



2023 Active Employee Benefits Guide

Fairfax County Government



2023 Health Fairs and Plan Education

Join the fun and learn a little too. In addition to virtual education sessions, employees can stop by one of our in-person Health Fairs this Open Enrollment. Activities will include flu shots, health screenings, vendor partner consultations and more.

Registration for Open Enrollment events is not required. Participants are encouraged to attend as many sessions as needed.

A [full schedule](#) with access links and information can be found on the [Open Enrollment Page](#) on FairfaxNet along with additional resources.



In-Person Health and Benefit Fairs

Monday, October 3rd from 10 am to 1 pm Government Center South Atrium

Wednesday, October 19th from 10 am to 1 pm Public Safety Headquarters Room #2105

Virtual Open Enrollment Sessions Hosted by the Benefits Division

Wednesday, September 28th at 11 am

Monday, October 3rd at 7 pm

Tuesday, October 4th at 9 am

Wednesday, October 5th at 2 pm

Friday, October 7th at 10 am

Tuesday, October 11th at 8 am

Wednesday, October 12th at 7 pm

Thursday, October 13th at 1 pm

Tuesday, October 18th at 12 pm

Plan Specific Education Hosted By Vendor Partners

NEW - LiveWell Presents: MotivateMe

- Tuesday, October 4th at 2 pm

Cigna managed 90% & 80% Co-Insurance Plans

- Thursday, September 29th at 10 am
- Wednesday, October 12th at 2 pm

Cigna managed MyChoice CDHP Plan

- Friday, September 30th at 11 am
- Tuesday, October 11th at 2 pm

NEW - Your Employee Assistance Program (EAP)

- Thursday, October 13th at 10 am

Health Savings Accounts (HSAs) with HSA Bank & Cigna

- HSA Basics - Thursday, October 6th at 11 am
- HSA Investing - Monday, October 17th at 2 pm

Kaiser Permanente HMO Plan

- Thursday, October 6th at 2 pm
- Monday, October 17th at 11 am

Flexible Spending Accounts (FSAs) with TASC

- Tuesday, October 4th at 11 am
- Monday, October 10th at 2 pm

NEW - Vision Care Program with EyeMed

- Monday, October 10th at 11 am

Life Insurance & Long Term Disability with The Standard

- Tuesday, October 11th at 11 am

NEW - Benefits Planning for Retirement: Quick Tips

- Thursday, October 20th at 12 pm

Before you enroll... Talk to ALEX

ALEX is an online tool that can help you pick your best benefits.

Just answer a few questions about your estimated health care spending and ALEX will run the numbers to figure out which plans give you the coverage you need for the least amount of money.

It's free, it's confidential, and it takes less than 10 minutes to get some peace of mind for the next year.

Get started now at

<https://www.myalex.com/fairfaxcounty/2023>



What's New for 2023

ALEX - Your Personal Benefits Counselor

Take the guesswork out of picking your plans. Before you enroll, let ALEX help you put together a personalized benefits strategy. ALEX is confidential and available 24/7 from your computer, smartphone, or tablet.

For plan year 2023, ALEX is getting a makeover and adding some new features:

- [ALEX GO](#) - is a compact benefits experience that omits the art, voiceover, and animation. ALEX Go is available in English and Spanish and is great for employees who work in the field or are constantly on the go.
- [ALEX Homepage](#) - connect with ALEX and find Smart Tips, a series of short, straightforward videos on a variety of benefits topics. ALEX Homepage provides helpful resources for smarter choices at Open Enrollment and beyond.

Medical Plans

There will be no pharmacy or medical plan changes other than legislative and regulatory updates or prescription plan formulary design. For bi-weekly rates, see the last page of this guide.

Plan Name	2023 Rate Increase
Cigna 90% Co-Insurance Plans	5.2%
Cigna 80% Co-Insurance Plans	6.4%
Cigna MyChoice CDHP	3.8%
Kaiser Permanente HMO	-0.8%

Health Savings Accounts (HSAs)

There will be no change in the county contribution to employee Health Savings Accounts for 2023. Participants enrolled in the Cigna MyChoice CDHP Plan on January 1st will receive a lump-sum county contribution in their Health Savings Accounts. Participants enrolled in an individual plan will receive **\$700** and those enrolled in plans covering two or more will receive **\$1,400**. Contributions from Fairfax County Government are sent to HSA Bank on the first payroll Friday of the new year. Funds are typically credited to HSAs early the following week. Contributions are not based on employee status but based on enrollment tier and effective date. Participants who enroll in the Cigna MyChoice CDHP mid-year, will receive a pro-rated contribution.

2023 HSA Annual Contribution Limits <i>(Max includes all county contributions)</i>	
Individual	\$3,850
Two-Party/Family	\$7,750
Over 55 Catch-up	\$1,000



Flexible Spending Accounts (FSAs)

Fairfax County Government offers the opportunity to participate in three types of Flexible Spending Accounts. The minimum contribution for all Flexible Spending Accounts is \$125. See below for 2023 annual maximums:

2023 FSA Annual Contribution Limits	
Healthcare FSA	\$2,850
Limited Purpose FSA	\$2,850
Dependent Care FSA	\$5,000

Optional Group Term Life Insurance

The Optional Group Term Life Insurance premium for employees who fall between the age 60–69 and 70–79 age-bands will increase from \$0.66 per \$1,000 per month to \$0.85 per \$1,000 per month.

Example: A participant carrying optional coverage equal to two-times their \$70,000 salary will see a per pay period increase from \$42.65 to \$54.92 in 2023.

During Open Enrollment, employees may add, reduce, or cancel enrollment in Optional Life using FOCUS ESS. Those wishing to increase their optional life insurance will be subject to Evidence of Insurability.

To review your current life insurance enrollments or estimate costs, access *My Benefits* on FOCUS ESS. See notes below on how to access benefits information online.

Dependent Life Insurance

There will be new Dependent Life Insurance rates in 2023. During Open Enrollment, employees may add, reduce, or cancel enrollment in Dependent Life Insurance using FOCUS ESS. By adding or increasing coverage for a spouse, they will be subject to Evidence of Insurability.

	Spouse	Child	Rate/Month
Option 1	\$10,000	\$5,000	\$2.41
Option 2	\$15,000	\$10,000	\$4.82
Option 3	\$25,000	\$15,000	\$9.67



Open Enrollment Tips

- Review Resources & Attend Benefits Education Sessions
- Ask ALEX
- Know your FSAs
- Confirm Any Contributions
- Print or Save Your Enrollment Confirmation
- Check Your County Email
- Review or Update Beneficiaries

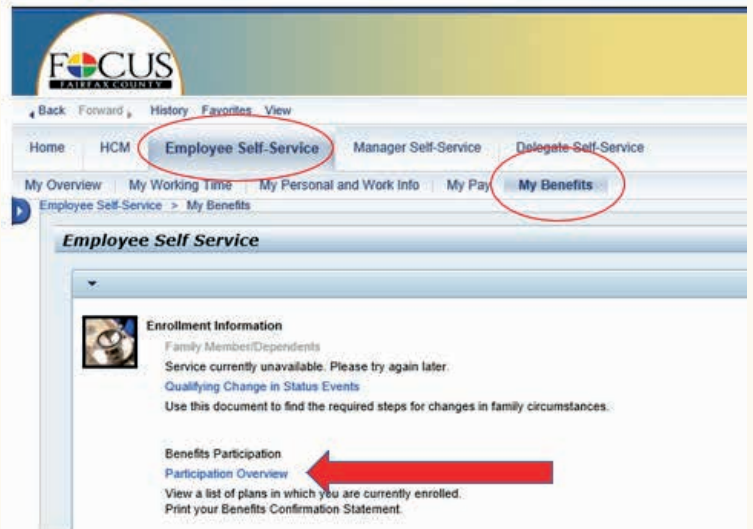
Visit the Benefits Page on FairfaxNet for more details on Open Enrollment and the benefits available to you

How to review your current enrollments, your pay, and your Total Rewards:

Employees can review their current and past enrollments by accessing their benefit record on FOCUS ESS. Log on to FOCUS ESS and select **My Benefits**. On the lower left portion of the page, select **Participation Overview**. From here, you can move the date forward or backward to review benefit enrollments.

To review what you are currently paying on a biweekly basis, employees can access their pay advice on FOCUS ESS. Log on to FOCUS ESS and select **My Pay**. From here the first option on the menu will be **Pay Advice**. Here you can see your current bi-weekly deductions.

On the "My Pay" Page in FOCUS ESS, you can also access your **Total Rewards Statement**. This document will provide you an overview of what you have been paid, along with what both you and the county have paid towards your benefits.



Important Things to Know

What Am I Eligible to Enroll In?

Fairfax County Government offers its employees a wide variety of benefits. From health benefits to life insurance options, disability and leave programs, there is a lot to choose from. Eligibility for the available benefits is tied to your employment status as listed in FOCUS. To find out what you are eligible for, access our [Benefits Eligibility Chart](#) on the [Benefits Page](#) on FairfaxNet.



Who Can Be Covered?

Benefit Eligible employees have the option of covering [eligible dependents](#) on health and life insurance plans.

- Spouses as recognized by the Commonwealth of Virginia. Employees enrolling a spouse must provide a copy of their marriage certificate or a copy of the top of the most recent tax return showing both social security numbers or nine-digit tax identification number and filing status.
- Children, step-children, adopted children or any children whom you have been granted legal custody of through the courts who is under the age of 18. A copy of the child's birth certificate or legal custody document must be provided when enrolling dependent children along with a valid social security number or nine-digit tax identification number. Once added to a plan, dependent children can be covered until age 26.
- Disabled dependents, regardless of age, are eligible to remain on the county's health plans if the disability occurred before age 26. Appropriate notification and documentation must be provided to Cigna or Kaiser Permanente for verification prior to the disabled dependent's 26th birthday.

Employment Status Changes

If the status of your employment, as listed in FOCUS, changes mid-year, your current benefit elections will remain in effect until the end of the month during which your status was changed. Additionally, a status change may be considered a qualifying event allowing you to make changes to your benefit elections outside of our annual Open Enrollment period. Employees have 30 calendar days from the date of their status change in FOCUS to contact the Benefits Division directly regarding benefit changes.

If your status change is from a benefits eligible position to a non-benefits eligible position mid-year, your current medical plan elections will remain in effect for the remainder of the calendar year. All other benefits would terminate on the first of the month following your status change. Premiums will continue to be deducted and may increase.

Mid-year status changes impact benefits and premiums differently. Always remember to contact the Benefits Division directly with any questions or concerns about your benefits and how they will be impacted by changes in your employment.



Qualifying Events

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 benefit elections during the plan year. The change requested must be on account of, and consistent with, the qualifying event and notification of your event must be made directly to the Benefits Division **within 30 calendar days** of the qualifying event.

If you experience a qualifying event, or need to make a mid-year change to your benefits, it is the employee's responsibility to notify DHR Benefits Division within 30 calendar days of the event. Changes cannot be made in FOCUS or by your agency.

For more on [qualifying events](#) visit the [Benefits Page](#) on FairfaxNet.



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. Enrollments cannot be canceled without a court order release.



Children Turning 26

If you are covering a child who will be turning 26 this plan year, your child's coverage under Fairfax County benefits will end the last day of the month in which they turn 26. These dependents will be automatically removed from your medical and dental plans. A COBRA Notice will be mailed to the subscriber's address on record in FOCUS. COBRA, or the Consolidated Omnibus Budget Reconciliation Act of 1985, requires the county to offer employees and their families the opportunity to extend their health and dental insurance coverage at group rates in certain instances where coverage would otherwise end. For more information on COBRA, visit the Benefits Page on FairfaxNet.

Find additional details on [Eligible Dependents](#) and [COBRA](#) on the [Benefits Page](#) on FairfaxNet.

Disabled Dependents



Disabled dependents, regardless of age, are eligible to remain on the county's health plans if the disability occurred before age 26. If you are currently providing insurance for a handicapped/disabled dependent and would like to continue their coverage past age 26, please reach out to the Benefits team directly. Required paperwork must be completed and submitted to the medical plan carrier for review at least 90 days prior to the dependent's termination date in order to be considered for continued coverage. This required paperwork may include physician forms and a separate questionnaire. The treating physician must complete this information. You may also include an award for Social Security benefits letter with the completed questionnaire. Your completed documentation will be reviewed to determine if your dependent meets the criteria for continued coverage.

Sharing of Health and Benefit Information

The Benefits Division will not share personal information or enrollments, with anyone other than the employee or plan subscriber. To protect the privacy of participants, the Benefits Division will not provide information regarding specific details about individual plans and processes without approval from the employee, or an approved Power of Attorney on file with the Benefits Division in the Department of Human Resources.

In lieu of a Power of Attorney, employees may provide "on-the-spot" permission for a one-time release of information. The employee would need to be present, in-person, or on the phone, and provide verifying information before any details can be shared. This includes all family members or personal representatives.

Any enrollment changes requested by someone other than the employee will only be granted after review and approval of a Power or Attorney or other legal document. Privacy guidelines apply in all circumstances, for all family members, agency representatives, and, if both participants are current, or former county employees.

2023 Benefits Overview and Resources:

Cigna Medical Plans & HSAs

Cigna 90% or 80% Co-Insurance Plans

- Open Access Plus (OAP) Network, Cigna's largest network of providers.
- Medical plan enrollment includes no-cost preventive care and medications.
- Access to out-of-network providers.
- Annual medical deductible followed by co-insurance on covered services. If you have other family members on the plan, each must meet their own individual deductible until all family members meet the overall family deductible.
- Includes pharmacy plan with separate deductible.

Cigna Plan Resources

- myCigna.com
- Cigna Customer Service : (800) 244-6224
- Keisha Lewis, Cigna Rep.: (703) 328-5789

Cigna MyChoice CDHP Plan

- Open Access Plus Network (OAP), Cigna's largest network of providers.
- Medical plan enrollment includes no-cost preventive care and medications.
- Access to out-of-network providers.
- Combined annual medical and pharmacy deductible followed by co-insurance on covered services and drugs. The overall family deductible must be met before the plan pays. Each family member does not need to meet an individual deductible.
- The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own individual out-of-pocket limit.
- Eligible to be combined with a tax-deferred, interest bearing Health Savings Account.

Additional Cigna Programs for all plans

- Free Health Information Line, 24/7 Access.
- Telehealth, 24/7 Access to Doctors Anywhere Anytime.
- Healthy Babies, Healthy Pregnancies Program
- Lifestyle Management Programs
- Personal Health Coaching
- Omada for diabetes and high blood pressure
- Access to virtual behavioral health counseling: Talkspace, Brightside, Ginger, Meru, and more.
- Specialized virtual support for conditions like alcohol misuse, substance use disorders, eating disorders, and obsessive compulsive disorder
- Healthy Rewards, health, fitness, and wellbeing related discounts



Health Savings Accounts (HSAs)

A Health Savings Account, or HSA, is a tax-advantaged, medical savings account for qualified health expenses available to participants enrolled in the Cigna MyChoice CDHP Plan only. Not only do HSA funds roll-over from year-to-year, so you are able to build a nest egg for future medical, dental and vision expenses, these accounts grow with interest and investments to add to your future retirement planning.

HSAs are governed by the IRS. If you have any questions on eligibility, contributions, eligible expenses, or any other tax relevant issues, it is best to consult with a tax professional.

HSA Resources

- Current [Health Savings Account Page](#)
- [myCigna.com](https://mycigna.com)
- Cigna Customer Service : (800) 244-6224
- HSA Bank Customer Service: (800) 357-6246



County and Personal Contributions

- The 2023 county contribution to eligible employee Health Savings Accounts is **\$700** for individuals and **\$1,400** for plans with two or more.
- Fairfax County Government makes contributions to this account on the first payroll Friday in the new year. The money from Fairfax County Government is not in your Health Savings Account on the first day of the new year.
- Contributions to your HSA can be made through Fairfax County Government payroll and can be changed mid-year by completing a paper form and submitting your request to the Benefits Division. The form can be found on the Benefits Page on FairfaxNet.
- Contributions, county and payroll deducted, cannot be made to accounts that have been closed or have not cleared the bank's security and identification process. Failure to ensure your account is in good standing is not considered a qualifying event and no retroactive contributions will be provided.

Contribution Limits and Guidelines

- The 2023 IRS contribution limits to Health Savings Accounts are \$3,850 for individuals and \$7,750 for those enrolled in a two-party or family plan.
- The total contribution limit includes any money contributed to your account by Fairfax County Government, by you, and any MotivateMe Incentive Rewards you may have earned.
- Subscribers who are 55 years or older can contribute an additional \$1,000 per year.
- Changing tiers or terminating enrollment in a qualified High Deductible Health Plan mid-year, impacts the amount you can contribute annually. It is always the employee's responsibility to ensure they do not violate IRS regulation and exceed the allowable contribution limit.



2023 Benefits Overview and Resources:

Kaiser Permanente HMO & Flexible Spending Accounts



Kaiser Permanente HMO

The Health Maintenance Organization, or HMO Plan, managed by Kaiser Permanente, is a local, center-based plan that features a co-pay structure for in-network services only. There is no coverage for services received from out-of-network providers. This plan requires participants to select a Primary Care Physician (PCP), and requires PCP referrals when seeking specialty services.

Kaiser Permanente HMO Resources

- Current [Kaiser Permanente HMO Page](#)
- [KP.org](#)
- Kaiser Member Services: (301) 468-6000

In-Network Benefit Snapshot:

- No deductible
- No-cost preventive care
- \$10 copay - PCP Visits
- \$0 copay - PCP visits for children under 5
- \$0 copay - Video Visits
- Includes pharmacy plan with no-cost delivery through Mail Order Pharmacy.
- 35+ medical centers in the Mid-Atlantic States region. No annual deductible. 14 Urgent Care locations, 7 that are open 24/7.

Additional Benefits

- Care away from home with Minute Clinics and Away-from Home Travel Line.
- Active&Fit Direct and ChooseHealthy Programs. Reduced rates on studios, gyms, fitness gear and online classes.
- Wellness Coaching at no extra cost and automatic enrollment in chronic care programs.
- Self-care apps Calm and myStrength; download at no cost to ease stress, improve awareness, and be more mindful.

Flexible Spending Accounts with TASC

Fairfax County Government offers employees the opportunity to participate in Dependent Care, Healthcare, and Limited Purpose Flexible Spending Accounts managed by TASC. Employees designate an annual amount of money that is deducted from their paycheck on a pre-tax basis and deposited into a Flexible Spending Account. Depending on the type of account you choose, funds can be used on health related expenses or the care for a loved one while you are working or going to school. An FSA helps you pay for things you likely already have to pay for, but now you get to do it tax free.

But remember this, funds in a FSA are “use-or-lose”. Calculate your annual contribution carefully. Also, the IRS requires annual re-enrollment. Don’t forget to enroll using FOCUS ESS and to print and/or save your confirmation.

2023 FSA Annual Maximum Contributions

- Healthcare FSA - \$2,850
- Limited Purpose FSA - \$2,850
- Dependent Care FSA - \$5,000
- Minimum contributions - \$125

Additional Benefits

- MyCash Account and Debit Card
Approved reimbursements are deposited directly into your MyCash account. Then you can choose to reimburse yourself or funds can be spent just like cash everywhere MasterCard® is accepted.
- TASC Mobile App
With the TASC mobile app you can track and manage your TASC accounts and access helpful tools, anywhere at anytime.
- Lock/Unlock TASC Card:
If your TASC Card is lost or stolen, you can quickly disable it with TASC Card Lock online or via the TASC mobile app. When found, simply unlock it and it's ready to use again.
- Identity Theft Protection
TASC Identity Theft Protection provides reimbursement coverage for out-of-pocket costs from a qualifying identity theft incident.

FSA Resources

- [TASC Online Portal](#)
- [MyCash Funds](#)
- [IRS Publication 502](#)

Dates for Accessing FSA Funds

In early 2021, the Benefits Division announced an extension of grace periods for Flexible Spending Accounts (FSAs). As a result you may have additional time to access your FSAs.

2023 FSA Funds	Qualified Dates	Submission Deadlines
Healthcare and Limited Purpose FSAs	First day of plan enrollment through March 15, 2024	First day of plan enrollment through March 31, 2024
Dependent Care FSAs	First day of plan enrollment through December 31, 2023	First day of plan enrollment through March 31, 2024

2022 FSA Funds	Qualified Dates	Submission Deadlines
Healthcare and Limited Purpose FSAs	First day of plan enrollment through March 15, 2023	First day of plan enrollment through March 31, 2023
Dependent Care FSAs	First day of plan enrollment through December 31, 2022	First day of plan enrollment through March 31, 2023

2021 FSA Funds	Qualified Dates	Submission Deadlines
Healthcare, Limited Purpose and Dependent Care FSAs	First day of plan enrollment through December 31, 2022	First day of plan enrollment through March 31, 2023

MotivateMe



Total Wellbeing Program 2023 for Employees: Earn up to \$250 per year

GOAL TYPE	DESCRIPTION	AWARD TYPE	AMOUNT
Health Assessment	Required annually for all subscribers. Complete on mycigna.com or kp.org/tha	1 per year	\$100 - BOTH are REQUIRED to earn any rewards
Annual Physical	Required annually for all subscribers. Preventive, primary care exam	1 per year	
Health Assessment-Spouse	Complete on mycigna.com or kp.org/tha	1 per year	\$25
Annual Physical-Spouse	Preventive, primary care exam	1 per year	\$10
Preventive Screening	Choice of 1 screening per year: colon, cervical, prostate, mammogram, OR annual OB/GYN preventive exam	1 per year	\$30
Preventive Screening-Spouse	Choice of 1 screening per year: colon, cervical, prostate, mammogram, OR annual OB/GYN preventive exam	1 per year	\$30
Omada	Complete at least 16 lessons of a Fairfax County-sponsored Omada program: https://go.omadahealth.com/fairfaxcounty	1 per year	\$25
Omada-Spouse	Complete at least 16 lessons of a Fairfax County-sponsored Omada program: https://go.omadahealth.com/fairfaxcounty	1 per year	\$25
Complete the Cigna Wellness Screening Form*	Complete the wellness screening form and upload it to mycigna.com . Cigna members only.	1 per year	\$10
Complete the Cigna Wellness Screening Form-Spouse*	Complete the wellness screening form and upload it to mycigna.com . Cigna members only.	1 per year	\$10
Achieve Health Outcomes	Achieve: Blood pressure level of less than or equal to 139/89 OR Healthy cholesterol ratio of <= 4.4 (women), <= 5 (men), OR Fasting blood sugar level of <100 mg/dl OR Non-fasting blood sugar level of less than 140 mg/dl	1 per year	\$30
Telephonic Health Coaching	Make progress toward a health goal with a coach Achieve a health goal with a coach	Progress: 1 per year Achieve: 1 per year	\$10 \$30
Dental Exam*	Visit your dentist for a dental/oral exam	2 per year	\$10 each
Vision Exam*	Visit an optometrist or ophthalmologist for a vision exam	1 per year	\$5
Tobacco Free Pledge*	Attest to being tobacco free, or complete a cessation program	1 per year	\$5
LiveWell Classes*	Participate in live webinars or workshops sponsored by LiveWell (in-person or virtual)	5 per year	\$10 each
COVID-19 Vaccine*	Receive the complete COVID-19 vaccine series (or complete 1-dose vaccine) or receive the COVID-19 vaccine booster	1 per year	\$5 each
EAP & Behavioral Health*	Complete at least 3 visits with an EAP or behavioral health provider (in-person or virtual)	1 per year	\$15
Blood Donation*	Donate blood at a community drive, donation center, or LiveWell-sponsored blood drive	2 per year	\$5 each
Complete a Community Race*	Participate in a community 5k, 10k, marathon, etc.	1 per year	\$10
Stay Physically Active*	Exercise at least 3 hours per week for at least 8 weeks at the Employee Fitness & Wellness Center or on BurnAlong	1 per year	\$10
Beneficiary Update*	Add or update beneficiary information for your life insurance benefit at Ready Enroll	1 per year	\$5

*Indicates self-reported activity via mycigna.com

Questions? 703.324.3311, LiveWell@fairfaxcounty.gov

MotivateMe Employee 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 preventive care.

How does MotivateMe work? Cigna subscribers track and manage their rewards through mycigna.com. Cigna participants are required to complete a physical with a primary care provider and Cigna's online health assessment annually to receive any rewards. **All activities must be completed and posted on mycigna.com by December 31.** We suggest completing MotivateMe activities by October. Kaiser Permanente subscribers must track their rewards using a paper "passport". The passport can be downloaded from the LiveWell website on FairfaxNet or by contacting LiveWell. Kaiser participants are required to complete Kaiser's total health assessment at kp.org/tha 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.**

How do I register? Participants don't need to register for MotivateMe, specifically. Eligible subscribers in 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 80%, 90% or MyChoice or Kaiser Permanente) are eligible to participate and earn rewards. Retirees who subscribe to a UnitedHealthcare or Cigna Medicare Advantage plan are ineligible to participate in MotivateMe.

What activities are required to earn rewards? **There are two requirements to earn rewards.** Participants must have an annual physical **AND** complete their health plan's online health assessment during the calendar year. **Points must be posted to the MotivateMe portal by December 31 or rewards will not be given.** Additional points and activities can be completed or tracked before the requirements are completed, but points will not be awarded until the physical and health assessment are completed and posted. Items marked with an asterisk are self-reported, through the MotivateMe portal or passport.* Subscribers can earn up to \$250 per year.

Does my CDL exam or public safety physical through Occupational Health count as the annual physical? **No. 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 may take approximately 8 weeks for claims-based activities such as an annual physical or cancer screening (mammogram, colonoscopy, etc.) to appear in the MotivateMe portal. If it has been 8 weeks and you do not see the credit in the MotivateMe portal on mycigna.com, please contact the dedicated Fairfax County Cigna representative for assistance. If the coding is incorrect and the activity has not posted to the MotivateMe portal by December 31, you will not receive rewards for this activity, even if the exam or activity was completed by the deadline. *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 an annual physical? No. The annual physical must be completed through a primary care provider and is different from a well woman exam. The well woman exam may count as the annual OB/GYN 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%, or 90%, 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). Maximum HSA contribution amounts apply.

Do I have to have a healthcare flexible spending account in order to receive rewards? No. Rewards will be placed into an existing healthcare flexible spending account or, if you do not have one, Fairfax County will open an account on your behalf, using just the MotivateMe rewards.

What do you mean "tobacco free"? Being tobacco free includes not vaping or using any form of tobacco for smoking (cigarettes, cigars, bidis, JUUI, etc.) or smokeless tobacco.

Where can I find the Cigna wellness screening form? Download the form from mycigna.com or from the [LiveWell website](https://mycigna.com). Return the form to Cigna using the instructions at the top of the form. It may take several weeks for the form to be processed, so plan ahead to meet the December 31st deadline. All forms must be processed and posted to the MotivateMe portal on mycigna.com by December 31.

Who can I contact with questions? Email LiveWell@fairfaxcounty.gov or call HR Central at 703.324.3311. Plus, participate in quarterly MotivateMe webinars to learn more about the program.

	CIGNA OAP MyChoice CDHP with HSA		CIGNA OAP 90% C
	In-Network	Out-of-Network*	In-Network
Health Savings Account (HSA) Eligible	County Contribution: \$700 Individual/\$1,400 Two-Party or more		Plan Not Eligible for Health
Annual Deductible	\$1,750 Individual \$3,500 Family	\$3,500 Individual \$7,000 Family	\$350 Individual \$700 Family
Annual Out-of-Pocket Limit	\$6,000 Individual \$12,000 Family	\$12,000 Individual \$24,000 Family	\$2,500 Individual \$5,000 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			
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
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 \$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
Urgent Care Facility	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
Mental Health & Substance Abuse Treatment (In-Patient)	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
Annual Prescription Drug Deductible	Medical and Prescription Drug deductible combined		\$75 Individual
Annual RX Out-of-Pocket Limit	Medical and Prescription Drug limit combined		\$2,000 Individual
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)

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

Co-Insurance Plan	CIGNA OAP 80% Co-Insurance Plan		Kaiser Permanente HMO
Out-of-Network*	In-Network	Out-of-Network*	In-Network - Local
Health Savings Account (HSA)	Plan Not Eligible for Health Savings Account (HSA)		Plan Not Eligible for HSA
\$700 Individual \$1,400 Family	\$500 Individual \$1,000 Family	\$1,000 Individual \$2,000 Family	\$0
\$5,000 Individual \$10,000 Family	\$3,000 Individual \$6,000 Family	\$6,000 Individual \$12,000 Family	\$3,500 Individual \$9,400 Family
<u>Through age 17:</u> Plan pays 70% co-insurance, no plan deductible <u>Ages 18 and above:</u> Plan pays 70% co-insurance after deductible is met	Plan Pays 100%	<u>Through age 17:</u> Plan pays 70% co-insurance, no plan deductible <u>Ages 18 and above:</u> 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	\$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
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 \$3,000 every 24 months	Max benefit is \$3,000 every 24 months	Max benefit is \$3,000 every 24 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
/150 Family	\$200 Individual/\$400 Family		
/1/\$4,000 Family	\$2,500 Individual/\$5,000 Family		
Retail – You pay 30% after Pharmacy deductible	<u>Retail – 30 day supply</u> Generic - \$10 Formulary/Preferred Brand - 20% (max \$55) Non-Formulary/Non-Preferred - 35% (max \$110) Specialty 35% (max \$110)	Retail – You pay 30% after Pharmacy deductible	<u>Kaiser Pharmacy – 30-day supply</u> Generic - \$10 Formulary/Preferred Brand - \$20 Non-Formulary/Non-Preferred - \$35
Home Delivery – Not Covered	<u>Home Delivery – 90 day supply</u> Generic Maintenance - \$0 Generic - \$20 Formulary/Preferred Brand - 20% (max \$110) Non-Formulary/Specialty - 35% (max \$220)	Home Delivery – Not Covered	<u>Community Pharmacy – 30-day supply</u> Generic - \$20 Formulary/Preferred Brand - \$40 Non-Formulary/Non-Preferred - \$55 <u>Home Delivery – 90-day supply</u> Generic - \$20 Formulary/Preferred Brand - \$40 Non-Formulary/Non-Preferred - \$70

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

2023 Benefits Overview and Resources:

Vision Care & Dental Plan



Additional Benefits:

- Freedom Pass

EyeMed members can choose any frame at LensCrafters or Target Optical and pay nothing.

- No-Cost Services for Diabetics

- Fundus Photography
- Extended Ophthalmoscopy
- Gonioscopy
- Laser Scanning

- Lasik or PRK discounts

- Ongoing Special Offers

Save money with members-only offers on additional lenses and frames, contact orders, and designer sunglasses.

Vision Care Program with EyeMed

The Vision Care Program with EyeMed, part of the Insight Network, covers yearly routine eye examinations at no cost and provides coverage for eyeglasses and contact lenses in the same plan year.

Participants have access to additional discounts including a Freedom Pass. Choose any frame from participating retailers at no cost, regardless of the retail price.

Vision plan cannot be elected separately. Vision plan and premiums are included with medical plan election and medical premium deductions.

Vision Care Plan Resources

- Current [Vision Care Program Page](#)
- [EyeMed.com](#)
- [Find a Provider](#)
- [Member FAQ](#)

In-Network Benefit Snapshot:

- \$0 copay - Eye Exam
- Allowance for glasses and contacts in the same plan year.
- \$0 - Lenses (single vision, bifocal, trifocal)
- \$0 - Anti Reflecting Coating
- \$0 - Scratch Coating - Standard Plastic
- \$12 copay - Solid and Gradient Tint
- \$0 copay - Contact Lenses
- Easy to use EyeMed Members App with Electronic ID card and Text Alerts.

Delta Dental of Virginia

The Dental Plan with Delta Dental of Virginia provides coverage for many dental services that you or your eligible dependents may need.

Including no-cost preventive care.

Routine care may help you save! The graphic below shows the overall cost for those who received preventive care and those who didn't.

How much does a lack of routine visits cost?

The cost of visiting the dentist often increases each year for individuals without a visit compared with those who get routine check-ups. The graph below shows the average cost per person after one or more years with or without a visit to the dentist.*



Dental Plan Resources

- Current [Dental Plan Page](#)
- [Delta Dental of Virginia](#)
- [Find a Dentist](#)
- [Virtual Visits](#)

In-Network Benefit Snapshot:

- Access to the PPO and Premier Networks

Participants who utilize providers from the PPO Network will pay a lower co-insurance for services.

- \$0 copay - Oral Exams
- 10% Coinsurance - Basic Services (see 2023 plan summary for list)
- Orthodontic Services for dependent children through the end of the month they turn 19.

Additional Benefits:

- **NEW** - Virtual Visits by TeleDentistry.com

Virtual visits for dental emergencies, access to an after-hours dentist, dental consultations while traveling. Services count as an oral examination under our current plan.

- **NEW** - Right Start 4 Kids

Right Start 4 Kids helps remove cost barriers to dental care for children up to age 13. Includes 100% diagnostic and preventive coverage and more with no deductible when you visit an in-network dentist.

- Healthy Smile, Healthy You

Allows for additional cleanings and exams for participants with certain health conditions.



2023 Benefits Overview and Resources:

Life Insurance & Long Term Disability

Basic & Optional Life Insurance

This benefit provides Basic Term Life and Accidental Death and Dismemberment Insurance (AD&D) equal to one- times your annual salary. The county pays the full cost of this coverage for Merit employees.

If your death is a result of an accident, with the AD&D coverage, your beneficiaries will receive two times the life insurance coverage in place. Note, the AD&D benefit terminates at retirement.

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.

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.

Dependent Life Insurance

Additional coverage is available for spouses and eligible dependent children. Coverage is guaranteed when elected within the initial eligibility period. Three dependent life options are available.

	Spouse	Child	Rate/Month
Option 1	\$10,000	\$5,000	\$2.41
Option 2	\$15,000	\$10,000	\$4.82
Option 3	\$25,000	\$15,000	\$9.67

Because dependents for this benefit are not tracked in FOCUS, if a dependent child turning 26 is the only eligible dependent covered by a dependent life insurance plan, the enrollment will need to be actively cancelled by contacting the Benefits Division.

Additional Benefits

- Ready Enroll, Online Beneficiary Portal

<https://standard.benselect.com/fairfax>

- *Eliminate Confusion*
- *Facilitate Prompt Payment*
- *Update anytime from anywhere*

- Life Services Tool Kit

- *Estate Planning Assistance*
- *Identity Theft Protection*
- *Funeral Arrangement*

- Travel Assistance

Aid before and after your trip when you travel more than 100 miles from home or internationally for up to 180 days.

- Online Will Preparation





Secure Your Benefits for Loved Ones

Make sure your loved ones are taken care of today.

Keeping your beneficiaries' information up to date ensures your loved ones receive your insurance benefits and facilitates prompt payment of funds needed for funeral expenses and income loss.



Scan the QR code with your mobile device or visit standard.benselect.com/fairfax to name or update your Life insurance beneficiaries online with Ready Enroll.

Notes:

- Your username is your Social Security number (no dashes)
- Your PIN is the last four digits of your Social Security number followed by the last two digits of your birth year

Questions?

Email your dedicated Standard Insurance Company (The Standard)* representative at Lonna.Owens@standard.com or call **703.324.3351** for assistance.

Long Term Disability

When you select this benefit, The Standard Insurance Company will pay you a monthly benefit of 60% of your monthly basic earnings, up to \$5,000 per month, for a qualified disability if you are out of work more than 60 days due to illness or disability. Note: Electing Long Term Disability, after your 30 days of initial eligibility, requires an Evidence of Insurability (EOI) completion, and approval by The Standard Life Insurance underwriters.

Life Insurance and Long Term Disability Resources

- Current [Life Insurance Page](#)
- Current [Long Term Disability Page](#)
- Lonna Owens, The Standard Rep: (703) 324-3351
- The Standard Customer Service: (800) 628-8600

Additional Benefits

- Rehabilitation Plan,
Approved reimbursements are deposited directly. The Standard may include payment of some of the expenses you incur in connection with the plan, including, but not limited to: training and education expenses, family (child and elder) care expenses, job related expenses and job search expenses.
- Survivors Benefit
If you die while LTD benefits are payable, and on the date you die you have been continuously disabled for at least 180 days, a survivors benefit equal to three-times your unreduced LTD benefit may be payable (any survivors benefit payable will first be applied to any overpayment of your claim due to The Standard).

2023 Benefits Overview and Resources:

Deferred Compensation & Retirement Readiness



457(b) with T. Rowe Price

As a Fairfax County Government employee, you have more than one option to build your savings, prepare for the unexpected, and plan a financially secure future. The Deferred Compensation Plan managed by T. Rowe Price offers flexible and easy investing, 24/7 access, retirement planning tools, and an on-site Help Desk.

Through payroll deductions, you may make pre-tax and post-tax contributions up to the Internal Revenue Service (IRS) annual limits.

The plan also offers a self-directed brokerage service, Charles Schwab's Personal Choice Retirement Account® (PCRA), that provides access to hundreds of investment options beyond those available in the plan's core investment options.

Deferred Comp FAQ

Q: Do I have to wait for open enrollment to change my contribution?

A: No. You can increase/decrease or stop your contributions anytime during the year.

Q: Am I able to consolidate outside retirement accounts to the Deferred Compensation 457 Plan?

A: Yes. The Fairfax 457 Plan accepts rollovers from most qualified sources. It is best to schedule an appointment with a T. Rowe Price representative to discuss the process.

Q: Why do I need to have beneficiaries on my deferred comp account?

A: Your beneficiaries do not carry over from Fairfax County Government to the Deferred Compensation Plan. You will have to add those to your account online or request a beneficiary designation form.

Q: What do I need to know or consider prior to retiring or leaving the county?

A: There are a few things to consider prior to leaving/retiring from Fairfax County:

- If participating in DROP, will you be rolling over your DROP balance to the 457 Plan?
- If you are eligible for a Leave Payout, will you be contributing it to your 457 Plan?
- If you have unutilized contributions, have you or will you be enrolling in Special Catch-Up?
- Do you understand your withdrawal options, once you separate from employment?

Q: How do I get in touch with a representative to discuss my account and to get my questions answered?

A: You can contact the Help Desk (Steve Page or Kelli Parris) at Fairfax457@troweprice.com, to schedule an appointment.

Pre-Retiree Resources

Fairfax County Employees who are benefit eligible and qualify for retirement can elect to continue participation in the medical, dental, and life insurance benefits, as well as, the LiveWell Program.

Along with their supervisor and Agency HR Team, employees who are retiring must also work with both the Retirement Systems and the Benefits Division in the Department of Human Resources. Retiree health benefits are not automatic, they must be elected to continue coverage.

Retiring can be stressful and confusing so don't guess. Visit us on FairfaxNet for more information.

- [Retiree Benefits Page on the public website](#)
- [Retiree Know Who to Call](#)
- [HSAs and Medicare FAQ](#)
- [Becoming Medicare Eligible](#)
- [Retirement Systems](#)
- [Medicare.gov](#)

We are here!

The Benefits Team has continuously maintained a presence in the office to assist as needed. Any employee with benefits concerns may contact us and/or make an appointment to meet with a team member for a personal consultation by contacting HR Central at (703) 324-3311 or www.HRCentral@fairfaxcounty.gov.

Due to high demand, the Benefits Division cannot accommodate walk-ins or offer pre-retirement consultations for employees who are more than 6 months from retirement. However, our Benefit Planning for Retirement Virtual Training has no restrictions on years of service prior to attendance, and our Retiree Benefits Academy is open to employees, retirees, and their families.

Your Benefits in D.R.O.P.

Deferred Retirement Option Program (D.R.O.P.) Participants are considered active employees and will remain enrolled in active plans and pay active rates. Medicare enrollment is not required while enrolled in an active medical plan.

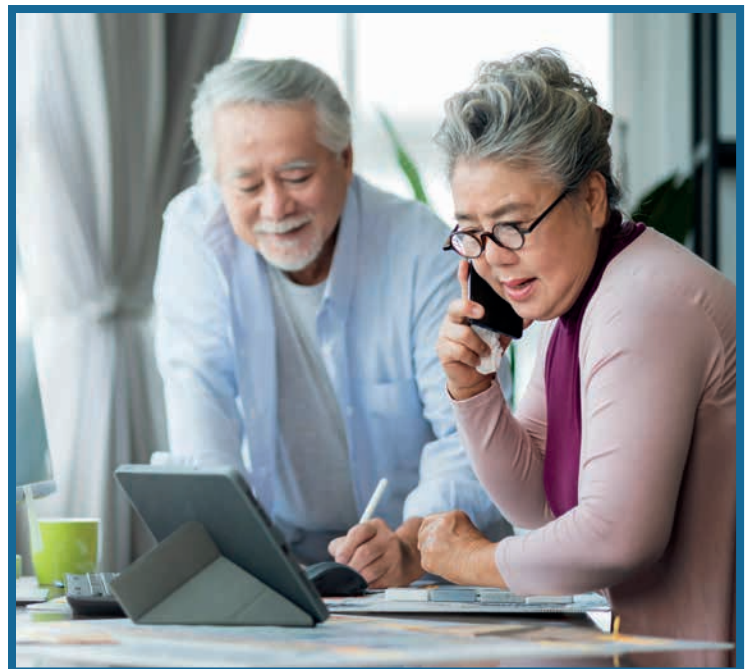
Timing Your Medicare Enrollment

Active employees who work beyond the age of 65 and maintain enrollment in a county medical plan are not required to enroll in Medicare Parts A & B and will be eligible for Medicare's Special Enrollment Period. This enrollment period allows those who are over age 65 to enroll in Medicare without penalty.

If you are applying under Medicare's Special Enrollment Period, you may be required to submit a Request for Employment Information (CMS-L564) verification form. This form is completed by the Benefits Division in the Department of Human Resources. We recommend contacting the Benefits Division three months prior to your retirement to request a form. Note: Kaiser Permanente participants will also need to complete an additional group application prior to their retirement date.

Active employees who are planning on retiring and will be Medicare eligible when they move to the retiree medical plans must have both Medicare Parts A and B in place on their first day enrolled in a county sponsored retiree medical plan.

It is recommended that you apply for Medicare at the earliest opportunity, 90 days before your eligible birth month or qualified disability date, to ensure your coverage is in effect on time.



Mental & Physical Health

What's the Connection for Employees?



LiveWell
Empower • Educate • Engage

Did you know? 56% of Fairfax County Cigna members who have a **behavioral health condition** such as anxiety or depression also have a **chronic condition** like high blood pressure or low back pain.

27% of Fairfax County Cigna members have a diagnosis of **anxiety, depression, stress disorder**, or other behavioral health diagnosis. Behavioral health visits have **increased by 21%** since 2020.

Employees, retirees, and their family members are utilizing their Fairfax County medical plans to get the help they need. This is good news for individual health and wellbeing, and for breaking the stigma around mental health. While we can't always pinpoint the exact correlation between behavioral health and chronic conditions, it is clear that there is a relationship between the mind and body. Explore the resources below, for total wellbeing.

Mental Wellbeing Resources

Employee Assistance Program (EAP): The EAP provides free, confidential counseling, financial and legal guidance, and help with finding resources like child care or pet care for all Fairfax County Government employees and their household members, regardless of medical plan enrollment. Fairfax County also has two, dedicated providers for Fairfax County employees. Get started by calling 877-622-4327 or visiting mycigna.com. To reach the dedicated providers, call directly and leave a voicemail: Sara Tursi: 703-772-1668 or Samar Tehrani: 703-244-3832.

Behavioral Health Benefits: All of the Fairfax County medical plans include behavioral health coverage. Visit your medical plan's website or call the customer service line to find an in-network therapist, counselor, or psychologist: mycigna.com or kp.org.

Mental Wellbeing Apps: Cigna and Kaiser Permanente offer free apps through their medical plans. Cigna features iPrevail and Happify. Kaiser includes MyStrength, Calm and Ginger. Cigna and the EAP also feature virtual counseling through [TalkSpace](https://talkspace.com) and [MDLive](https://mdlive.com). Cigna also offers a variety of telehealth options for mental wellbeing. Visit mycigna.com, click on Wellness, then Mental Health Support to search for the programs that meet your needs.

Chronic Condition Support

Omada: Cigna and Kaiser offer Omada at no-cost, a virtual program including health coaching, Bluetooth connected scales, and online learning. Cigna also features Omada for Hypertension and Diabetes. Apply at <https://go.omadahealth.com/fairfaxcounty>.

WW for Diabetes: Fairfax County employees receive 50%-60% off of membership rates to Weight Watchers (WW) and WW for Diabetes. Employer Passcode: WW61765 Visit: <https://www.weightwatchers.com/us/FairfaxCountyGovernment>

Airrosti: Airrosti is a specialized group of providers who address soft-tissue injuries using non-invasive treatment. Airrosti is in network with the Cigna 80%, 90%, and MyChoice medical plans. <https://www.airrosti.com/>

Health Coaching: Cigna and Kaiser offer telephonic health coaching. Call your medical plan's customer service line or visit their website to get connected. Cigna members can also call 1-800-244-6224 for in the moment coaching, 9 am-9 pm EST or email RequestACoach@cigna.com.



Employee Assistance Program *Onsite Services*

We know it's not just the big things in life that challenge us. It's the small stuff too.

Fairfax County has partnered with the Cigna Employee Assistance Program (EAP) to make mental wellbeing and counseling services convenient for employees. Two EAP providers have office hours dedicated to Fairfax County Government employees to ensure quick and easy access to highly qualified counselors. Similar to services offered through the traditional EAP, these sessions are open to all county employees, no matter their status or medical plan enrollment, are confidential, and are at no cost to the employee.

To Schedule an Appointment



Sarah Tursi, LCSW
(703) 772-1668
Tuesday: 8 am - 4 pm
Wednesday: 8 am - 12 pm
Thursday: 8 am - 4 pm



Samar Tehrani, M.Ed. LAADC
(703) 244-3832
Monday: 10 am - 7 pm
Wednesday: 1 pm - 7 pm
Friday: 9 am - 2 pm

**10 minutes
to better
benefits**



Get **personalized,**
confidential help picking your plans

Talk to ALEX

alex

Learn how to choose, and use, the right benefits for you
in an approachable, clear, and personalized way.

Check out the new ALEX and its features:

ALEX: <https://www.myalex.com/fairfaxcounty/2023>

Homepage: <https://www.myalex.com/fairfaxcounty/home>

ALEX Go (English): <https://go.myalex.com/en/fairfaxcounty/2023>

ALEX Go (Spanish): <https://go.myalex.com/es/fairfaxcounty/2023>

Benefit Partner Contact List

General Assistance

Benefits & LiveWell	HR Central	(703) 324-3311	HRCentral@fairfaxcounty.gov
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Cigna managed Medical Plans

On-Site Help Desk	Keisha Lewis	(703) 328-5789	Keisha.Lewis@cigna.com
Vendor Partner	Cigna	(800) 244-6224	www.mycigna.com
Home Delivery RX	Cigna	(800) 835-3784	www.mycigna.com

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

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

Dental Plan

Vendor Partner	Delta Dental	(800) 237-6060	www.deltadentalva.com
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Employee Assistance Program (EAP)

24-Hour Line	All Employees	(877) 622-4327	www.mycigna.com
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Flexible Spending Accounts

Vendor Partner	TASC	(800) 422-4661	www.tasconline.com
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Health Savings Accounts

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

Vendor Partner	Kaiser Permanente	(301) 468-6000	www.kp.org
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Life Insurance and Long Term Disability

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

Vision Care Program

Vendor Partner	EyeMed	(866) 800-5457	www.eyemed.com
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Miscellaneous, Non-DHR Contacts

Defined Benefit/Pension	Retirement Systems	(703) 279-8200	retirementquestions@fairfaxcounty.gov
Medicare	Medicare	(800) 633-4227	www.medicare.gov



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 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.

FEDERALLY MANDATED NOTICES CONTINUED

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).

2023 Medical & Dental Premiums

	Employee Annual Premium	Full-Time Employees			Part-Time Employees	
		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+Childr(en)	\$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).



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