



BENEFIT GUIDE

Newly Hired Fairfax County Employees

2019 Plan Year



Welcome to Fairfax County

Welcome to Fairfax County Government! We are happy you have decided to make Fairfax County your employer of choice.

The county's benefit programs are an important part of your total compensation. You will quickly need to make important decisions regarding coverage for you and your family. Enrollment in many of the county programs is not automatic. You must take action by certain dates to ensure you are enrolled in the plans of your choice.

In this guide you will find a brief summary of the benefits offered to you. You are encouraged to attend the required New Employee Orientation Part II: Your Benefits as a County Employee. Information on times and dates are listed on EmployeeU.

More detailed information on individual programs is available on FairfaxNet.

What You Need To Know

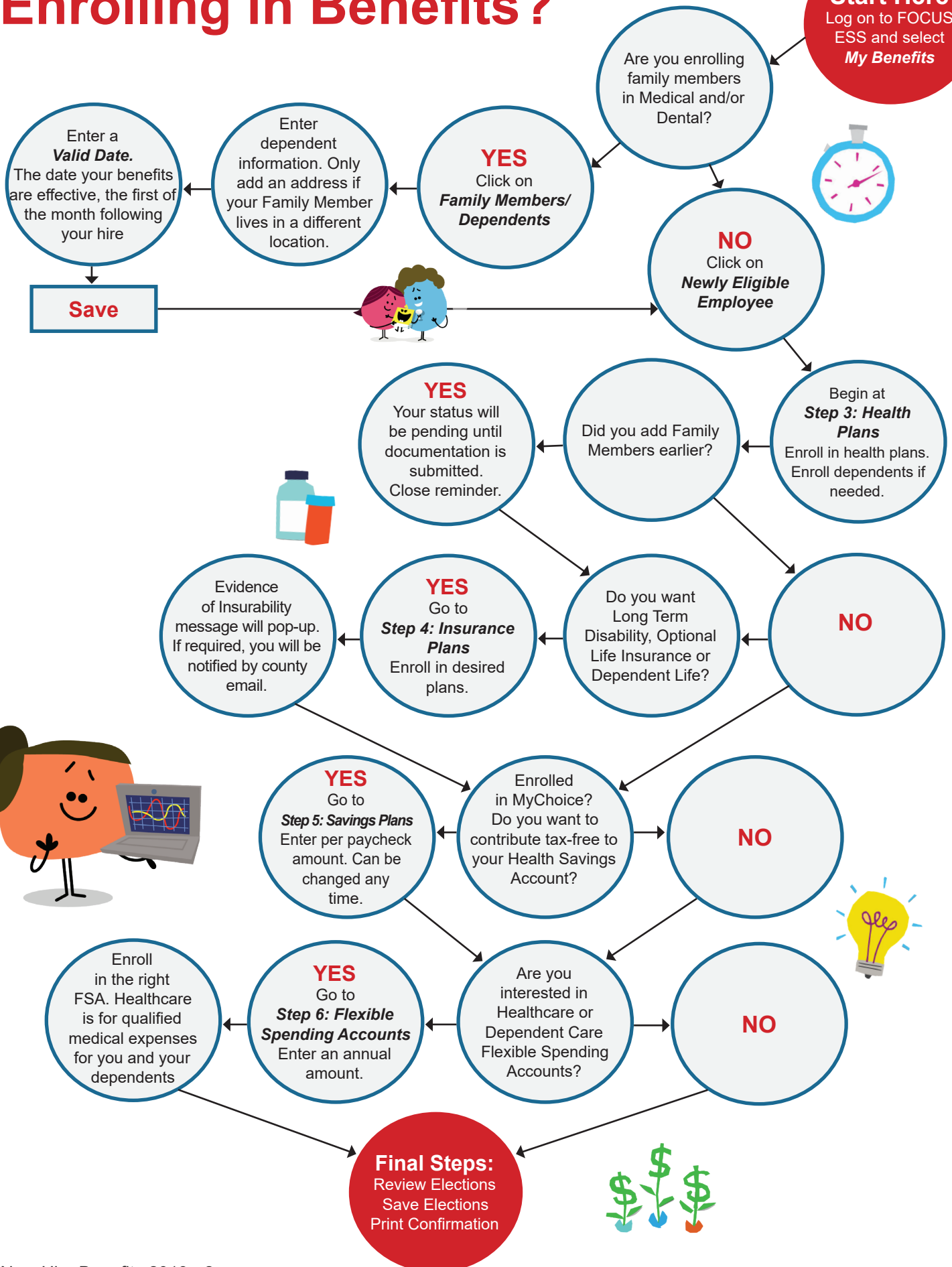
- Newly hired employees must enroll in benefits using FOCUS Employee Self Service (ESS) within 30 calendar days of their hire date.
- Once your initial 30-day enrollment window has passed, you are not permitted to make changes to your elections until the county's annual Open Enrollment period, or as a result of certain qualifying events.
- For enrollment in some benefits, such as life insurance and long term disability, you may be required to submit Evidence of Insurability (EOI) before your coverage will be approved.
- If you are adding dependents, a spouse or children, to your medical or dental plans, you will be required to submit proof of eligibility to the Benefits Division. Examples of acceptable documentation include: marriage certificate, birth certificate, and/or adoption paperwork.
- When using FOCUS remember to save your elections and print a confirmation. No changes or corrections are permitted without a printed benefits confirmation.
- It is the employee's responsibility to notify the Benefits Division of changes in their family status or of any mid-year qualifying events that effect their coverage within 30 calendar days of the event.
- Status E and Part-time Non-Merit Benefits eligible employees are eligible to participate in the Fairfax County Deferred Compensation Plan but are not auto-enrolled into the plan.

Select Topic

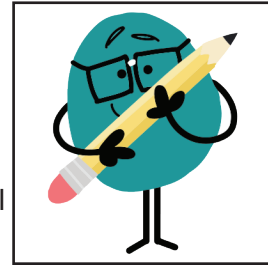
At-A-Glance	8
Deferred Comp/457	19
Defined Benefit	19
Dental	17
EAP	20
Enrollment Checklist	3
Federal Notices	21
Flex Spending	13
HSAs	14
Important Terms	5
Life Insurance	18
LiveWell	4
Long Term Disability	18
Medical Plans	7
MotivateMe	10
Premiums	24
Qualifying Events	6
Quick Contacts	20
TeleHealth	7
Vision	16

Enrolling in Benefits?

Start Here
Log on to FOCUS
ESS and select
My Benefits



Enrollment Checklist



- NEO - Attend New Employee Orientation Part II (NEO). This mandatory county training reviews the benefits available to you and where to find additional resources. A session is offered every other Wednesday to ensure you are able to enroll in your benefits before the 30 calendar day deadline. Find dates and times on EmployeeU. If you are not able to sign-up via EmployeeU, contact HR Central and ask for assistance (703) 324-3311 or HRCentral@fairfaxcounty.gov
- Be An Informed Consumer - Review available resources thoroughly. Read the benefits information available to you in this Enrollment Guide, visit the Benefits Page on FairfaxNet or watch one of our benefit videos.
- ALEX - Use our benefits comparison tool at www.myalex.com/fairfaxcounty/2019 ALEX is one of the best resources available to you. This tool is not behind the county firewall meaning it can be viewed from any computer, tablet or smartphone 24 hours a day.
- Enroll - To elect coverage under any of the following benefits: medical (includes vision), dental, Flexible Spending Accounts, optional life insurance, and long term disability, enrollment must be completed using FOCUS ESS in your first 30 calendar days of employment.
- Confirm - When you enroll using FOCUS ESS you must save your changes. Then, **print** a confirmation. The confirmation will be your receipt.
- Flexible Spending Accounts or FSAs - Pay close attention to which type of account you select. Dependent Care FSAs are for expenses such as daycare and summer camp, not the medical expenses of your dependents.
- Pre-Tax Contributions - Check your contribution amounts when enrolling in a FSA, Enter the amount you want to contribute for the entire year. When enrolling in MyChoice and the Health Savings Account, enter the per pay period contribution amount.
- Who's getting your money? - Remember to complete and submit your beneficiary information for: Life Insurance, Retirement/Pension and Deferred Compensation/457. **This cannot be done on FOCUS ESS.**
- Documentation - Did you add a dependent to one of your benefits? If so, you will need to provide proof of eligibility to the Benefits Division.
- Check your email - Remember to keep up with your county email regularly. This is how you will receive updates or follow-ups from the Benefits Division.



Mission

LiveWell cultivates a culture of wellbeing that empowers, educates and engages Fairfax County employees and retirees to make life-long choices that promote total wellbeing—physical, mental, emotional, social, spiritual and financial.



Total Wellbeing

LiveWell is not just about physical health--it is about total wellbeing. We offer special events around a variety of health topics, like the Work-Out of the Darkness and Employee Field & Fitness Day. Plus, ongoing programs such as Weight Watchers at Work, workshops, and webinars.



Employee Fitness & Wellness Center

The Employee Fitness & Wellness Center, located at the Government Center, offers health and fitness services for employees and their family members. Members of all levels of fitness and experience are welcome. The fitness center features state of the art equipment, personal training, locker rooms, flexible morning and evening hours, and more than 15 group fitness classes per week. The Fitness Center also hosts special events throughout the year, such as table tennis tournaments, flag football and soccer games, and more!



LiveWell Ambassadors

LiveWell Ambassadors are a team of over 50 county employees who volunteer to promote wellbeing and LiveWell resources within their department. Ambassadors represent over 30 agencies and serve for 2 years. Get to know your department's ambassador, and consider becoming an ambassador yourself!



Additional Resources

Fairfax County employees and retirees have access to a tremendous number of free resources through Cigna, Kaiser Permanente, T. Rowe Price, Cigna EAP, and other benefit partners. Programs like online and telephonic coaching, confidential EAP counseling, financial and legal guidance, and Omada for Cigna are great resources to help you work toward your wellbeing goals.



Stay in Touch

LiveWell shares updates through NewsLink articles, posters, a blog, Ambassadors, monthly newsletter and emails to a listserv. To join the listserv, email LiveWell@fairfaxcounty.gov.



Programs & Resources

- MotivateMe Incentives
- Employee Fitness & Wellness Center
- Weight Watchers at Work
- Flu Vaccines
- Biometric Screenings
- On-Site Health Coaching
- Workshops and Webinars
- RECenter Discounts
- Blood Drives
- Online Challenges


Special Events

- Employee Field & Fitness Day
- County Exec Trek
- Work-Out of the Darkness
- Wellbeing Expos
- Health Fairs
- Parenthood Event
- Outreach Events
- Department Workshops
- Fitness Center Events

Important Terms

Beneficiary, Primary - The person(s) named to be first in line to receive life insurance proceeds after the death of an insured employee. (The Primary Beneficiary for life insurance should not be a minor child.)

Beneficiary, Contingent - The person(s) named to receive life insurance proceeds in the event the primary beneficiary passes away before, or at the same time as, the insured employee.

Cigna Care Designation - Cigna reviews doctors in 22 different medical specialties for quality health outcomes and cost-efficient care. The top performers earn the Cigna Care Designation. Find these top-performing doctors on myCigna.com and look for this symbol:  Cigna Care Designation

Cigna Center of Excellence - A hospital that has earned a top rating for cost and health outcomes for at least one of 27 common inpatient conditions and procedures, like heart conditions, hip replacements and surgeries. Cigna participants can easily find Centers of Excellence by looking for the label on myCigna.com.

Cigna One Guide – Cigna's One Guide Service gives members personalized customer service and one-on-one support. Whether it's finding a provider, exploring ways to improve your health or just better understanding your plan, One Guide offers specialized support and cost-saving guidance. Access One Guide via app, chat, online or phone.

Co-Insurance – The percentage of the charge or plan allowed expense for a service rendered by a healthcare provider. For example, if the insurance company covers 80% of the allowable charge you would be required to cover the remaining 20% as co-insurance.

Co-Payment – A specific charge the health insurance plan requires you to pay for a specific medical service or supply. Also referred to as a “co-pay”.

Deductible – A set dollar amount the insurance company requires the insured employee to pay out-of-pocket before the health insurance plan will make payments for eligible claims. This can be a timeframe such as an annual deductible or per visit like a hospital in-patient deductible.

Emergency Medical Condition – An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

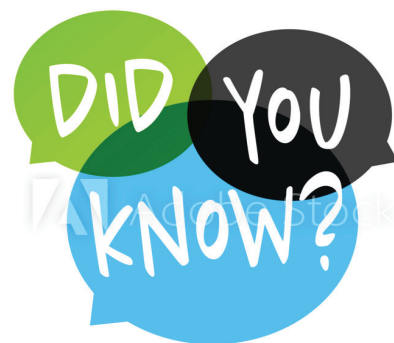
Medically Necessary - Healthcare services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease or its symptoms and that meet acceptable standards of medicine.

Out-of-Pocket Maximum - A predetermined and limited amount of money that an individual must pay out of their own pocket, before the insurance plan will pay 100 percent for the individual's health care expenses for the balance of the plan year.

Preventive Care – Care received to prevent illnesses or diseases, as identified by the American Medical Association. Services such as annual screenings and immunizations provided at no cost to help you and your family stay healthy.

Primary Care Physician or Provider (PCP) – A physician who qualifies as a participating provider in general practice, internal medicine, family practice or pediatrics and who has been selected by you to provide or arrange for medical care for you and any of your insured dependents.

Urgent Care Center – A medical, health care service or testing facility which is not for emergency services but is determined to have been necessary to treat a condition requiring prompt medical attention.



It's Your Choice

The following pages will give an overview of the benefits offered by Fairfax County for plan year 2019, including medical, dental, life, long-term disability, flexible spending accounts, health savings accounts and more. More detailed information can be found online, at our Open Enrollment meetings and Health Fairs. And don't forget about ALEX, our benefits comparison tool. ALEX can help you review medical plans, estimate life insurance and save you money. The best part about ALEX is that it can be anywhere you are. ALEX is mobile and can be used by a spouse, friend or financial advisor. ALEX's web address is: www.myALEX.com/fairfaxcounty/2019



Who Can Be Covered

You have the option of covering eligible dependents on your health and life insurance plans.

- Spouses, as recognized by the Commonwealth of Virginia. To verify eligibility, a copy of your marriage certificate, or the top page of last year's tax form showing you have filed as married will be required.
- Children, step-children, adoptive children or any child with which you have been granted legal custody through the courts, that is under the age of 18. A copy of the child's birth certificate or appropriate court documents will be required.

Health Insurance Orders

The county is required to enroll qualified dependent(s) listed on court issued Qualified Medical Support Orders into your county-sponsored health plan. If you are not enrolled in a plan when we receive an order, you may choose a health plan or you will be enrolled with any named dependent(s) into the Cigna 80% Co-Insurance Plan.

Prior Authorization/Pre-Certification

Cigna helps you access the right care, at the right time, and in the right setting. With pre-certification, you know in advance whether a procedure, treatment or service will be covered under your health plan. Call Cigna to see if an upcoming procedure, like advanced imaging, short-term rehabilitative therapies, or infertility treatment, requires a pre-authorization. Remember that for in-network services, your doctor can help you with pre-certification. It could save you time and money.

Qualifying Events - It's Your Responsibility

Qualifying Events are special circumstances, like changes in your family status, your job, or the job of your spouse, that allow you the opportunity to add or change your benefit elections during the plan year. (A list of qualified events can be found on the Benefits Page of FairfaxNet) If you experience a qualifying event, and need to make a mid-year change to your benefits, it is your responsibility to notify DHR Benefits Division within 30 calendar days of the event. These changes cannot be made in FOCUS or by your agency.

Failure to notify the Benefits Division within 30 days of a qualifying event, or to provide documentation of the event, will result in no change to your current benefits. Your dependents could be left with no coverage until the next open enrollment.

If you are thinking about expanding your family, check out LiveWell's Parenthood Event. This quarterly program is open to employees and their significant others. Join us and learn more about leave programs, FMLA, medical benefits, the Employee Child Care Center, and more. Sign-up in EmployeeU.

Medical Plans

The Benefit's Division often hears, "I am in the *best* plan" or "I want the *best* plan". But the *best* plan is different for everyone. Fairfax County offers a wide variety of plan options which allow you to choose a plan that is appropriate for you. And remember, just because a plan has a deductible or a lower premium does not mean you are getting sub-par service. For more information on all of the plans, visit the Benefits Page on FairfaxNet.

CIGNA Managed OAP 90% Co-Insurance Plan

A co-insurance is the percentage of the bill that an employee is responsible for after meeting a deductible. Participants in this plan are responsible for 10% of the negotiated rate for services they receive in-network after meeting the annual deductible, a service for \$100 would cost 10% or \$10. That's less than a co-pay! Participants have access to both in- and out-of-network services and pay co-insurances until they reach the out-of-pocket maximum. 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.

Cigna Managed OAP 80% Co-Insurance Plan

Similar to the 90% Plan above, this lower premium plan offers a co-insurance. After meeting an annual deductible, participants are responsible for a 20% co-insurance for a service of \$100 your cost would be 20% or \$20. Participants have access to in- and out-of-network services and pay co-insurances until they reach the out-of-pocket maximum. 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.

Cigna OAP MyChoice CDHP

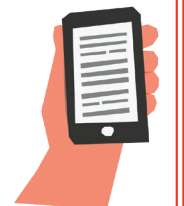
This plan is similar to the 90% Co-Insurance Plan discussed above. The main differences are the lower premium and higher deductibles. Participants have access to in- and out-of-network services and pay co-insurances until they reach the out-of-pocket maximum. This plan gives you access to the OAP network, requires no referrals, or PCP selection. Both drug and medical costs count against the annual deductible. Additionally, this plan allows you to contribute to a Health Savings Account (HSA), a tax-advantaged, medical savings account. Funds in an HSA are not use-or-lose, are fully controlled by you, and can be used for medical expenses or future retirement. Don't be scared off by the high deductible, the County will make a lump sum contribution to your HSA to use towards your deductible or any other qualified expenses. See page 14 for more details.



Kaiser Permanente HMO

This plan is a local medical center based HMO or Health Maintenance Organization. Participants pay a co-pay for in-network services at Kaiser Facilities. 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 of those on-site too. With Kaiser, there are no out-of-network services allowed. PCP designation and referrals are required but this is a great plan for families who love the convenience of having all of their doctors in one place.

TeleHealth -- The internet has transformed our lives and as a result, seeing a doctor is more convenient than ever. Whether it's a sick child in the middle of the night or you're not feeling well at work, Cigna participants have access to telehealth providers, American Well® and MDLIVE®. Through these services, you can speak with a doctor for help with minor acute conditions like flu, sinus infections, pink eye, strep throat, knee pain, migraines and more. So next time you're feeling under the weather and just can't make it to the doctor, take a few minutes and see a doctor you choose from a list that shows their experience and ratings before you start your visit. And because you're never sure when illness can strike, download the app and enroll today.



	NEW: CIGNA OAP MyChoice CDHP with HSA		CIGNA OAP 90% C
	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
HSA Fund	County Fund Contribution: \$675 Individual/\$1,350 Family		Not Eligible for Fund
Annual Deductible	\$1,350 Individual \$2,700 Family	\$2,700 Individual \$5,400 Family	\$300 Individual \$600 Family
Annual Out-of-Pocket Limit	\$4,000 Individual \$8,000 Family	\$8,000 Individual \$16,000 Family	\$2,000 Individual \$4,000 Family
Preventive Care - All Ages	Plan Pays 100%	Through age 17: Plan pays 70% co-insurance, no plan deductible Ages 18 and above: Plan pays 70% co-insurance after deductible is met	Plan Pays 100%
Routine Preventive Care, Immunizations, Mammogram, PAP, PSA Tests			
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		\$50 Individual
Annual RX Out-of-Pocket Limit	Medical and Prescription Drug limit combined		\$1,500 Individual
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
Not Eligible for Fund	Not Eligible for Fund	Not Eligible for Fund	Not Eligible for Fund
\$600 Individual \$1,200 Family	\$450 Individual \$900 Family	\$900 Individual \$1,800 Family	\$0
\$4,000 Individual \$8,000 Family	\$2,500 Individual \$5,000 Family	\$5,000 Individual \$10,000 Family	\$3,500 Individual \$9,400 Family
Through age 17: Plan pays 70% co-insurance, no plan deductible Ages 18 and above: Plan pays 70% 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 pays 60% 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
Individual/\$100 Family	\$50 Individual/\$100 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
Individual/\$3,000 Family	\$1,500 Individual/\$3,000 Family		
Retail – You pay 30% after Pharmacy deductible	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	Retail – You pay 30% after Pharmacy deductible	
Home Delivery – Not Covered	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)	Home Delivery – Not Covered	

MotivateMe



Total Well-Being Incentive Rewards 2019

Earn up to \$200 per year for making healthy choices!

Cigna subscribers: Cigna subscribers must 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 tracked on mycigna.com by December 31, 2019.

Kaiser Permanente subscribers: Kaiser Permanente subscribers must track their rewards using a paper "passport". The passport can be downloaded from the LiveWell website on FairfaxNet or by emailing LiveWell@fairfaxcounty.gov. 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, 2019.

Goal Type	Description	Award Type	Amount
Annual physical	A preventive exam with a primary care provider, including lab work, that's used to reinforce good health and address potential or chronic health issues.	Required annually for Cigna members	Combined \$100 for completing both goals
Health Assessment: Employee	A confidential online questionnaire that asks about your health behaviors and wellbeing. Available through mycigna.com or kp.org .	Must be up to date, per Kaiser Permanente guidelines. Required annually for Cigna members Required annually for Kaiser members	
Health Assessment: Spouse covered under a Fairfax County health plan	A confidential questionnaire that asks about your health behaviors and wellbeing. Spouses must be covered under a Fairfax County health plan.	One per year	\$25
Screenings	Choice of one screening per year: <ul style="list-style-type: none"> • Colon cancer screening • Cervical cancer screening • Prostate cancer screening • Skin cancer screening • Mammogram 	One per year	\$30
Online Health Coaching	Online health coaching programs, available through mycigna.com or kp.org .	One per year	\$10
Telephonic Health Coaching	Reach your health goals with personalized coaching. Call your health plan's member services number to access a coach.	One per year	\$10
Dental Exam*	Visit your dentist for a dental/oral examination.	Two per year	\$5 each
Vision Exam*	Visit an optometrist, ophthalmologist or other eye health professional for a vision exam.	One per year	\$10
LiveWell-Sponsored Workshop*	Participate in a live, on-site LiveWell workshop.	Two per year	\$10 each
LiveWell-Sponsored Webinar*	Participate in a live, online LiveWell webinar through Cigna, Kaiser Permanente, the EAP, Weight Watchers, and other partners.	Three per year	\$5 each

Tip: Plan ahead. Complete your goals as early as possible to ensure that the activities are fully completed and tracked by the end of the year.

MotivateMe FAQ's

What is the purpose of MotivateMe?

MotivateMe 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 screenings.

How do I register?

Participants don't need to register for MotivateMe, specifically. Subscribers to a Fairfax County health plan are automatically enrolled in the MotivateMe program.



Who can participate in MotivateMe?

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.

How do I manage my MotivateMe points?

Participants can manage their MotivateMe points through their health plan's portal. Cigna members can log into mycigna.com. Kaiser members can log into kp.org/engage.

What activities are required to earn rewards?

New for 2019--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. 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 complete.

Does my CDL exam or public safety physical through Occupational Health count as the annual physical?

No. Starting in 2019, all physical exams must be completed through a primary care provider. The goal of MotivateMe is to encourage employees and retirees to build a relationship with a primary care provider and remain **actively engaged** in their health and wellbeing throughout the year.

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 MotivateMe rewards?

Rewards will be available in March of the following year. Employees enrolled in Kaiser or the CIGNA 80%, 90%, or co-pay plans will receive their rewards in a healthcare Flexible Spending Account (FSA). Employees enrolled in the CIGNA MyChoice plan will receive the rewards into their Health Savings Account (HSA).

Do I have to have a healthcare flexible spending account in order to receive rewards?

Rewards will be placed into an existing flexible spending account or, if you do not have one, Fairfax County will open an account on your behalf, using just the MotivateMe rewards earned during the prior year.



Did you know...

Fairfax County Cigna members are eligible to receive one annual physical per calendar year. The exam can take place anytime during the year, January-December. Plan ahead - receive your preventive exam before October to ensure that it is credited to MotivateMe before the year end.

Smart Money



When it comes to healthcare, everyone is trying to cut costs and save a little extra. Below are some smart tips for using your plan wisely.

Get your Preventive Services — Don't underestimate the power of maintaining your health. Get the most from your plan by getting your free Preventive Care Services, such as an annual physical exam, related lab and preventive services, at least once a year. Early detection can save you a bundle and just might save your life.

Use In-Network Services — Cigna Plans offer you the option of using providers in or out of their national Open Access Plus or OAP Network. When you select an in-network provider, you get the benefit of a negotiated discount. Lower fees equal lower co-insurances and big savings.

Visit MyCigna.com— Cigna participants can use the MyCigna.com or the Cigna app to find in-network providers, pricing information on certain procedures and MotivateMe rewards. (enrollees in the Kaiser Plan should visit kp.org to learn more about your plan).

Use Generic medications when available— Want to cut down on your medication costs? Visit FairfaxNet for a listing of free or low cost generic and preventive prescription medications.

Use the Mail Order Pharmacy— Take the pharmacy off your To Do list forever. Use mail order pharmacy services and have your medications delivered right to your door. Plus, when using this service, you only pay two co-pays or co-insurances instead of three for your 90 day supply.

Urgent Care vs. Emergency Room— If you ever have a true emergency, do not hesitate to call 911 or go to the ER, but, if you are in search of after-hours care for more minor issues, consider Urgent Care. Urgent Care centers handle a variety of medical issues for less time and less money. Did you know that an ER visit, on average, lasts 4.5 hours and costs \$1,757? The average visit to Urgent Care is \$153 and lasts about 1.5 hours.

Telehealth— Another alternative to Urgent Care is Telehealth. All of our health plans offer some form of telemedicine. Are you too sick to get out of bed? Is the issue minor and you only need a medical opinion? Try Telehealth and talk, email, skype or FaceTime a doctor 24/7. Less time and less money.

Know before you go— Heading out of town? Use MyCigna.com to look for in-network doctors and facilities near your hotel. Also, be sure to investigate the Travel Insurance program offered by The Standard as part of the Group Term Life Insurance program.

Planning for tomorrow— Interested in lowering your premiums but afraid of higher deductibles and out-of-pocket maximums? Plan ahead by creating your own medical nest egg. Save now, then, when you switch to one of the other plans, you know you have funds available should you need them.

Tax Savings Options—By enrolling in one of Fairfax County's benefit plans, you already enjoy the advantage of paying your premiums on a pre-tax basis. For even greater tax savings, investigate Flexible Spending Accounts and Health Savings Accounts. ALEX can help you with that!

Participate in MotivateMe— Who doesn't love free money? With MotivateMe, participants in all of the County medical plans can earn up to \$200 per year for selected wellness activities. Check out page 11 for more information.

Flexible Spending Accounts

A Flexible Spending Account (FSA) is a special account where you put your own pre-tax money to use for certain qualified expenses. You don't pay taxes on this money. You'll save the taxes you would have paid on the money you contribute. These accounts come in two types, Healthcare and Dependent Care.

A few important things to remember about these accounts:

- The Internal Revenue Service requires participants to make a new election each year. You must log into FOCUS ESS during the Open Enrollment period and elect this benefit every year.
- When enrolling in an FSA, or making any benefit changes during Open Enrollment, it is important to print a confirmation. Your printed confirmation is like your receipt. Without it, you cannot prove you enrolled in an account and no retroactive changes will be permitted.
- Money in your FSA does not carry over from one year to the next. The money is "use or lose". There is a 90-day run-out period which means that until March 31, 2019 you can request reimbursement for eligible expenses. Please see below, for information on the run-out period for your type of account. Both Flexible Spending Account types are administered through WageWorks.

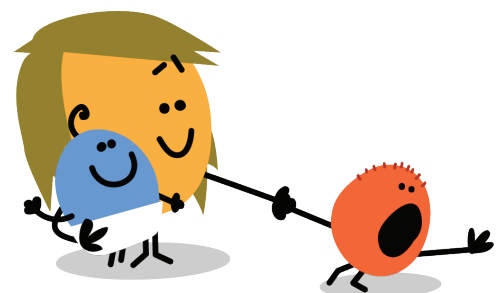
Healthcare Flexible Spending Account

- In 2019, the Healthcare maximum annual contribution is \$2,650 per individual
- All funds are available January 1st of each year. (Unlike other payroll deductions for benefits, FSA contributions are based on a calendar year, not Fairfax County's payroll schedule)
- Funds can be accessed with a debit card issued by WageWorks or receipts/claims can be submitted to WageWorks for reimbursement. Additional documentation may be required. FSAs are governed by the IRS and you must be able to prove the expenses qualify for reimbursement and were used for you or one of your dependents.
- If you choose a Healthcare FSA, you can continue using your Healthcare FSA funds during the grace period of two months and 15 days after the end of your plan year, March 15, 2019. Be sure to submit your grace period claims before the end of your 90-day run-out period of March 31, 2019.

For a complete list of qualified expenses see IRS Publication 502.

Dependent Care Flexible Spending Account

- In 2019, The Dependent Care maximum annual contribution is \$5,000 per household.
- Unlike a Healthcare FSA, there is no debit card. Participants must submit receipts from their dependent care provider to WageWorks for reimbursement. Reimbursements are not made until funds have been deposited.
- Qualified Dependents include a child or children under the age of 13 years of age or adult dependents who cannot take care of themselves. The dependents must be claimed by you on your tax return.
- A Dependent Care FSA covers a wide variety of dependent care services, such as preschool, summer day camp, before-and-after school programs and child or elder daycare. The expenses must be incurred for time that you or your spouse are working, looking for work or full-time students.
- If you choose a Dependent Care FSA, all claims must be for dates during the calendar year. **There is no grace period.** The funds in the account are use-or-lose and any funds that are not claimed before the run-out period of March 31, 2019 will be lost.



HSA: Your *Other* Retirement Account

A Health Savings Account, or HSA, is a tax-advantaged, medical savings account available to participants in the Cigna MyChoice Plan. The funds contributed to your HSA are not subject to federal income tax and are fully controlled by you, not your employer, or your insurance company. HSA funds roll-over from year-to-year so you are able to build a nest egg for future medical, dental and vision expenses.

You can also use an HSA as a retirement account. Funds withdrawn from an HSA for non-qualified expenses are taxable and can incur a 20% penalty. But, if you are disabled or 65 years of age or older funds can be withdrawn penalty-free. This includes any interest or investment growth on the account. Funds in the account can also be used on additional medical costs like Medicare premiums.

- Fairfax County contributes a portion of the deductible to your account to get you started.
- An HSA offers flexible contribution options, you can contribute nothing or the entire IRS maximum. Change, start or stop your contributions at any time and contribute through payroll or directly through HSA Bank.
- You own the money in your HSA and you control how the money is spent. Any unused money remains in the account even if you change plans or jobs. There is no deadline for using the money.
- Any funds in your Health Savings Account over \$2,000 can be invested to grow your account.
- Annual IRS contribution limits for HSAs in 2019 are \$3,500 for individuals and \$7,000 for plans with two or more people. These limits include county and individual contributions as well as MotivateMe Rewards. There is a catch-up for participants over 55 of an additional \$1,000.



Is An HSA Like A FSA?

	FSA	HSA
Can it be used for healthcare expenses?	Yes	Yes
Are contributions pre-tax?	Yes	Yes
Does the county contribute to my account?	No	Yes
Is it used for my MotivateMe Rewards?	Yes	Yes
Is there an annual IRS contribution limit?	\$2,650	\$3,500/\$7,000
I am over 55, is there a catch-up contribution?	No	Yes
Can I change my contribution amount any time?	No	Yes
Is the money use-it-or-lose-it?	Yes	No
Does unused money rollover at the end of the year	No	Yes
Can I invest or earn interest on the funds?	No	Yes
Do I need to submit receipts for claims?	Yes	No
Can I keep my account after I leave the county?	No	Yes
Can I use the money for expenses after I retire?	No	Yes
Do I need to be enrolled in the MyChoice Plan to participate?	No	Yes

Pro-Rated Health Savings Account Contributions

As a new enrollee in the Cigna MyChoice CDHP, Fairfax County will make a lump sum contribution to your Health Savings Account (HSA). Rates for newly eligible employees are pro-rated based on the month their enrollment is effective. The pro-rated contributions are listed below.

2019 Lump Sum Health Savings Account Contributions from Fairfax County			
Benefits are Effective	Individual	Two-Party	Family
January	\$675.00	\$1,350.00	\$1,350.00
February	\$618.75	\$1,237.50	\$1,237.50
March	\$562.50	\$1,125.00	\$1,125.00
April	\$506.25	\$1,012.50	\$1,012.50
May	\$450.00	\$900.00	\$900.00
June	\$393.75	\$787.50	\$787.50
July	\$337.50	\$675.00	\$675.00
August	\$281.25	\$562.50	\$562.50
September	\$225.00	\$450.00	\$450.00
October	\$168.75	\$337.50	\$337.50
November	\$112.50	\$225.00	\$225.00
December	\$56.25	\$112.50	\$112.50

When will I see my county contribution?

When enrolling in the MyChoice CDHP mid-year, there can be several factors that delay your funds.

First, you must have passed your 30 calendar day newly eligible period. Then, funds are sent to HSA Bank on payroll Fridays and will need to be processed by the bank. Depending on your hire date, your eligibility date and when you use FOCUS to enroll, some time may pass before your money appears.

Additionally, your Health Savings Account is a private bank account in your name and is therefore subject to the federal banking regulations. Under the USA Patriot Act, all banks are required to verify the identity of their customers. You could be asked by the bank to provide additional proof of identity or if you opt to use a Post Office Box or other non-physical address, HSA Bank may require more information.

How do I access my HSA funds?

There are lots of ways to use your Health Savings Account. The most convenient way is by using the Cigna Debit Card that HSA Bank will send you. You can use this card just like a credit card and pay for services directly at the point of sale, such the pharmacy, or you can pay your doctor by telephone or online service after receiving your bill.

Another easy way to monitor and access your funds is MyCigna.com. From both the site and the app, you can see your current balance and review recent medical claims that may need payment. When reviewing your claims, you can simply click on "Pay Now" and have a payment sent to the provider. Already paid the bill and don't want to miss out on the tax savings? Have HSA Bank reimburse you via check or direct deposit.



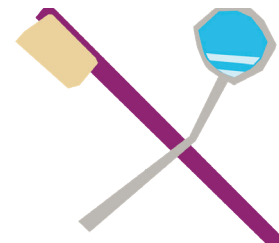
Vision



Vision insurance, provided by Davis Vision, covers eye exams, glasses and contacts. Typically, you only need one eye exam per year and by using an In-Network provider, your exam is only a \$15 co-payment. Have glasses already? In lieu of eyeglasses, you may select contact lenses. Vision is bundled with your medical plan so no election is required if you are enrolled in a County medical plan.

Benefits at a Glance	In-Network	Out-of-Network
Routine Eye Examination (once every 12 months)	\$15 co-pay (includes eye examination with dilation, as professionally indicated)	Covered up to \$40
Frames (once every 12 months in lieu of contact lenses)	Davis Vision Designer and Premier Collection: Covered in full. (Value up to \$225). Non-Davis Vision Collection (available at all independent and retail network providers): \$150 allowance/\$200 allowance at Vision Works	Covered up to \$50
Spectacle Lenses (once every 12 months in lieu of contact lenses)		
Single Vision	Covered in Full	Covered up to \$50
Bifocal Vision	Covered in Full	Covered up to \$75
Trifocal Vision	Covered in Full	Covered up to \$100
Lenticular Lenses	Covered in Full	Covered up to \$150
Scratch Resistant Coating	Covered in Full	Included in base lens reimbursement above
Other Lens Options	Available at discounted fixed fees	Not covered
Contact Lenses (once every 12 months in lieu of eyeglasses)		
Contact Lens Materials	One pair of standard, soft daily wear; two boxes of planned replacement lenses or four boxes of disposables covered in full if from Davis Vision Formulary. Note: Number of lenses in box varies by brand.	Covered up to \$100
	Elective contact lenses outside of Davis Vision Formulary, \$150 allowance	
Contact Lens Fitting Fee with Two Follow-up Visits	Covered in full after \$20 co-pay for Formulary contact lenses	Covered up to \$40
Medically Necessary Contact Lenses (with prior approval)	Covered in full	Covered up to \$225
Additional Features		
One-Year Eyeglass Breakage Warranty	Included on all spectacle lenses, Davis Vision Collection frames and retailer supplied frames	Not included
Lens 1-2-3! ® Membership	Included	N/A
Laser Vision Correction Discount	Up to 25 percent off the provider's usual and customary fees, or a 5 percent discount on any advertised special	Not covered
Low-Vision Coverage	Included	Not included

Dental



Your teeth can be expensive to maintain, especially if you don't take care of them, but with regular dental care, you can prevent cavities, stop tooth loss, boost your overall health and save money. With Fairfax County's Dental Benefit offered through Delta Dental's national PPO and Premier Networks, you will have access to providers who perform a range of covered services including orthodontia, for children under age 19.

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.
Prostodontics				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.

Because Life Can Be Uncertain

Open Enrollment isn't just for health benefits, it is also a great time to review all of the benefits available to you through Fairfax County. This section is dedicated to your financial health. Are you doing the most you can to provide yourself with a solid foundation for every stage of your life? Do you have an emergency fund? How can you save more money on taxes? What if you needed to miss work due to an accident or the illness of a loved one?



Long Term Disability

I bet you never asked yourself what would happen if you couldn't work for an extended period of time due to an illness or injury? How would you pay your bills and provide for your family? When you select this benefit, The Standard Insurance Company will pay you a monthly benefit if you are out of work more than 60 days due to illness or disability. The benefit would cover 60% of your monthly basic earnings up to \$5,000 per month for a qualified disability. The premium is 100% paid by you on an After-Tax basis, but if you need it, the benefit is paid to you tax free. Note: Electing Long Term Disability after your 30 days of initial eligibility requires an Evidence of Insurability or EOI completion and approval by Standard Life Insurance underwriters.

Life Insurance

No one likes to think about it but what if something worse happened as a result of that illness or injury? Fairfax County offers Group Term Life Insurance to merit employees. This benefit provides Basic Term Life and Accidental Death and Dismemberment Insurance (AD&D) equal to 1 times your annual salary. This means that in the event of your death, your beneficiary will receive one times your annual salary. Think about how much you make, now round that up to the next \$1,000, (up to a maximum of \$350,000) and that's the benefit your beneficiary will receive. If your death is a result of an accident, with the AD&D coverage, your loved ones will receive two times your annual salary. The county pays the full cost of this coverage for active employees.

Optional Life Insurance is available too. You can buy extra life insurance for your family's security. Select one, two, three or four times your annual salary, rounded to the next higher \$1,000 with a maximum coverage of \$1 million. These amounts are in addition to your basic coverage discussed above and you are responsible for 100% of the premium. Interested but want to know more? For a schedule of the age-banded rates and plan details and highlights, refer to the 2019 Open Enrollment Page on FairfaxNet or contact the Standard Insurance On-Site Representative at 703-324-3351. It is also important to remember that coverage amounts are reduced to 65% of the original face value when you turn 65 or retire, whichever comes first. The amount reduces again to 50% of the original face amount at age 70 if you are still working. If you are retired, coverage reduces to 30% of the original face value of the policy at age 70.

The county also offers **Spouse and Dependent Life** Insurance for your family members. Two dependent life options are available.

	Spouse	Child	Rate/Month
Option 1 (Low)	\$10,000	\$5,000	\$2.64
Option 2 (High)	\$15,000	\$7,500	\$5.30

Important to Note: Any increase in Optional Life Insurance coverage and/or Spouse and Dependent Life coverage, requires Evidence of Insurability (EOI) and approval by Standard Life Insurance underwriters. So what is EOI? Usually its just a medical form you complete letting the insurance company know some information about your health. In some cases, you may need to see a doctor to show you are medically eligible for this benefit. Based on provided information you could be denied optional coverage.

MONEY MATTERS



Are you taking full advantage of all of your benefits?

- Healthcare and Dependent Care Flexible Spending Accounts
- Health Savings Accounts, or "your other retirement account"
- LiveWell's Financial Wellness Educational opportunities, check out the LiveWell Page on FairfaxNet for upcoming events
- Access to an onsite T. Rowe Price Financial Specialist
- Target Date Funds and Auto-Increase for the Deferred Compensation or 457 Plan
- Retirement and D.R.O.P. Workshops offered by the Retirement Systems
- Financial Fitness Classes with OD&T
- Financial services with the Employee Assistance Program (see page 20)

Defined Benefit

The Defined Benefit Plan is more commonly known as the pension plan. It is just one of the retirement planning options offered at Fairfax County. If you have questions about this benefit or just want to learn more, contact the Fairfax County Retirement Systems at (703) 279-8200 or visit their website at www/fairfaxcounty.gov/retirement

Deferred Compensation (457 Plan)

You're probably thinking you have the pension plan so you're all set for retirement or maybe that you are too young and don't plan on being here that long. With the Deferred Compensation Plan it is never too early, or too late, to start saving for your future.

This plan is designed to complement the Defined Benefit or Pension Plan and to help you plan for a financially secure retirement. The 457 Plan managed by T. Rowe Price offers the opportunity to save a portion of your wages for retirement on a pre- or post tax basis.

Status E and Part-time, Non-Merit employees are eligible to participate in the Fairfax County Deferred Compensation Plan but are not auto-enrolled. So do not miss out on this opportunity to build a substantial nest egg for your future.

For more information on this benefit, log on to the Benefits section of FairfaxNet, contact T. Rowe Price directly or contact the on-site T. Rowe Price representative at 703-324-4995.

Savings Spotlight: Target Date Funds

Called "set-it-and-forget it", this financial option provides a simple solution to an overwhelming investment landscape. You may have heard about the importance of rebalancing your investments but don't worry, if your head is already swimming, here is all you need to know. A Target Date fund with T. Rowe Price projects your retirement date based on your age. Using that information, you are enrolled in a mutual fund or asset allocation mix that follows the investment strategy of taking more risk when you're young. As you approach retirement or the target date, the mix becomes more conservative. So if you don't know your NASDAQ from your Bull Market, Target Date Funds are an easy and convenient way for you to save for retirement.



Employee Assistance Program (EAP)

Ever have one of those days...one of those weeks...one of those months? Maybe the EAP can help. The County's EAP managed by Cigna offers more than free, confidential assessments and short-term counseling. This program helps employees and current members of their household with anything from last minute daycare to help finding a lawyer. Information from home-buying to dog-sitting are just one call or one click away. This service is available to **all** employees regardless of medical plan enrollment. Take advantage of these free services:

Legal Assistance: 30-minute consultation with an attorney face-to-face or by phone.

Financial: 30-minute telephone consultation with a qualified specialist on topics such as debt counseling or planning for retirement.

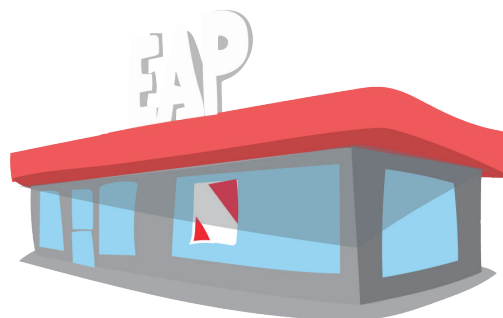
Parenting: Resources and referrals for childcare providers, before and after school programs, camps, adoption organizations, child development, prenatal care and more.

Eldercare: Resources and referrals for home health agencies, assisted living facilities, social and recreational programs and long-distance caregiving.

Pet care: Resources and referrals for pet sitting, obedience training, veterinarians and pet stores.

Identity Theft: 60-minute consultation with a fraud resolution specialist.

And More



EAP is Available any day, anytime
 Call 1.877.622.4327
myCigna.com
 Employer ID: fairfaxcounty
 Initially Register or log in at myCigna.com to access EAP under "Review MY Coverage"

Quick Contacts			
Contact	Organization	Phone No.	Web or Email Address
Benefits/HR Central	Fairfax County	(703) 324-3311	HRCentral@fairfaxcounty.gov
Deferred Compensation	T. Rowe Price	(888) 457-5770	www.rps.troweprice.com
Marie Canterbury	T. Rowe Help Desk	(703) 324-4995	Fairfax457@TRowePrice.com
Kelli Parris			
Dental	Delta Dental of Virginia	(800) 237-6060	www.deltadentalva.com
Employee Assistance Program (EAP)	Cigna	(877) 622-4327	www.myCigna.com
Group Life/LTD	The Standard	(800) 628-8600	www.standard.com
Lonna Owens	Standard, On-Site Rep	(703) 324-3351	lonna.owens@standard.com
HSA Accounts	HSA Bank	(800) 357-6246	www.hsabank.com
Medical: Cigna OAP	Cigna	(800) 244-6224	www.myCigna.com
Keisha Lewis	Cigna, On-Site Rep	(703) 324-2446	keisha.lewis@cigna.com
Medical: Kaiser HMO	Kaiser Permanente	(301) 468-6000	www.kp.org
Retirement Systems	Fairfax County	(703) 279-8200	www.fairfaxcounty.gov/retirement
Vision	Davis Vision	(800) 208-2112	www.davisvision.com

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
- Prosthesis 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](mailto: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).



2019 Health and Dental Premiums

Premiums for all benefits, except Long Term Disability and Dependent Life are deducted on a bi-weekly, pre-tax basis over 26 pay periods. Note: Employees in a leave without pay status may be subject to additional premiums.

	Full Time Employees			Part Time Employees	
	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					
Individual	\$285.42	\$51.16	\$1,330.16	\$142.71	\$193.87
Employee + Child	\$480.11	\$159.18	\$4,138.68	\$240.05	\$399.24
Employee + Spouse	\$529.63	\$176.54	\$4,590.04	\$264.82	\$441.36
Family	\$753.96	\$255.36	\$6,639.36	\$376.98	\$632.34
OAP 80% Co-Insurance Plan, managed by CIGNA					
Individual	\$201.92	\$35.63	\$926.38	\$201.92	\$35.63
Employee + Child	\$338.35	\$112.78	\$2,932.28	\$169.17	\$281.96
Employee + Spouse	\$373.66	\$124.56	\$3,238.56	\$186.83	\$311.39
Family	\$534.17	\$178.06	\$4,629.56	\$267.08	\$445.14
MyChoice CDHP, managed by CIGNA					
Individual	\$185.47	\$32.73	\$850.98	\$92.73	\$125.46
Employee + Child	\$310.77	\$103.59	\$2,693.34	\$155.39	\$258.98
Employee + Spouse	\$343.19	\$114.40	\$2,974.40	\$171.59	\$285.99
Family	\$490.62	\$163.54	\$4,252.04	\$245.31	\$408.85
Kaiser Permanente HMO					
Individual	\$240.36	\$42.75	\$1,111.50	\$120.18	\$162.93
Employee + Child	\$402.53	\$134.89	\$3,507.14	\$201.26	\$336.16
Employee + Spouse	\$444.71	\$149.82	\$3,895.32	\$222.35	\$372.18
Family	\$635.28	\$214.03	\$5,564.78	\$317.64	\$531.67
Delta Dental of Virginia					
Individual	\$9.57	\$9.57	\$248.82	\$4.79	\$14.35
Two Party	\$18.07	\$18.07	\$469.82	\$9.04	\$27.11
Family	\$29.79	\$29.79	\$774.54	\$14.89	\$44.68

*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).

[Back To The Top](#)



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

A Fairfax County, Va. Publication
September 2018