

2023 Medical & Dental Premiums

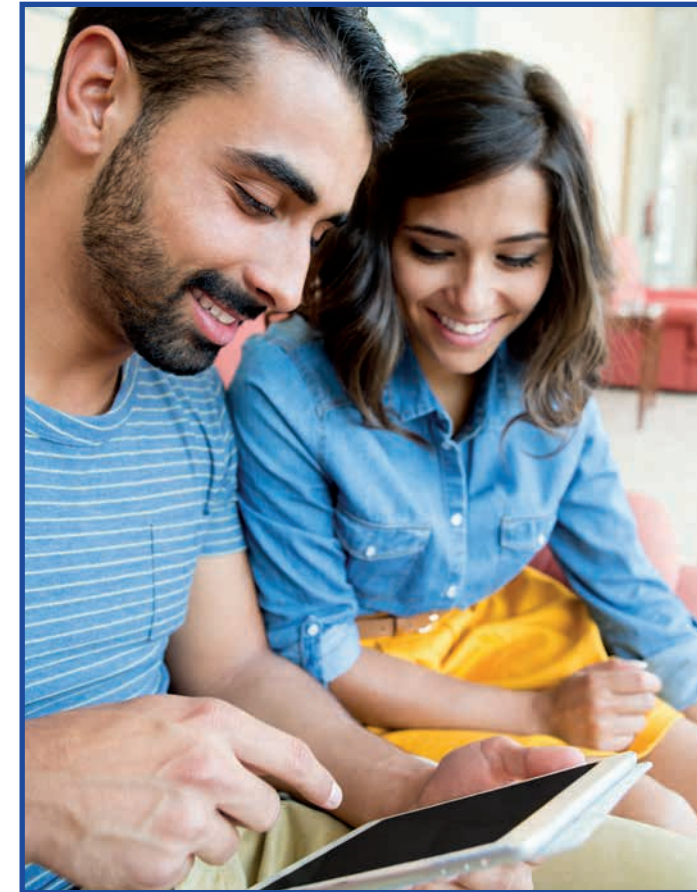
| | Full-Time Employees | | | | Part-Time Employees | |
|--|-------------------------|------------------------|--------------------------|--------------------------------|------------------------|--------------------------|
| | Employee Annual Premium | County Bi-Weekly Share | Employee Bi-Weekly Share | Bi-Weekly Difference from 2022 | County Bi-Weekly Share | Employee Bi-Weekly Share |
| OAP 90% Co-Insurance Plan, managed by CIGNA with EyeMed Vision Care Program | | | | | | |
| Individual | \$1,797.38 | \$391.75 | \$69.13 | \$3.39 | \$195.88 | \$265.01 |
| Employee+Child(ren) | \$5,694.00 | \$657.00 | \$219.00 | \$10.74 | \$328.50 | \$547.50 |
| Employee+Spouse | \$6,284.72 | \$725.14 | \$241.71 | \$11.87 | \$362.57 | \$604.28 |
| Family | \$8,985.86 | \$1,036.84 | \$345.61 | \$16.96 | \$518.42 | \$864.03 |
| OAP 80% Co-Insurance Plan, managed by CIGNA with EyeMed Vision Care Program | | | | | | |
| Individual | \$1,292.72 | \$281.76 | \$49.72 | \$2.96 | \$281.76 | \$49.72 |
| Employee+Child(ren) | \$4,096.04 | \$472.62 | \$157.54 | \$9.38 | \$236.31 | \$393.84 |
| Employee+Spouse | \$4,518.28 | \$521.35 | \$173.78 | \$10.36 | \$260.68 | \$434.46 |
| Family | \$6,462.82 | \$745.71 | \$248.57 | \$14.81 | \$372.85 | \$621.42 |
| MyChoice CDHP, managed by CIGNA with EyeMed Vision Care Program | | | | | | |
| Individual | \$1,058.98 | \$230.82 | \$40.73 | \$1.47 | \$115.41 | \$156.14 |
| Employee+Child(ren) | \$3,355.56 | \$387.19 | \$129.06 | \$4.66 | \$193.60 | \$322.66 |
| Employee+Spouse | \$3,700.32 | \$426.96 | \$142.32 | \$5.16 | \$213.48 | \$355.80 |
| Family | \$5,293.86 | \$610.82 | \$203.61 | \$7.36 | \$305.41 | \$509.02 |
| Kaiser Permanente HMO with EyeMed Vision Care Program | | | | | | |
| Individual | \$1,308.84 | \$285.24 | \$50.34 | -\$0.04 | \$142.62 | \$192.96 |
| Employee+Child(ren) | \$4,146.48 | \$478.45 | \$159.48 | -\$0.13 | \$239.22 | \$398.71 |
| Employee+Spouse | \$4,574.64 | \$527.80 | \$175.93 | -\$0.14 | \$263.90 | \$439.84 |
| Family | \$6,542.64 | \$754.92 | \$251.64 | -\$0.20 | \$377.46 | \$629.10 |
| Delta Dental of Virginia | | | | | | |
| Individual | \$265.46 | \$10.22 | \$10.21 | \$0 | \$5.11 | \$15.32 |
| Two-Party | \$501.80 | \$19.30 | \$19.30 | \$0 | \$9.65 | \$28.95 |
| Family | \$826.80 | \$31.81 | \$31.80 | \$0 | \$15.90 | \$47.71 |

Additional Premium Deduction Information

- Payroll-deducted premiums for Health and Optional Life insurance benefits are pre-tax. Premiums for Long Term Disability and Dependent Life Insurance are post-tax. All will be withheld on a bi-weekly basis, over 26 pay periods. Deductions are based on Fairfax County Government's payroll schedule.
- Payroll-deducted contributions to Flexible Spending Accounts and Health Savings Accounts will be withheld bi-weekly over 26 pay periods and deductions begin based on the calendar year.
- Part-Time premiums apply to Benefits Eligible, Merit employees scheduled to work 30 hours or less per week who were hired after July 3, 2009 and all Non-Merit Benefits Eligible (Status E) employees.
- Part-Time premium for Individual coverage in the OAP 80% Co-insurance Plan has been adjusted to comply with the Affordable Care Act (ACA).

2023 Active Open Enrollment

October 3 - 21, 2022



Open Enrollment Details

- The At-A-Glance is a quick reference guide for plan year 2023. Additional Open Enrollment and benefit materials can be found on FairfaxNet.
- FOCUS ESS will open for employees to make benefit changes and update enrollments on **October 3, 2022**.
- To make a change to benefit elections, or contribute to a Flexible Spending Account (FSA), selections must be saved in FOCUS ESS **before 11:59 pm on October 21, 2022**.
- With the exception of FSAs, which do not rollover, if you do not want to make changes in your enrollments, no action is needed.
- New benefits elected during Open Enrollment go into effect **January 1, 2023**.

How to Learn More

- Virtual education will begin on **September 28th**. A full schedule of live sessions will be available on the [Open Enrollment Page](#) on FairfaxNet.
- For Open Enrollment 2023, two in-person Health Fairs will be held. These fairs offer a chance to speak with vendor partners, get a flu shot or health screening, and more. Visit the Open Enrollment Page on FairfaxNet for details and check in with the Benefits and LiveWell Blog or the Upcoming Events Page for more happenings.
- Go beyond your medical plan and explore all of your benefits with ALEX. Talk to ALEX to get benefits back-up from your smartphone, tablet or computer. Learn how to access ALEX by visiting the [Benefits Page](#) on FairfaxNet.

Reminders

- Flexible Spending Account (FSA) enrollments do not roll over. New FSA contribution elections must be made annually.
- Dependent records cannot be removed from FOCUS. While you may end a dependent's coverage in FOCUS ESS during Open Enrollment, you cannot permanently delete their record.
- **SAVE YOUR CHANGES!** - Changes made in FOCUS ESS are not saved automatically. Employees making elections must complete enrollments and manually save at the final step. Once saved, always, remember to Print or Save a PDF copy of your elections.
- Keep checking *NewsLink* and the Benefits Page on FairfaxNet for event details, benefits news, enrollment tips, and more.

| | CIGNA OAP MyChoice CDHP with HSA | | CIGNA OAP 90% Co-Insurance Plan | | CIGNA OAP 80% Co-Insurance Plan | | Kaiser Permanente HMO |
|--|--|---|--|---|--|---|---|
| | In-Network | Out-of-Network* | In-Network | Out-of-Network* | In-Network | Out-of-Network* | In-Network - Local |
| Health Savings Account (HSA) Eligible | County Contribution: \$700 Individual/\$1,400 Two-Party or more | | Plan Not Eligible for Health Savings Account (HSA) | | Plan Not Eligible for Health Savings Account (HSA) | | Plan Not Eligible for HSA |
| Annual Deductible | \$1,750 Individual \$3,500 Family | \$3,500 Individual \$7,000 Family | \$350 Individual \$700 Family | \$700 Individual \$1,400 Family | \$500 Individual \$1,000 Family | \$1,000 Individual \$2,000 Family | \$0 |
| Annual Out-of-Pocket Limit | \$6,000 Individual \$12,000 Family | \$12,000 Individual \$24,000 Family | \$2,500 Individual \$5,000 Family | \$5,000 Individual \$10,000 Family | \$3,000 Individual \$6,000 Family | \$6,000 Individual \$12,000 Family | \$3,500 Individual \$9,400 Family |
| Preventive Care - 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% | 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 70% co-insurance, no plan deductible Ages 18 and above: Plan pays 60% co-insurance after deductible is met | No Charge |
| Routine Preventive Care, Immunizations, Mammogram, PAP, PSA Tests | | | | | | | |
| 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 | 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 |
| Specialty Care | Plan pays 90% co-insurance after plan deductible is met | Plan pays 70% co-insurance after plan deductible is met | Plan pays 90% co-insurance after plan deductible is met | Plan pays 70% co-insurance after plan deductible is met | Plan pays 80% co-insurance after plan deductible is met | Plan pays 60% co-insurance after plan deductible is met | \$10 PCP co-pay |
| Inpatient Hospital Facility | Plan pays 90% co-insurance after plan deductible is met | Plan pays 70% co-insurance after plan deductible is met | Plan pays 90% co-insurance after plan deductible is met | Plan pays 70% co-insurance after plan deductible is met | Plan pays 80% co-insurance after plan deductible is met | Plan pays 60% co-insurance after plan deductible is met | No Charge |
| Outpatient Hospital Facility | Plan pays 90% co-insurance after plan deductible is met | Plan pays 70% co-insurance after plan deductible is met | Plan pays 90% co-insurance after plan deductible is met | Plan pays 70% co-insurance after plan deductible is met | Plan pays 80% co-insurance after plan deductible is met | Plan pays 60% co-insurance after plan deductible is met | \$10 visit |
| Outpatient Professional Service | Plan pays 90% co-insurance after plan deductible is met | Plan pays 70% co-insurance after plan deductible is met | Plan pays 90% co-insurance after plan deductible is met | Plan pays 70% co-insurance after plan deductible is met | Plan pays 80% co-insurance after plan deductible is met | Plan pays 60% co-insurance after plan deductible is met | \$10 visit |
| Chiropractic Care | Plan pays 90% co-insurance after plan deductible is met | Plan pays 70% co-insurance after plan deductible is met. Max 12 visits per year. | Plan pays 90% co-insurance after plan deductible is met | Plan pays 70% co-insurance after plan deductible is met. Max 12 visits per year. | Plan pays 80% co-insurance after plan deductible is met | Plan pays 60% co-insurance after plan deductible is met. Max 12 visits per year. | \$15 co-pay; Annual limit 20 visits |
| Hearing Aids | Plan pays 90% co-insurance after plan deductible is met | Plan pays 90% co-insurance after plan deductible is met | Plan pays 90% co-insurance after plan deductible is met | Plan pays 90% co-insurance after plan deductible is met | Plan pays 80% co-insurance after plan deductible is met | Plan pays 80% co-insurance after plan deductible is met | Covered in full to maximum. One hearing aid/ear every 36 months-max \$1,000 |
| | Max benefit is \$3,000 every 24 months | Max benefit is \$3,000 every 24 months | Max benefit is \$3,000 every 24 months | Max benefit is \$3,000 every 24 months | Max benefit is \$3,000 every 24 months | Max benefit is \$3,000 every 24 months | |
| Emergency Room | Plan pays 90% co-insurance after plan deductible is met | Plan pays 90% co-insurance after plan deductible is met | Plan pays 90% co-insurance after plan deductible is met | Plan pays 90% co-insurance after plan deductible is met | Plan pays 80% co-insurance after plan deductible is met | Plan pays 80% co-insurance after plan deductible is met | \$150 per visit (co-pay waived if admitted other than observation) |
| Urgent Care Facility | Plan pays 90% co-insurance after plan deductible is met | Plan pays 90% co-insurance after plan deductible is met | Plan pays 90% co-insurance after plan deductible is met | Plan pays 90% co-insurance after plan deductible is met | Plan pays 80% co-insurance after plan deductible is met | Plan pays 80% co-insurance after plan deductible is met | \$10 visit |
| Mental Health & Substance Abuse Treatment (In-Patient) | Plan pays 90% co-insurance after plan deductible is met | Plan pays 70% co-insurance after plan deductible is met | Plan pays 90% co-insurance after plan deductible is met | Plan pays 70% co-insurance after plan deductible is met | Plan pays 80% co-insurance after plan deductible is met | Plan pays 60% co-insurance after plan deductible is met | Inpatient - covered in full when medically necessary Outpatient - \$10 individual \$5 group |
| Annual Prescription Drug Deductible | Medical and Prescription Drug deductible combined | | \$75 Individual/\$150 Family | | \$200 Individual/\$400 Family | | |
| Annual RX Out-of-Pocket Limit | Medical and Prescription Drug limit combined | | \$2,000 Individual/\$4,000 Family | | \$2,500 Individual/\$5,000 Family | | |
| All Cigna Plans: <ul style="list-style-type: none"> Generic Preventive Medications are \$0 and any deductible is waived. A 90-day supply from a Retail Pharmacy is only available at a Cigna 90 Now participating Pharmacy. Most 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 Generic - \$10 Formulary/Preferred Brand - 20% (max \$55) Non-Formulary/Non-Preferred - 35% (max \$110) Specialty 35% (max \$110) Home Delivery – 90 day supply Generic Maintenance - \$0 Generic - \$20 Formulary/Preferred Brand - 20% (max \$110) Non-Formulary/Specialty - 35% (max \$220) | Retail – You pay 30% after deductible Home Delivery – Not Covered | Retail – 30 day supply Generic - \$7 Formulary/Preferred Brand - 20% (max \$50) Non-Formulary/Non-Preferred - 30% (max \$100) Home Delivery – 90 day supply Generic Maintenance - \$0 Generic - \$14 Formulary/Preferred Brand - 20% (max \$100) Non-Formulary/Specialty - 30% (max \$200) | Retail – You pay 30% after Pharmacy deductible Home Delivery – Not Covered | Retail – 30 day supply Generic - \$10 Formulary/Preferred Brand - 20% (max \$55) Non-Formulary/Non-Preferred - 35% (max \$110) Specialty 35% (max \$110) Home Delivery – 90 day supply Generic Maintenance - \$0 Generic - \$20 Formulary/Preferred Brand - 20% (max \$110) Non-Formulary/Specialty - 35% (max \$220) | Retail – You pay 30% after Pharmacy deductible Home Delivery – Not Covered | Kaiser Pharmacy – 30-day supply Generic - \$10 Formulary/Preferred Brand - \$20 Non-Formulary/Non-Preferred - \$35 Community Pharmacy – 30-day supply Generic - \$20 Formulary/Preferred Brand - \$40 Non-Formulary/Non-Preferred - \$55 Home Delivery – 90-day supply Generic - \$20 Formulary/Preferred Brand - \$40 Non-Formulary/Non-Preferred - \$70 |

* Out-of-Network payments are based on plan-allowed amounts for services, not as charged by provider and/or facility.

*Review plan summaries for details on annual deductibles and service payments.