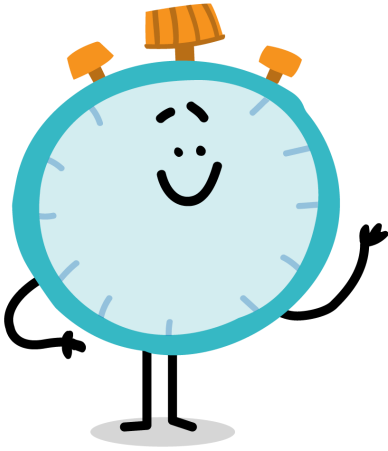




BENEFIT GUIDE

Active Fairfax County Employees

2018 Plan Year



Things to Know

- Open Enrollment is October 2 through October 27, 2017. Changes go into effect January 1, 2018.
- Enroll and make changes using FOCUS Employee Self Service (ESS).
- Elections are binding for the 2018 plan year unless you have a mid-year qualifying event.
- When using FOCUS remember to **save your changes and print a confirmation.** No changes or corrections are permitted without a printed benefits statement/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 affect their coverage within **30 calendar days of the event.**

Open Enrollment– October 2 to 27, 2017

While no one plans on getting sick or hurt, most of us need health insurance at some point and Fairfax County offers a benefits package designed to help protect you and your family from the unexpected. From **October 2 through October 27, 2017** benefit eligible employees can review and rethink their benefit program selections. New elections will be in effect January 1, 2018.

What's New in 2018

- Bariatric Surgery, TMJ, and Infertility Treatments, as well as, ABA Therapy for treatment of Autism Spectrum Disorders have been added to all Cigna Plans.
- All plans will have an increase in premiums. See the back page of this guide for more information.

New Deductibles

	Cigna OAP 90%		Cigna OAP 80%		MyChoice	
	2017	2018	2017	2018	2017	2018
	In/Out	In/Out	In/Out	In/Out	In/Out	In/Out
Individual	\$100/\$200	\$200/\$400	\$250/\$500	\$350/\$700	\$1,300/ \$2,600	\$1,350/ \$2,700
Two-Party & Family	\$200/\$400	\$400/\$800	\$500/\$1,000	\$700/\$1,400	\$2,600/ \$5,200	\$2,700/ \$5,400

New Out-of-Pocket Maximums

	Cigna OAP 90%		Cigna OAP 80%		Cigna OAP Co-Pay	
	2017	2018	2017	2018	2017	2018
	In/Out	In/Out	In/Out	In/Out	In/Out	In/Out
Individual	\$1,500/ \$3,000	\$2,000/ \$4,000	\$2,000/ \$4,000	\$2,500/ \$5,000	\$2,000/ \$4,250	\$2,500/ \$5,250
Two-Party & Family	\$3,000/ \$6,000	\$4,000/ \$8,000	\$4,000/ \$8,000	\$5,000/ \$10,000	\$4,000/ \$8,500	\$5,000/ \$10,500

Health Savings Accounts (HSAs)

- New IRS contribution limits: **Individual - \$3,450; Two Party & Family - \$6,900**
- The county has increased their HSA contributions to 50% of the deductible. Note: These contributions are pro-rated if joining the plan after January 1st: **Individual - \$675; Two Party & Family - \$1,350**

2018 Benefit Options

For the Expected, Unexpected and Everything In-Between

It's that time of year again and we're asking you the tough questions about your benefits. **Stop!** Before you decide to "let it ride", take a second look. Choosing the same plans you have always had might not make sense, especially if your needs have changed. A quick decision could cost you in the long run. This Open Enrollment, use the resources available to ensure the benefits you are choosing are the best fit for you and your family. To learn more about all of the options available to you, visit the Benefits Page on FairfaxNet. There, you will have access to **ALEX**, our interactive plan comparison tool. **ALEX** can review plans with you and rank them based on your personal utilization information. Also available to you are summary plan descriptions, At-a-Glance guides, a video library and more.

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, 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 you have been granted legal custody through the courts that is under the age of 26. A copy of the child's birth certificate or appropriate court documents will be required.



Medical

MyChoice CDHP with HSA	OAP 80% Co-Insurance Plan	OAP 90% Co-Insurance Plan	OAP Co-Pay Plan	Kaiser Permanente HMO
Fairfax County Medical Plans managed by Cigna				
Lowest premium cost. High deductible, 90% co-insurance plan with Health Savings Account (HSA). County contributes 50% of the deductible to HSA	Low premium cost. Co-insurance plan with annual deductible and 80% co-insurance for In-network services	Co-insurance plan with modest deductible and 90% co-insurance for In-network services. Features low Out-of-pocket maximum	Highest premium cost. Co-pay structure for In-network services; Co-insurance with annual deductible for Out-of-network services Plan closed to new entrants	Local HMO medical center based design. Co-pay structure for In-network services at centers. No Out-of-network benefits available



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.



Dental

Your teeth can be expensive, especially if you don't take care of them, but with regular maintenance, 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.

Life Insurance

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.

A Beneficiary is whom you choose to receive money or benefits after your death. At Fairfax County beneficiary information is needed for Life Insurance, the Deferred Compensation Plan (T. Rowe Price) and the Defined Benefit Plan (your pension). They all must be updated separately. Are your beneficiaries up-to-date? Are you sure?



Optional Life Insurance is available too. You can buy extra life insurance for your family's security. You may 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 percent 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 2018 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.

Long Term Disability

This benefit is often called income insurance. Ever wonder what would happen if you couldn't work for a long 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 more than 60 days. 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.

Electing Long Term Disability after your 30 days of initial eligibility requires an EOI completion and approval by Standard Life Insurance underwriters.

Want more information on any of the plans listed here? Visit the Benefits Page on FairfaxNet or contact the providers directly. A list of contacts is provided in this guide.



More Benefit Options

Flexible Spending Accounts

A Flexible Spending Account (FSA) is a special account where you put your own **pre-tax** money to use for certain expenses. These accounts come in two types, Healthcare and Dependent Care. One is for health expenses for you and your family. The other is for child or elder day care for your eligible dependents.

So why do it? You don't pay taxes on this money. You'll save an amount equal to the taxes you would have paid on the money you set aside.

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.
- Flexible Spending elections **DO NOT** carry over from one year to the next. The money is "use or lose". However, there is a 90-day run-out period. This means that until March 31, 2018 you can request reimbursement for eligible expenses incurred DURING the plan year. 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, 2018). Be sure to submit your grace period claims before the end of your 90-day run-out period (March 31, 2018).
- Both Flexible Spending Account types are administered through WageWorks. The Health Care maximum annual contribution for 2018 is \$2,600 and the Dependent Care maximum limit continues to be \$5,000.

Defined Benefit

The Defined Benefit Plan is just one of the retirement planning options offered at Fairfax County. This one is more commonly known as the Pension Plan. 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.

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.

Employee Assistance Program (EAP)

What is the EAP? The Employee Assistance Program is a free, confidential service available to all merit employees *and* members of their immediate households through INOVA Employee Assistance (IEA). Do you need emergency back-up child care? How about legal assistance? Or grief counseling? These are just a few of the services offered free of charge through our EAP. For more information, log on to the Work/Life Balance section of FairfaxNet or contact INOVA directly at 800-346-0110.

Quick Contacts

Contacts	Vendor	Phone	Web
Benefits/HR Central		703-324-3311	HRCentral@fairfaxcounty.gov
Cigna: OAP Plans	Cigna	800-244-6224	www.mycigna.com
Keisha Lewis	On-Site Rep	703-324-2446	keisha.lewis@cigna.com
Kaiser HMO	Kaiser Permanente	301-468-6000	www.kaiserpermanente.org
Dental	Delta Dental of Virginia	800-237-6060	www.deltadentalva.com
Vision	Davis Vision	800-208-2112	www.davisvision.com
Group Life/LTD	The Standard	703-324-3351	lonna.owens@standard.com
Deferred Compensation	T. Rowe Price	888-457-5770	www.rps.troweprice.com
Marie Canterbury	On-Site Rep	703-324-4995	Fairfax457@TRowePrice.com
Employee Assistance Program (EAP)	Inova	800-346-0110	www.inova.org/eap/
HSA Accounts	HSA Bank	800-357-6246	www.hsabank.com
Flexible Spending Accounts	WageWorks	855-428-0446	www.wageworks.com

Additional Resources

Making benefit decisions for you and your family can be overwhelming. Fairfax County provides additional resources to help you make your final decision in a timely manner.

- **FairfaxNET** — the Fairfax County intranet is a great resource. Visit the Benefits Page for more information on all of the plans described in this guide.
- **ALEX** — to assist you in determining the most cost effective plan, visit **ALEX**, our online interactive plan comparison tool. **ALEX** is accessible from your computer, tablet or smart phone, anytime, anywhere and as often as you would like at www.myalex.com/fairfaxcounty/2018.
- **HR Central and the Benefits Division** — a whole team of subject matter experts are available to assist you with any questions you may have. Contact us at (703) 324-3311.

Did you know that the Benefits Division has a video library? Our growing list includes brief informative videos that cover a range of topics including Leave, the Family Medical Leave Act, Benefits in Retirement and more.

Find all of our videos by visiting the Employee Center on FairfaxNet at

http://fairfaxnet.fairfaxcounty.gov/Dept/DHR/Pages/BEN_MainPage.aspx





Knowledge Makes All The Difference

Health Insurance Orders

The county is required to enroll qualified dependent(s) listed on a court issued Qualified Medical Support Order into your county-sponsored health plan. If you are not enrolled in a plan when we receive the order, you may choose a health plan or the county will enroll you and named dependent(s) into the least costly plan offered by the county.

Mid-Year Changes and Qualifying Events

The benefit elections you make during Open Enrollment are binding until next year's Open Enrollment period. There are special exceptions you may experience that could be considered *qualifying events*. These events are 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. For a list of qualified events, log on to the Benefits Page of FairfaxNet.

If you experience a qualifying event and need to make a mid-year change, it is your responsibility to notify DHR Benefits Division **within 30 calendar days of the event**. Additionally, when you notify DHR Benefits Division, documentation of the event will be required. 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.



**Getting
Married or
Having a
Baby?**

DHR Benefits Division must be notified of coverage changes within 30 calendar days of event.

Are you approaching 65? Are you thinking about retiring?

Whether you are dreaming about retiring or plan on sticking around awhile, here are some tips and resources:

- If you, or one of your dependents turns 65 or older, while you are still actively employed and enrolled in one of our medical plans, you are not required to enroll in Medicare. You, or your dependent will be eligible for Medicare's Special Enrollment Period and will be able to apply later without a penalty.
- **But, if you, or one of your dependents are over age 65, and plan on retiring, you MUST have both Medicare Parts A and Part B in effect on your retirement date. Proof of enrollment must be submitted to the Benefits Division prior to your retirement date or your coverage will be cancelled.**
- Retirees are required to have continuous coverage in a Fairfax County Government (FCG) health and/or dental plan. After retirement, if you drop coverage for any reason, there is no opportunity to re-elect coverage at a later date.
- Remember, if you are planning on retiring during the upcoming year and want to keep your benefits in retirement, you can only continue benefits you are currently enrolled in. While you can drop and change plans at the time of retirement, you cannot add new benefits. For example, if you don't have dental coverage as an active employee, you cannot add it at retirement.
- To learn about your benefits in retirement, employees are encouraged to attend a Retiree Open Enrollment meeting or to visit our Benefits Video Library and view ***Pre-Retirement Benefit Planning***.
- Contact the Retirement Systems Office. They have resources available including individual counseling and group retirement training sessions.

Terms You Should Know

Beneficiary, Primary - The person named to be first in line to receive life insurance proceeds after the death of an insured employee. (The Primary Beneficiary 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.

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 looking for the label on myCigna.com.

Co-Insurance – The percentage of the charge or plan allowed expense for a service rendered by a healthcare provider. For example, if your 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 makes 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.

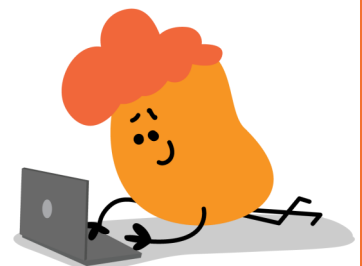
Medically Necessary — Healthcare services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease or its symptoms and that meet acceptable standards of medicine.

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.



Making Your Plan Work for You

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.

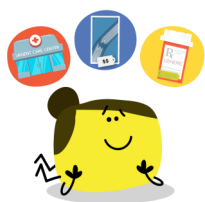
- **Get your Preventive Services** — Don't underestimate the power of maintaining your health. Get the most from your plan by getting your free Preventive Care Services such as an annual physical exam, related lab and preventive services at least once a year. Early detection can save you a bundle and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

Should MyChoice be Your Choice?



Cigna's MyChoice CDHP Plan is a combination of a Consumer Directed Health Plan (CDHP) and a tax-free Health Savings Account (HSA). Your HSA is funded in part by county contributions with the opportunity for additional contributions made by you. Funds may be used for plan deductibles and other healthcare expenses. Any funds remaining at the end of the year may be carried forward and used for future qualified expenses and can even be taken with you to another job or into retirement. Contributions and the interest they earn are not included as income for tax purposes.

This can significantly reduce the actual cost of your health care while you save for your future.

Plan Advantages include:

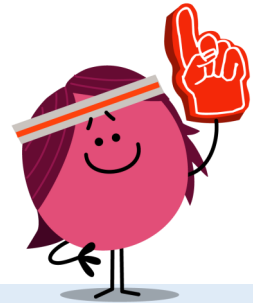
- Lower Premiums
- Contributions are either pre-tax (via paycheck) or tax-deductible, decreasing your overall taxable income
- Funds roll over from year to year. No "use it or lose it" rule
- Tax-free withdrawals for Qualified Medical Expenses even if qualifying coverage ends
- Funds follow the employee if they leave the county or change health insurance
- Long-term investment opportunities. Earn money tax-free through investments or interest payments

Your Handy Enrollment Checklist

Are you overwhelmed by the decisions you have to make during Open Enrollment? Use this checklist as a guide to ensure you are setting yourself up for success in the upcoming year.



- ☐ **Attend an Open Enrollment Meeting** The Benefits Division offers several educational sessions to help you to make informed decisions. Look for the schedule of meetings and fairs on FairfaxNet.
- ☐ **Review Available Resources** Thoroughly read the benefits information available to you. Review this Enrollment Guide, visit the Open Enrollment section of FairfaxNet or watch one of our benefit videos.
- ☐ **Visit ALEX.** Our benefits comparison tool is one of the best resources available. **ALEX** is not behind the county firewall and can be viewed from any computer, tablet or smartphone. Visit **ALEX** now at www.myalex.com/fairfaxcounty/2018
- ☐ **Make Changes and print a Confirmation.** All changes must be completed on FOCUS ESS by midnight on October 27, 2017. No paper forms will be accepted. Print a confirmation. This will be your receipt. You will need this to make any changes or corrections once Open Enrollment ends.
- ☐ **Flexible Spending Accounts (FSAs).** Pay close attention to which type you select. Dependent Care FSAs are for expenses like daycare and summer camp. Healthcare FSAs are for medical, Rx, dental and vision expenses for you and your eligible dependents.
- ☐ **Check your Contribution Amounts.** When enrolling in an FSA, enter the amount you want to contribute for the entire year; for the MyChoice HSA, enter the per pay period contribution amount.
- ☐ **Who's getting your money?** Remember to complete and submit your beneficiary information. At Fairfax County you must complete this important information for the following benefits: Life Insurance, Retirement/Pension and Deferred Compensation/457. This cannot be done on FOCUS ESS.
- ☐ **Did you add a dependent to any of your plans?** 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.



LiveWell with Fairfax County

Work hard. Play hard. Live well. Fairfax County's LiveWell program is here to help you and your family stay well during the work day, and beyond! Staying healthy doesn't have to be boring. Small steps lead to big rewards—physically, mentally, and financially. Check out all that LiveWell has to offer!

Visit the LiveWell website to learn more. Questions? Email LiveWell@fairfaxcounty.gov.

Join a LiveWell Program

- Employee Fitness & Wellness Center
- Fairfax County RECreation Center Discounts
- Workshops and Webinars
- Weight Watchers Discounts: Online, on-site, and Community Meetings



Attend a Special Event

- Employee Field & Fitness Day
- The Long Walk: Spring and Fall
- Wellness Expos
- Work-Out of the Darkness



Earn Rewards

MotivateMe gives eligible employees enrolled in any of the County's medical plans the opportunity to earn up to \$200 per year for making healthy choices—seeing your doctor, getting a vision exam and dental check up, participating in LiveWell workshops, and more! Rewards go into your Health Savings Account (HSA) or Healthcare Flexible Spending Account (FSA) the following year.

Benefit Spotlight: Employee Fitness & Wellness Center

The Employee Fitness and Wellness Center offers a variety of strength and cardio equipment, over 20 group fitness classes per week, personal training, and fully equipped locker rooms, at great prices.

Call 703-324-5590 to learn more.

Benefit Tip: Your annual preventive exam is required before you are credited with any other rewards. Get yours early in the year to ensure all your rewards are earned and reported before the end of the year.

No rewards will be posted after December 31st.

MotivateMe



Let's Get Started!

- 1) Complete your annual preventive physical exam with your primary care physician. This step earns you \$100 in rewards and then allows you to earn other rewards throughout the year.
- 2) Activities will be tracked and logged through your health plan website. CIGNA members can track their points through mycigna.com. Kaiser members can track through kp.org/engage. Items marked with a * below must be self-reported to receive credit. You will not see credit for some activities until your Annual Physical has been processed and recorded in the system.

Goal Type	Description	Award Type	Amount
Complete your annual physical (preventive exam)	A preventive exam including lab work that's used to reinforce good health, and address potential or chronic programs. <i>Credit will not be visible or credited until claim has been processed</i>	Required One per Year	\$100
Complete a Health Assessment	A confidential questionnaire that asks about your health and well-being and provides a personalized report on your health status.	One per year	\$25
Complete Online Health Coaching: My Health Assistant Program	<u>Online Health Coaching Program topics:</u> Improve your Nutrition Exercise for Better Health Maintain a Positive Mood Work towards a Healthier Weight Manage our Stress Quit Tobacco – Six Month Program	Two per year	\$10
Telephonic Health Coaching	<u>Reach your health goals with a telephonic health coach:</u> Make progress towards a personal health goal Get help improving my lifestyle habits – Tobacco Get help improving my lifestyle habits – Weight Get help improving my lifestyle habits – Stress	Two per year	\$10
Get a Dental Exam*	Visit your dentist at least once (but we recommend twice) this year for your dental/oral examination.	Two per year	\$5
Get your annual vision screening* (preventive exam)	Visit your eye doctor for an annual vision exam.	One per year	\$5
Participate in a Wellness Workshop*	When participating in a LiveWell sponsored workshop you'll earn an award. This includes live, on-site, one-time or multi-week workshops.	Two per year	\$10
Attend a LiveWell Sponsored Webinar*	Throughout the year you'll be invited to attend an assortment of live, LiveWell sponsored webinars.	Three per year	\$10

2018 Health and Dental Premiums

Open Enrollment : October 2 - 27, 2017

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		
	Total Premium Cost	County Bi-Weekly Share	Employee Bi-Weekly Share	Difference from 2017	County Bi-Weekly Share	Employee Bi-Weekly Share	Difference from 2017
OAP Co-Pay Plan, managed by Cigna—Plan Closed to New Entrants							
Individual	\$871.33	\$340.63	\$61.52	\$2.41	\$170.32	\$231.84	\$7.97
2 Party	\$1,699.11	\$584.81	\$199.39	\$8.34	\$292.40	\$491.80	\$17.38
Family	\$2,535.37	\$872.64	\$297.53	\$12.45	\$436.32	\$733.85	\$25.93
OAP 90% Co-Insurance Plan, managed by Cigna							
Individual	\$715.02	\$279.82	\$50.19	\$1.88	\$139.91	\$190.10	\$6.49
2 Party	\$1,405.27	\$484.46	\$164.13	\$6.49	\$242.23	\$406.36	\$14.16
Family	\$2,066.62	\$712.54	\$241.28	\$9.50	\$356.27	\$597.55	\$20.79
OAP 80% Co-Insurance Plan, managed by Cigna							
Individual	\$499.81	\$196.08	\$34.60	\$1.00	\$196.08	\$34.60	\$1.00
2 Party	\$974.66	\$337.38	\$112.46	\$3.26	\$168.69	\$281.15	\$8.13
Family	\$1,454.47	\$503.47	\$167.82	\$4.85	\$251.74	\$419.56	\$12.13
MyChoice CDHP, managed by Cigna							
Individual	\$472.74	\$185.46	\$32.73	\$0.80	\$92.73	\$125.46	\$3.04
2 Party	\$921.81	\$319.09	\$106.36	\$2.57	\$159.54	\$265.91	\$6.43
Family	\$1,375.64	\$476.18	\$158.73	\$3.85	\$238.09	\$396.82	\$9.61
Kaiser Permanente HMO							
Individual	\$604.85	\$236.95	\$42.21	\$2.15	\$118.48	\$160.68	\$7.80
2 Party	\$1,178.78	\$407.10	\$136.95	\$7.10	\$203.55	\$340.50	\$16.69
Family	\$1,753.61	\$605.64	\$203.72	\$10.57	\$302.82	\$506.54	\$24.85
Dental							
Individual	\$41.46	\$9.57	\$9.57	-\$1.28	\$4.79	\$14.35	-\$0.45
2 Party	\$78.32	\$18.07	\$18.07	-\$2.42	\$9.04	\$27.11	-\$0.84
Family	\$129.08	\$29.79	\$29.79	-\$3.98	\$14.89	\$44.68	-\$1.38

*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).



To request this information in an alternate format, call 703-324-3311, TTY 711

A Fairfax County, Va. Publication
September 2017