part D Prescription Plan

Step therapy is a clinical cost management program designed to promote the use of low-cost, therapeutically appropriate (Step 1) medications. What does this mean? Step therapy is a type of prior authorization for drugs that begins treatment with a Step 1, or preferred drug therapy, and progresses to other therapies if necessary. While already in place for active employees and retirees under 65, this program will be added for HealthSprings participants (Cigna members enrolled in Medicare) effective January 1, 2020.

Current HealthSprings participants taking non-Step 1 medications will be grandfathered, allowing them to continue on these medications without interruption. New participants to HealthSprings and existing participants with new prescriptions for medications will need to begin treatment with Step 1 medications effective January 1, 2020.

Increased Life Insurance Portability and Decreased Dependent Life Premium

Fairfax County Government will be entering a new contract with the Standard for our life insurance benefits. Most retirees will see little to no change but their are a few important plan enhancements, including increased portability eligibility, now up to age 75. Additionally, Retirees who maintained Dependent Life Insurance coverage, will see a decrease in their premium. See the Group Term Life Insurance section of this guide for more details.

New Deductibles

2020 Medical Plan Deductibles (Individual/Two or More Members)		
Plan Name	In-Network	Out-of-Network
CIGNA OAP Co-Pay Plan	$0	$400/$800
CIGNA OAP 90% Co-Insurance Plan	$350/$700	$700/$1,400
CIGNA OAP 80% Co-Insurance Plan	$500/$1,000	$1,000/$2,000
2020 Pharmacy Deductibles		
CIGNA Co-Pay, 90%, and 80% Co-Insurance Plans	$75/$150	
2020 CDHP Plan Deductibles (Medical and Pharmacy are combined)		
CIGNA MyChoice Plan	$1,400/$2,800	$2,800/$5,600

New Out-of-Pocket Maximums

2020 Medical Plan Out-of-Pocket Maximums (Individual/Two or More Members)		
Plan Name	In-Network	Out-of-Network
CIGNA OAP Co-Pay Plan	$3,000/$6,000	$6,000/$12,000
CIGNA OAP 90% Co-Insurance Plan	$2,500/$5,000	$5,000/$10,000
CIGNA OAP 80% Co-Insurance Plan	$3,000/$6,000	$6,000/$12,000
2020 Pharmacy Out-of-Pocket Maximum		
CIGNA Co-Pay, 90%, and 80% Co-Insurance Plans	$2,000/$4,000	
2020 CDHP Plan Out-of-Pocket Maximum (Medical and Pharmacy are combined)		
CIGNA MyChoice Plan	$4,500/$9,000	$9,000/$18,000

New HSA Contributions Limits

Retirees, under 65, who are not eligible for Medicare and enrolled in the MyChoice Plan can contribute funds to a Health Savings Account. Retirees enrolled in individual plans can contribute $3,550. Retirees enrolled in two-party or family plans may contribute $7,100. All participants over the age of 55 can contribute and additional $1,000 per year. See the MyChoice section for more details.

Beneficiaries

Do you know who's getting your money? This is a great time to check your beneficiaries! Here's how:

Benefit	Manager	How to Check	How to Update
Deferred Comp/457	T. Rowe Price	rps.troweprice.com	rps.troweprice.com
Heath Savings Accounts (HSA)	Cigna/HSA Bank	www.MyCigna.com	www.MyCigna.com
Life Insurance (Basic Group Term and Optional)	Standard	Call DHR Benefits at (703) 324-3311	Complete a paper form and return it to the Benefits Division
Retirement/Pension	Retirement Systems	Login to your account www.fairfaxcounty.gov/retirement/	Complete a paper form and submit it to the Retirement Systems

Retirees Eligible for Medicare

ATTENTION PLEASE

Retirees who become eligible for Medicare, due to age or disability, are required to apply for and maintain Medicare Part A and Part B at their earliest eligibility. To continue coverage under the County's health plan, Medicare-eligible retirees and dependents must submit a copy of their Medicare card to the Benefits Division. 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 your coverage is in effect on time. Retirees are not required to elect Medicare Part D. Coverage for retirees who do not maintain Medicare Part A and Part B coverage will be terminated.

Coordination with Medicare

If you have coverage through one of the County's plans and Medicare, each type of coverage is called a "payer". Medicare becomes the primary payer of claims and the Fairfax County Government (FCG) health plan becomes the secondary "payer." When there is more than one potential payer, there are coordination of benefits rules to decide who pays first. The first or "primary payer" pays what it owes on your bills first and then sends the rest to the second or "secondary payer." In some cases, there may also be a third payer.

Whether Medicare pays first depends on a number of considerations including those listed below. However, please keep in mind that these descriptions do not cover every situation.

Important Notes

- The primary payer, Medicare, pays up to the limits of its coverage.
- The secondary payer, County insurance, only pays if there are costs the primary payer didn't cover up to the benefit level of the County coverage. The secondary payer may not pay all of the uncovered costs.
- You will still be responsible for any co-pay or co-insurance amounts for the services in accordance with your county sponsored plan.

Secondary Coverage

Once you are enrolled in Medicare, your county medical benefits become secondary. Secondary Insurance covers some items Medicare does not and can help offset the costs of some services, but does not eliminate all out-of-pocket costs. FCG does not currently offer a Medicare Gap, Supplemental or Advantage plan. You will always be responsible for your co-pays, co-insurances and deductibles.

New to Medicare?

- Learn what Medicare covers. You'll get a list of covered tests, items and services. Talk to your doctor, or other health care provider about whether a test, item or service is covered by Medicare.
- Make a Welcome to Medicare preventive visit appointment during your first 12 months. This free, one-time comprehensive visit puts you in control of your health and your Medicare from the start.
- Sign-up for MyMedicare.gov to access your personal Medicare information 24 hours a day, every day.

Additional Coverage Information

Continuous Coverage Requirement

The County requires retirees to maintain continuous coverage in Fairfax County Government (FCG) Life, Health and/or Dental plans. After retirement, if you lose coverage, for any reason, there is no opportunity to re-elect coverage at a later date. Also note that any break in medical coverage with FCG will mean loss of your Retiree Subsidy.

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

Changing Coverage

If you experience a qualified change in family status during the plan year, you have the opportunity to change your benefit elections. Change forms must be received by DHR Benefits within 30 calendar days of the event. For a list of qualifying events, see the Benefits page on FairfaxNet. You can drop dependents or cancel coverage at any time.

Coverage for Surviving Spouses

Surviving spouses of deceased retirees may continue health and/or dental insurance coverage until they remarry. If a retiree or dependent with coverage dies or remarries, please contact the Benefits Division as soon as possible so that premiums can be adjusted.

Adult Dependents, Children over 18

Children can stay on your health plans through the end of the month they turn 26, even if they marry, move out of your home, go to school or get a job. When your dependent turns 26 and is no longer eligible, they will receive a COBRA Notice allowing them the option to continue coverage. This process requires no notification from you; however, dependents will not be automatically removed from Dependent Life Insurance. Also, note that our plans do not cover spouses or dependents of adult children.

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.

Health Insurance Orders

The County is required to enroll any qualified dependent(s) listed on a valid health insurance order into the named employee or retiree's county-sponsored health plan.

Address Changes

When moving, remember to update your address with the Benefits Division. The address maintained by us is reported to all benefit vendors.

Paying Your Premium

The retiree portion of the benefit premiums is paid in one of two ways: 1. The premium, less the subsidy, will be deducted from the monthly annuity in the month prior to the month of coverage; 2. If the individual does not receive an annuity, or if the retiree's check does not cover the full cost of the monthly premium, the retiree must pay the amount by automatic deduction, ACH, from your personal checking account. The Benefits Division takes this deduction on the 10th of the month to cover next month's coverage. Personal checks and lump sum payments will **not** be accepted.

Retiree Subsidies

Retirees pay the full cost of health and/or dental insurance. Retirees age 55 or older, or those retired on a service-connected disability, receive a monthly subsidy from the County toward the cost of a county health plan. Surviving spouses are entitled to a subsidy only if they receive a Joint and Last Survivor Benefit.

Monthly Subsidy for Retirees Ages 55+	
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 health plan and police officers who retired	

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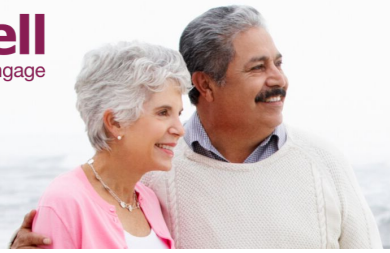

MotivateMe

Total Wellbeing Program 2020

Earn up to $200 per year

	GOAL TYPE	DESCRIPTION	AWARD TYPE	AMOUNT
REQUIRED	ANNUAL PHYSICAL: RETIREE	A preventive exam with a primary care provider, including lab work.	Required for Cigna members Must be up to date, per Kaiser Permanente guidelines	Combined $100 BOTH are REQUIRED to earn additional rewards
REQUIRED	HEALTH ASSESSMENT: RETIREE	A confidential questionnaire about your wellbeing and health behaviors.	Required annually for Cigna and Kaiser Permanente members	
SPOUSE	ANNUAL PHYSICAL: SPOUSE	A preventive exam with a primary care provider, including lab work. The subscriber earns the rewards.	One per year	$25
SPOUSE	HEALTH ASSESSMENT: SPOUSE	Completion of the health assessment by a spouse covered under a Fairfax County health plan. The subscriber earns the rewards.	One per year	$25
SCREENING	CANCER SCREENINGS	Choice of 1 screening per year: -Colon cancer screening -Cervical cancer screening -Prostate cancer screening -Mammogram	One per year	$30
COACHING	TELEPHONIC HEALTH COACHING	Make progress toward a health goal, or achieve them with telephonic coaching, through Cigna and Kaiser Permanente.	Make progress toward one health goal per year. Achieve one health goal per year, in partnership with your coach.	$10 $30
ONLINE	OMADA	Complete at least 16 lessons of the Cigna Omada program. (for Cigna members)	One per year	$25
SELF	DENTAL EXAM*	Visit your dentist for a dental/oral examination.	Two per year	$5 each
SELF	VISION EXAM*	Visit an optometrist, ophthalmologist or other eye health professional for a vision exam.	One per year	$5
SELF	LIVEWELL WORKSHOPS & WEBINARS*	Participate in live classes, sponsored by LiveWell, online webinars or in-person workshops.	Workshops: 2 per year Webinars: 2 per year	$10 each $5 each
SELF	TOBACCO FREE PLEDGE*	Attest to being tobacco free (including smoking, vaping, smokeless tobacco, etc.).	One per year	$5

SELF REPORTED*

QUESTIONS? 703.324.4556, LIVEWELL@FAIRFAXCOUNTY.GOV

Motivate*Me* FAQ's

What is the purpose of Motivate*Me*?
Motivate*Me* 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 Motivate*Me* work?
Cigna subscribers track and manage their rewards through **mycigna.com**. Cigna participants are required to complete a physical with a primary care provider and Cigna's online health assessment annually to receive any rewards. **All activities must be completed and posted on mycigna.com by December 31, 2020.**

Kaiser Permanente subscribers must track their rewards using a paper "passport". The passport can be obtained by emailing LiveWell. Kaiser participants are required to complete Kaiser's total health assessment at **kp.org** every year. 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" must be scanned and emailed to LiveWell@fairfaxcounty.gov by December 31, 2020. Passports can also be mailed or delivered in-person to the LiveWell office at 12000 Government Center Parkway, Suite 270, Fairfax, VA 22035.**
All passports must be received by December 31.

How do I register?
Participants don't need to register for Motivate*Me*, specifically.
Subscribers to a Fairfax County health plan are automatically enrolled in the Motivate*Me* program.

Who can participate in Motivate*Me*?
Fairfax County Government employees and retirees who are over the age of 18 and subscribe to a County health plan (Cigna or Kaiser Permanente) are eligible to participate and earn rewards.

What activities are required to earn rewards?
There are two requirements to earn rewards. Participants must have an annual physical **AND** complete their health plan's online health assessment during the calendar year. **Points must be posted to the Motivate*Me* portal by December 31, 2020 or rewards will not be given.** Additional points and activities can be completed or tracked before the requirements are completed, but points will not be awarded until the physical and health assessment are completed and posted. Items marked with an asterisk are self-reported, through the MotivateMe portal or passport.* Participants can earn up to $200 per year.

Does a Medicare physical count toward the Motivate*Me* annual physical exam requirement?
Yes. Please send your explanation of benefits (EOB) showing your name, exam type, and date of exam to LiveWell@fairfaxcounty.gov no later than December 31. The Medicare physical or an annual physical that is billed through Cigna or Kaiser will qualify the annual physical requirement.

I had an annual physical this year, but haven't received credit for it. What should I do?
It can take up to 5 weeks for an annual physical to appear in the wellness portal. If it has been 5 weeks and you do not see the credit in your wellness portal, please contact **LiveWell@fairfaxcounty.gov**. *Tip: Let your health care provider know that the visit is a well visit when you schedule the exam and confirm the coding before you leave the office visit.*

Does an annual "well woman" exam through an OB/GYN count as a wellness visit?
No. The preventive exam must be completed through a primary care provider and is different from a well woman exam.

When, and how, do I receive my Motivate*Me* rewards?
Retirees will receive their rewards in their pension check within the first quarter of 2020.

Who can I contact with questions?
Please email **LiveWell@fairfaxcounty.gov** or call the LiveWell Coordinator at 703.324.4556.

LiveWell
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Medical

Retirees and their covered dependents who become eligible for Medicare due to age or disability are required to elect and maintain Medicare Part A and Part B at their earliest eligibility. To ensure you do not lose your county medical coverage, you should apply for Medicare three (3) months before your 65th birthday or qualified disability date.

Cigna OAP 90% and 80% Co-Insurance Plans

Each of these plans offer in- and out-of-network coverage and access to the Open Access Plus (OAP) Network. No referrals or PCP selection is required. Preventive services are covered at 100% and all other covered medical services are subject to a deductible. A deductible is the amount you pay each year for most eligible medical services before your health plan begins to share in the cost. After satisfying the deductible, participants are responsible for a co-insurance or a percentage of the bill. Participants in the 90% Co-Insurance Plan would be responsible for 10% of the negotiated rate for services they receive in-network. A service for $100 would cost 10% or $10.

For a lower premium, the 80% Co-Insurance Plan is available. After meeting the annual deductible, participants are responsible for a 20% co-insurance. A service for $100 would cost 20% or $20. Participants continue to pay co-insurances until they reach the out-of-pocket maximum. A Pharmacy Plan with separate deductible is included with both plans. See the At-A-Glance section of this guide for information, deductibles, out-of-pocket maximums and more.

Cigna MyChoice Plan (Open to Retirees under 65 and non-Medicare eligible)

This is a high deductible health plan. You will be required to meet the annual deductible prior to the plan covering your medical services or your prescriptions. The in-network deductible for 2020 is $1,400 for individuals and $2,800 for plans covering two or more people. The annual deductible in the MyChoice Plan is combined for both medical services and prescription drugs. Participants have access to in- and out-of-network services and pay co-insurances until they reach the out-of-pocket maximum. Not available for Medicare-eligible retirees.

This plan qualifies you to contribute to a Health Savings Account (HSA). It is important to note :

- Fairfax County Government does **not** contribute to retiree HSAs.
- Contributions to HSAs must be made directly to HSA Bank and cannot be made through Fairfax County Government or the Retirement Systems' payroll for retirees.
- If you choose to be enrolled in the MyChoice Plan along with another medical plan, you are **NOT** eligible to contribute to a Health Savings Account.
- For details on what can be covered by HSA funds, consult IRS Publication 502, www.irs.gov/publications/p502
- Contribution to an HSA without enrollment in a high deductible health plan is against IRS regulations. You cannot elect a Health Savings Account without enrollment in the MyChoice Plan.
- For more information concerning Health Savings Accounts, please contact HSA Bank at (800) 357-6246.

Kaiser Permanente HMO

This plan is a local medical center based HMO or Health Maintenance Organization for the Mid-Atlantic region. Participants pay co-pays for in-network services at Kaiser facilities only. From medical care to specialty treatment and wellness programs, most participant services are handled at one location. You don't even have to stop at the pharmacy on the way home, there is one on-site. With Kaiser, there are no out-of-network services allowed. PCP designation and referrals are required. Medicare participants are enrolled in Kaiser Permanente Medicare Advantage.

Cigna OAP Co-Pay Plan

This plan offers a co-pay structure or a flat fee for services that are in-network. There is no deductible for in-network services, but those seeking services with non-Cigna providers will have to meet an annual deductible and pay a co-insurance. This plan gives you access to the Open Access Plus (OAP) Network and requires no referrals or PCP selection. A Pharmacy Plan with separate deductible is included. This plan has the highest premium and is closed to new entrants.

This plan will be discontinued December 31, 2020

	In-Network	Out-of-Network
Primary Care Physician (PCP)	**$35 PCP co-pay; then Plan pays 100%**	Plan pays 70% co-insurance after plan deductible is met
Specialty Care	**$70 Specialist co-pay; then Plan pays 100%**	Plan pays 70% co-insurance after plan deductible is met
Annual Deductible	$0	$400 Individual/$800 Family
Annual Out-of-Pocket Limit	$3,000 Individual/$6,000 Family	$6,000 Individual/$12,000 Family
Preventive Care - All Ages Routine Preventive Care, Immunizations, Mammogram, PAP, PSA Tests	Plan Pays 100%	**Through age 17:** Plan pays 70% co-insurance, no plan deductible **Ages 18 and above:** Plan pays70% co-insurance after deductible is met
Inpatient Hospital Facility	$300 per admission co-pay then Plan pays 100% co-insurance	Plan pays 70% co-insurance after plan deductible is met
Outpatient Hospital Facility	**$75 per facility visit co-pay, then Plan pays 100% co-insurance**	Plan pays 70% co-insurance after plan deductible is met
Outpatient Professional Service	Plan pays 100% co-insurance	Plan pays 70% co-insurance after plan deductible is met
Chiropractic Care	**$35 per visit; then Plan pays 100%**	Plan pays 70% co-insurance after plan deductible is met. Max 12 visits per year.
Hearing Aids	Plan pays 100% Maximum benefit is $2,800 every 36 months	Plan pays 100% Maximum benefit is $2,800 every 36 months
Emergency Room	$150 per visit (co-pay waived if admitted); then Plan pays 100%	$150 per visit (co-pay waived if admitted); then Plan pays 100%
Urgent Care Facility	$50 per visit (co-pay waived if admitted);	$50 per visit (co-pay waived if admitted); then Plan pays 100%
TMJ, Surgical and NonSurgical (Physician's Office)	**$35 PCP or $70 Specialist co-pay; then Plan pays 100%**	Plan pays 70% co-insurance after plan deductible is met
Mental Health & Substance Abuse Treatment (In-Patient)	$300 per admission co-pay, then Plan pays 100% co-insurance	Plan pays 70% co-insurance after plan deductible is met
Annual Prescription Drug Deductible	$75 Individual/$150 Family	
Annual RX Out-of-Pocket Limit	$2,000 Individual/$4,000 Family	
NOTE: Diabetic Medications and Supplies are free for participants in all Cigna managed plans when the prescription is filled via home delivery pharmacy or at a retail pharmacy	**Retail – 30 day supply** $7 co-pay Generic 20% Preferred Brand (max. $50) 30% Non-preferred (max. $100) **Retail – 90 day supply** Only at ***Cigna 90 Now*** Pharmacies **Home Delivery – 90 day supply** $0 co-pay Generic Maintenance Medications; $14 co-pay Generics non-maintenance 20% Preferred Brand (max. $100) 30% Non-preferred (max. $200)	Retail – You pay 30% after Pharmacy deductible Home Delivery – Not Covered

	CIGNA OAP MyChoice CDHP with HSA *Only for Participants under 65*		CIGNA OAP 90%
	In-Network	**Out-of-Network**	**In-Network**
Primary Care Physician (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
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
Annual Deductible	$1,400 Individual* $2,800 Family*	$2,800 Individual* $5,600 Family*	$350 Individual $700 Family
Annual Out-of-Pocket Limit	$4,500 Individual $9,000 Family	$9,000 Individual $18,000 Family	$2,500 Individual $5,000 Family
Preventive Care - All Ages Routine Preventive Care, Immunizations, Mammogram, PAP, PSA Tests	Plan Pays 100%	**Through age 17:** Plan pays 70% co-insurance, no plan deductible **Ages 18 and above:** Plan pays70% co-insurance after deductible is met	Plan Pays 100%
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
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
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
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
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
	Max benefit is $2,800 every 36 months	Max benefit is $2,800 every 36 months	Max benefit is $2,800 every 36 months
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
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
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
Annual Prescription Drug Deductible	Medical and Prescription Drug deductible combined		$75 Individua
Annual RX Out-of-Pocket Limit	Medical and Prescription Drug limit combined		$2,000 Individu
NOTE: Diabetic Medications and Supplies are free for participants in all Cigna managed plans when the prescription is filled via home delivery pharmacy or at a retail pharmacy	**Retail – 30 day supply** $4 co-pay Generic Preventive Drugs (deductible waived) $4 co-pay Generic 20% Preferred Brand (max. $50) 35% Non-preferred (max. $100) **Retail – 90 day supply** Only at ***Cigna 90 Now*** Pharmacies **Home Delivery – 90 day supply** $0 co-pay Generic Preventive Drugs (deductible waived) $8 co-pay Generic 20% Preferred Brand (max. $100) 35% Non-preferred (max. $200)	Retail – You pay 30% after deductible Home Delivery – Not Covered	**Retail – 30 day supply** $7 co-pay Generic 20% Preferred Brand (max. $50) 30% Non-preferred (max. $100) **Retail – 90 day supply** Only at ***Cigna 90 Now*** Pharmacies **Home Delivery – 90 day supply** $0 co-pay Generic Maintenance Medications; $14 co-pay Generics non-maintenance 20% Preferred Brand (max. $100) 30% Non-preferred (max. $200)

Co-Insurance Plan	CIGNA OAP 80% Co-Insurance Plan		Kaiser Permanente HMO
Out-of-Network	**In-Network**	**Out-of-Network**	**In-Network - Local**
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 No Charge for Children under 5
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
$700 Individual $1,400 Family	$500 Individual $1,000 Family	$1,000 Individual $2,000 Family	$0
$5,000 Individual $10,000 Family	$3,000 Individual $6,000 Family	$6,000 Individual $12,000 Family	$3,500 Individual $9,400 Family
Through age 17: Plan pays 70% co-insurance, no plan deductible **Ages 18 and above:** Plan pays70% co-insurance after deductible is met	Plan Pays 100%	**Through age 17:** Plan pays 60% co-insurance, no plan deductible **Ages 18 and above:** Plan pays60% co-insurance after deductible is met	No Charge
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
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 visit
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 visit
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; Annual limit 20 visits
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 $2,800 every 36 months	Max benefit is $2,800 every 36 months	Max benefit is $2,800 every 36 months	
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)
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 visit
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
al/$150 Family	$75 Individual/$150 Family		Kaiser-Pharmacy – 30 day supply $10 Generic $20 Preferred Brand $35 Non-preferred Brand Community Pharmacy – 30 day supply $20 Generic $40 Preferred Brand $55 Non-Preferred Brand Mail Order – 90 day supply $20 Generic $40 Preferred Brand $70 Non Preferred Brand
al/$4,000 Family	$2,000 Individual/$4,000 Family		
Retail – You pay 30% after Pharmacy deductible Home Delivery – Not Covered	**Retail – 30 day supply** $7 co-pay Generic 20% Preferred Brand (max. $50) 30% Non-preferred (max. $100) **Retail – 90 day supply** Only at ***Cigna 90 Now*** Pharmacies **Home Delivery – 90 day supply** $0 co-pay Generic Maintenance Medications; $14 co-pay Generics non-maintenance 20% Preferred Brand (max. $100) 30% Non-preferred (max. $200)	Retail – You pay 30% after Pharmacy deductible Home Delivery – Not Covered	

Vision Insurance

Welcome to Fairfax County Government EyeMed. Beginning January 1, 2020, employees, retirees and their families will have a new Vision Care Program provider. As one of America's fastest growing vision benefit providers, EyeMed offers an enhanced benefit to those enrolled in a Fairfax County Government medical plan. All subscribers will receive a Welcome Packet at thier home address with additional information on the new plan, in-network doctors near them, and two cards to access vision care services.

This is a new program and new vendor partner. Some participants in our Vision Care Program may find that their current eye care provider is no longer in-network. This plan offers out-of-network benefits, however, we highly encourage everyone to seek in-network services. For more information on this plan or to find an in-network provider in EyeMed's Insight Network, visit www.eyemed.com.

Enhanced Benefits

- In-network, preventive eye exams, $0 Co-Pay.
- Retinal Imaging and other added benefits for members diagnosed with diabetes, $0 Co-Pay.
- Standard and Premium Anti-Reflective Coating In-Network, $0 Co-Pay.
- Annual benefit of frames, lenses AND contact lenses.
- Insight Network includes retailers like Target Optical, LensCrafters, MyEyeDr, America's Best, Pearle Vision, JC Penney and Sears Optical.
- Convenient online shopping. Apply EyeMed benefits in your shopping cart at many popular online eyewear stores, with free shipping, free returns and no paperwork. In-Network online stores include: LensCrafters, Target Optical, Glasses.com, ContactsDirect, and Ray-Ban.
- 40% off a complete second pair of glasses, or 20% off your balance, for frames, lenses, or lens options even after you've maxed out your benefits.
- $20 off contact lenses from ContactsDirect.com.

For more information, or to find an in-network provider, visit www.eyemed.com or call their Open Enrollment line at (866) 804-0982.

Fairfax County

Additional discounts

40% OFF
Complete pair of prescription eyeglasses

20% OFF
Non-prescription sunglasses

20% OFF
Remaining balance beyond plan coverage

These discounts are not insured benefits and are for in-network providers only

Take a sneak peek before enrolling

- You're on the INSIGHT Network
- For a complete list of in-network providers near you, use our Enhanced Provider Locator on eyemed.com or call 1.866.804.0982.
- For LASIK providers, call 1.877.5LASER6.

SUMMARY OF BENEFITS

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	$0 Co-pay	Up to $40
Retinal Imaging	Up to $39	N/A
Frames	$0 Co-pay, $150 Allowance, 20% off balance over $150	Up to $50
Standard Plastic Lenses		
Single Vision	$0 Co-pay	Up to $50
Bifocal	$0 Co-pay	Up to $75
Trifocal	$0 Co-pay	Up to $100
Lenticular	$0 Co-pay	Up to $150
Standard Progressive Lens	$50 Co-pay	Up to $75
Premium Progressive Lens[Δ]	$80 Co-pay - $175 Co-pay	
Tier 1	$80 Co-pay	Up to $75
Tier 2	$90 Co-pay	Up to $75
Tier 3	$105 Co-pay	Up to $75
Tier 4	$175 Co-pay	Up to $75
Lens Options		
UV Treatment	$12 Co-pay	Up to $5
Tint (Solid and Gradient)	$12 Co-pay	Up to $5
Standard Plastic Scratch Coating	$0 Co-pay	Up to $5
Standard Polycarbonate	$30 Co-pay	Up to $5
Standard Polycarbonate–Kids under 19	$0 Co-pay	Up to $5
Standard Anti-Reflective Coating	$0 Co-pay	Up to $5
Premium Anti-Reflective Coating	$0 Co-pay	Up to $5
Photochromic/Transitions	$65	Up to $5
Polarized	20% off retail	N/A
Other Add-Ons and Services	20% off retail	N/A
Contact Lens Fit and Follow-Up (Contact lens fit and follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-Up	Up to $40	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail price	N/A
Contact Lenses (Contact lens allowance includes materials only.)		
Conventional	$0 Co-pay, $150 Allowance, 15% off balance over $150	Up to $140
Disposable	$0 Co-pay, $150 Allowance; plus balance over $150	Up to $140
Medically Necessary	$0 Co-pay, paid-in-full	Up to $225
Laser Vision Correction		
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Hearing Care		
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and a low price guarantee on discounted hearing aids	N/A
Frequency		
Examination	Once every 12 months	
Lenses	Once every 12 months	
Contacts	Once every 12 months	
Frame	Once every 12 months	

Benefits Snapshot

	With EyeMed	Out-of-Network Reimbursement
Exam, with dilation as necessary (once every 12 months)	**$0 Co-pay**	Up to $40
Frames (once every 12 months)	**$0 Co-pay, $150 Allowance; 20% off balance over $150**	Up to $50
Single Vision Lenses (once every 12 months)	**$0 Co-pay**	Up to $50
or		
Contacts (once every 12 months)	**$0 Co-pay, $150 Allowance; plus balance over $150**	Up to $140

INDEPENDENT PROVIDER NETWORK + LensCrafters · Pearle Vision · Target Optical · Sears Optical

Dental Insurance

Delta Dental of Virginia				
Plan Benefit Design			**General Plan Information**	
Annual Deductible			$50 /$150	$50 per person, $150 per family, per calendar year.
Annual Benefit Maximum			$2,000	Per enrollee, per calendar year. Preventive care expenses do not count toward the annual benefit maximum.
Orthodontic Lifetime Maximum			$2,000	Per eligible covered dependent child.
Coverage	**In-Network**		**Out-of-Network**	**Benefit Limitations**
	PPO	**Premier**		
Diagnostic and Preventive Care	100%	100%	80%	Exempt from the deductible. No benefit waiting period.
Oral exams and cleanings				Twice each calendar year.
Fluoride applications				Twice each calendar year under the age of 19.
Bitewing/vertical bitewing X-rays				Once each calendar year, limited to posterior teeth.
Full mouth/panelipse X-rays				Limit of one in a 5-year period.
Space maintainers				One per quadrant, per arch under the age of 14.
Sealants				Under the age of 19, with limitations.
Healthy Smile, Healthy You ® Program				Pregnant, diabetic and members with certain high-risk cardiac conditions are entitled to an additional cleaning and exam.
Basic Dental Care	90%	80%	80%	Deductible applies. No benefit waiting period.
Amalgam (silver) and composite (white) fillings				One per surface in a 24-month period
Stainless steel crowns				Primary (baby) teeth for enrollees under the age of 14.
Denture repair and re-cementation of crowns, bridges and dentures				Once in a 12-month period.
Simple extractions				
Other Basic Dental Care	60%	50%	50%	Deductible applies. No benefit waiting period.
Endontic services/root canal therapy				Retreatment only after 24 months from initial root canal therapy treatment.
Periodontics services				Once per quadrant in a 24-36 month period based on services rendered.
Complex Oral Surgery				Surgical extractions and other surgical procedures.
Major Dental Care	60%	50%	50%	Deductible applies. No benefit waiting period.
Crowns				Once per tooth every 7 years for enrollees age 12 and older.
Prosthodontics				Once every 7 years for enrollees age 16 and older.
Implants				Once per site for enrollees age 16 and older.
TMJ				Occlusal orthotic device.
Orthodontic services	50%	50%	35%	For dependent children through the end of the month they reach age 19.

Group Term Life Insurance

Fairfax County Government offers reduced group term life insurance to retirees who have maintained their coverage into retirement. This coverage is provided by the Standard Insurance Company, a leading provider of both life and disability insurance across the nation. The plan provides group term life insurance (no cash value from which to borrow) and includes United Healthcare Global, a program designed to respond to most medical care situations and emergencies when traveling more than 100 miles from home.

Benefit Reductions

Coverage reduces to 65% of the original face value when you turn 65 or retire, whichever comes first. Coverage then reduces to 30% of the original face amount at age 70. Reductions in coverage take effect the first of the month following the reduction event. Retirees may reduce their coverage to a flat $12,500 at any time.
Upon turning age 80, a retired member who has continued coverage will have the following options:

- If the amount of Basic Life Insurance is $12,500 or less, the member may keep the full amount of Life Insurance, and Fairfax County will pay the entire cost of insurance.
- If the amount of Basic Life Insurance is greater than $12,500, the member may keep the full amount of Basic and Optional Life Insurance. Fairfax County Government will pay the cost of the Basic Life Insurance and the retiree will pay the cost of the Optional Life Insurance. OR the retiree can elect to reduce the amount of coverage to $12,500 and the full cost will be paid for by Fairfax County Government.

Don't Miss This

Portability of this benefit is now available to age 75. Dependent Life premiums for retirees who maintained coverage has decreased for 2020.

Spouse and Dependent Life Insurance

Employees who elected and maintained spouse and dependent coverage can continue that same coverage into retirement. Two dependent life insurance options are available, High and Low.

Note: Spouse Life insurance cannot exceed the amount in effect for the retiree. If you are currently enrolled in the High Option Dependent Life Insurance with a Life Insurance benefit for yourself of under $12,500 or, a scheduled reduction which decreases the coverage below $12,500, spouse life insurance will be reduced to $10,000.

	Spouse	Child	Rate/Month
Option 2	$15,000	$10,000	$2.64
Option 1	$10,000	$5,000	$1.32

Who to Contact

General Assistance

Benefits & LiveWell	HR Central	(703) 324-3311	hrcentral@fairfaxcounty.gov

Cigna managed Medical Plans

Vendor Partner	Cigna	(800) 244-6224	www.mycigna.com
On-Site Help Desk	Keisha Lewis	(703) 324-2446	keisha.lewis@cigna.com
Home Delivery RX	Cigna	(800) 835-3784	www.mycigna.com
RX for Members 65+	HealthSpring	(800) 558-9562	

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

On-Site Help Desk	Marie Canterbury	(703) 324-4995	Fairfax457@troweprice.com
On-Site Help Desk	Kelli Parris	(703) 324-4995	Fairfax457@troweprice.com
Vendor Partner	T. Rowe Price	(888) 457-5770	rps.troweprice.com

Dental Plan

Vendor Partner	Delta Dental	(800) 237-6060	www.deltadentalva.com

Health Savings Accounts

Vendor Partner	HSA Bank	(800) 357-6246	www.mycigna.com or www.hsabank.com

Kaiser Permanente

Retirees Under 65	Kaiser Permanente	(301) 468-6000	www.kp.org
Retirees with Medicare	Kaiser with Medicare	(888) 777-5536	

Life Insurance and Long Term Disability

On-Site Help Desk	Lonna Owens	(703) 324-3351	lonna.owens@standard.com
Vendor Partner	The Standard	(800) 628-8600	www.standard.com

Vision Care Program

Open Enrollment Line	EyeMed	(866) 804-0982	www.eyemed.com
Member Services	EyeMed	(866) 800-5457	www.eyemed.com

Miscellaneous, Non-DHR Contacts

Defined Benefit/Pension	Retirement Systems	(703) 279-8200	retirementquestions@fairfaxcounty.gov
Medicare	Medicare	(800) 633-4227	www.medicare.gov
Fairfax County Public Schools (FCPS)		(571) 423-3000	

IMPORTANT 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)

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 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.

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 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 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.

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
- 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 users should call 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 or call them at 1-800-772-1213 (TTY 1-800-325-0778).

2020 Health and Dental Premiums

Open Enrollment: October 15 - November 22, 2019

Benefit Plan	Total Monthly Premium (without Subsidy)
Cigna OAP Co-Pay Plan (Plan Closed to New Entrants)	
Individual	$873.68
Individual with Medicare	$603.34
2 Individuals	$1,703.53
2 Individuals - 1 with Medicare, 1 without	$1,468.98
2 Individuals with Medicare	$1,192.68
Family	$2,542.38
Family - 1 with Medicare	$2,395.33
Family - 2 with Medicare	$2,232.97
Family - 3 with Medicare	$2,070.62
Cigna OAP 90% Co-Insurance Plan	
Individual	$746.08
Individual with Medicare	$522.09
2 Individuals	$1,466.13
2 Individuals - 1 with Medicare, 1 without	$1,268.77
2 Individuals with Medicare	$1,043.95
Family	$2,156.60
Family - 1 with Medicare	$2,012.90
Family - 2 with Medicare	$1,867.03
Family - 3 with Medicare	$1,721.16
Cigna OAP 80% Co-Insurance Plan	
Individual	$532.32
Individual with Medicare	$369.05
2 Individuals	$1,037.93
2 Individuals - 1 with Medicare, 1 without	$898.12
2 Individuals with Medicare	$729.85
Family	$1,549.27
Family - 1 with Medicare	$1,448.93
Family - 2 with Medicare	$1,334.67
Family - 3 with Medicare	$1,220.41
Cigna MyChoice Plan - Non-Medicare Participants Only	
Individual	$475.09
2 Individuals	$926.23
Family	$1,382.65
Kaiser Permanente HMO	
Individual	$668.41
Individual with Medicare	$317.41
2 Individuals	$1,302.76
2 Individuals - 1 with Medicare, 1 without	$951.66
2 Individuals with Medicare	$633.64
Family	$1,938.43
Family - 1 with Medicare	$1,587.33
Family - 2 with Medicare	$1,269.31
Family - 3 with Medicare	$951.29
Delta Dental PPO	
Individual	$43.53
2 Individuals	$82.24
Family	$135.53

To request this information in an alternate format or for reasonable ADA accommodations, please call HR Central at 703-324-3311 (TTY 711)

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