2021 Medical & Dental Premiums

- For Plan Year 2021, premiums for all benefits, except Long Term Disability and Dependent Life will be deducted on a bi-weekly, pre-tax basis over 27 pay periods. Contributions to tax-advantaged accounts, such as Flexible Spending Accounts and Health Savings Accounts, will be made bi-weekly over 26 pay periods during the calendar year.
- All pre-tax benefits offered under Fairfax County Government's Cafeteria Plan, are subject to Section 125 of the IRS Code and can only be changed mid-year as a result of a qualifying event. If you experience a qualifying event, you must provide documentation substantiating said event and make notification of the event to the Benefits Division within 30 calendar days.
- Deductions for IRS sanctioned contributions to a Flexible Spending Account or Health Savings Account are based on calendar year and not on Fairfax County Government's payroll schedule. Deduction cycles may vary.
- Part Time premiums apply to benefit-eligible employees (merit) hired after July 3, 2009, scheduled to work 30 hours or less per week and all Status E employees.
- Part Time premium rate for Individual coverage in the OAP 80% Co-insurance Plan has been adjusted to comply with the Affordable Care Act (ACA).

		Full Time Employees			Part Time Employees	
	Total Monthly Premium	County Bi-Weekly Share	Employee Bi-Weekly Share	Employee Annual Premium	County Bi-Weekly Share	Employee Bi-Weekly Share
OAP 90% Co-Insurance Plan, managed by CIGNA with EyeMed Vision Care Program						
Individual	$761.09	$286.84	$51.42	$1,388.34	$143.42	$194.84
Employee+Child(ren)	$1,446.77	$480.33	$162.68	$4,392.36	$240.16	$402.84
Employee+Spouse	$1,596.12	$529.91	$179.48	$4,845.96	$264.96	$444.43
Family	$2,282.84	$757.90	$256.69	$6,930.63	$378.95	$635.64
OAP 80% Co-Insurance Plan, managed by CIGNA with EyeMed Vision Care Program						
Individual	$564.07	$213.09	$37.60	$1,015.20	$213.09	$37.60
Employee+Childr(en)	$1,072.44	$357.48	$119.16	$3,217.32	$178.74	$297.90
Employee+Spouse	$1,182.41	$394.14	$131.38	$3,547.26	$197.07	$328.45
Family	$1,691.80	$563.93	$187.98	$5,075.46	$281.97	$469.94
MyChoice CDHP, managed by CIGNA with EyeMed Vision Care Program						
Individual	$494.05	$186.64	$32.94	$889.38	$93.32	$126.26
Employee+Child(ren)	$939.38	$313.13	$104.38	$2,818.26	$156.56	$260.94
Employee+Spouse	$1,035.38	$345.13	$115.04	$3,106.08	$172.56	$287.60
Family	$1,481.68	$493.89	$164.63	$4,445.01	$246.95	$411.58
Kaiser Permanante HMO with EyeMed Vision Care Program						
Individual	$670.62	$253.05	$45.00	$1,215.00	$126.52	$171.53
Employee+Child(ren)	$1,274.90	$423.84	$142.79	$3,855.33	$211.92	$354.71
Employee+Spouse	$1,406.17	$467.48	$157.49	$4,252.23	$233.74	$391.23
Family	$2,011.45	$668.69	$225.28	$6,082.56	$334.35	$559.63
Delta Dental of Virginia						
Individual	$43.53	$9.68	$9.67	$261.09	$4.84	$14.51
Two-Party	$82.24	$18.28	$18.28	$493.56	$9.14	$27.41
Family	$135.53	$30.12	$30.12	$813.24	$15.06	$45.17