Fairfax County Government

2021 Active Employee Benefits Guide

Empower, Educate, Engage

Open Enrollment October 13 - 30, 2020

Medical Plans

In keeping with our long-term strategy, the **Cigna Co-Pay** plan will be closing to all participants on December 31, 2020. Participants are encouraged to attend virtual education and review all materials provided to select a new plan. To make a selection, use FOCUS ESS, save your changes and print, or save, a confirmation. Screenshots will not be accepted.

Those currently enrolled in the Co-Pay Plan, who take no action during the Open Enrollment Period, will be mapped to the Cigna managed 90% Co-Insurance Plan effective January 1, 2021.

Some plans will see increases for plan year 2021.

2021 Premium Increases	
Cigna 90% Co-Insurance Plan	2%
Cigna 80% Co-Insurance Plan	6%
Cigna MyChoice CDHP	4%
Kaiser Permanente HMO	No Increase

Changes to Cigna Managed Plans Only: effective January 1, 2021 the Hearing Aid Benefit for Cigna managed plans will increase. The new hearing aid allowance will be $3,000, after the plan deductible is met, every two years.

Outside of the Hearing Aid Benefit enhancement, there will be no significant medical plan or coverage changes for plan year 2021. Deductibles, co-insurances and major coverages will remain the same.

Changes to Kaiser Permanente HMO Plan Only: The In-Network HMO Tier (Option 1) standard optical benefit has been restructured to a dollar discount to improve member understanding of the benefit. In lieu of a 25% discount on glasses and contact lenses, the restructured optical benefit is $75 off the retail price of a pair of glasses or $25 off the retail price of an order of contact lenses.

Health Savings Accounts (HSAs)

- HSA Contributions - There will be no change in deductibles for the MyChoice Plan. As a result, the contribution made by Fairfax County will remain the same for plan year 2021.
- Slight increases have been made in the IRS mandated contribution limits to Health Savings Accounts.
- Contribution maximums include any funds contributed by Fairfax County, the participant, and any Motivate*Me* rewards earned.

2021 Health Savings Accounts Contribution Limits	
Individual	$3,600
Two-Party/Family	$7,200
55 years and older	$1,000 additional

Vision Care Program

As a reminder effective January 1, 2020, Fairfax County Government added a new vendor partner, EyeMed. If you have not reviewed the benefits of the Vision Care Program with EyeMed check out their page in this guide. Also note that for Plan Year 2021, there will be a slight increase in the vision premium. This cost is bundled with the medical premiums.

Flexible Spending Accounts - *NEW* Limited Purpose FSA

Announcing our new Vendor Partner, TASC! TASC (pronounced TASK) or Total Administrative Service Corporation will be the our new administrator for our Flexible Spending Account programs.

A Flexible Spending Account (FSA) puts more money in your pocket by reducing your taxable income when you contribute pre-tax dollars to pay for common expenses but currently cannot be combined with our Consumer Driven Health Plan (also called a High Deductible Health Plan) and Health Savings Account (HSA).

However, along with our new administrator, Fairfax County Government will be adding a new type of Flexible Spending Account for plan year 2021, a **Limited-Purpose Flexible Spending Account**. A Limited-Purpose FSA allows participants in the Cigna MyChoice CDHP Plan to continue to contribute to an HSA while also contributing to a Healthcare FSA. The additional pre-tax deductions can only be used for vision and dental expenses.

2021 Flexible Spending Accounts Limits	
Traditional Healthcare Account	$2,750
Limited-Purpose Healthcare Account	$2,750
Dependent Care Account	$5,000

Participants in a 2020 Healthcare or Dependent Care FSA with WageWorks will continue to access their remaining funds through WageWorks. While WageWorks Debit Cards will be canceled effective December 31, 2020, participants can continue to access funds though online accounts, EZ Receipts app, or mail. Funds can continue to be accessed for qualified expenses incurred through March 15, 2021 and all claims need to submitted for reimbursement prior to March 31, 2021. Any funds remaining after that date will be forfeited. Claims on 2020 funds cannot be made with TASC.

For more details regarding using a Flexible Spending Account with WageWorks, or how to access your 2020 funds, contact WageWorks or visit the Flexible Spending Account Page on FairfaxNet.

2021 Active Open Enrollment
Virtual Education

If we have learned anything from 2020, it is that you have to be flexible and prepare for the unexpected. More than ever, it is important to understand the benefit options available to you and how they work for you and your family's unique needs.

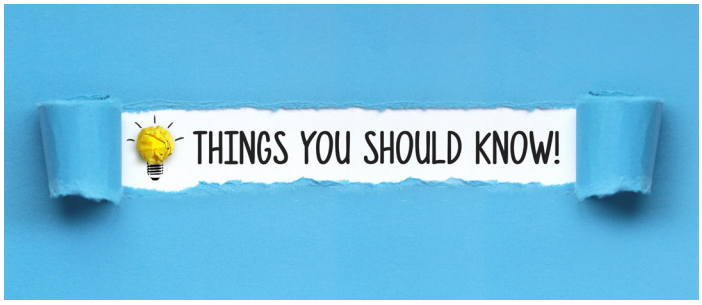
With so many employees adapting to changing schedules, workplaces, and family circumstances, the Benefits Team is changing too. This year's Open Enrollment meetings will be virtual and accessible from where ever you are. We have expanded learning opportunities and will be offering day and evening virtual Open Enrollment meetings to accommodate new schedules and family circumstances.

Details and access information is available on EmployeeU. Search "open enrollment".

Thursday, October 1st	9 am	1 pm	7 pm
Tuesday, October 6th	9 am	1 pm	7 pm
Friday, October 23rd	9 am	1 pm	7 pm
Monday, October 26th	9 am	1 pm	7 pm
Wednesday, October 28th	9 am	1 pm	7 pm

Tips For a Successful Open Enrollment

- ☐ **Attend a Virtual Workshop** - The Benefits Division, along with our vendor partners, will be offering a full calendar of educational workshops to help you make informed decisions. Check out the schedule of available sessions on EmployeeU, the Benefits Page on FairfaxNet, or our page on the public site.
- ☐ **Use ALEX** - Our benefits comparison tool has been around awhile but your circumstances may have changed or you may want to save some money. ALEX can be accessed from any computer, tablet or smartphone. Visit ALEX: www.myalex.com/fairfaxcounty/2021.
- ☐ **Know Your FSAs** - Pay close attention to which type of Flexible Spending Account (FSA) you select. Dependent Care FSAs are for expenses like daycare and summer camp. Healthcare FSAs are for non-reimbursed healthcare expenses for you and your eligible dependents. Check out the new Limited-Purpose FSA if you're enrolled in the Cigna MyChoice CDHP Plan!
- ☐ **Check Contribution Amounts** - When enrolling in an Flexible Spending Account (FSA), enter the amount you want to contribute for the entire year; for a Health Savings Account, enter the per pay period contribution amount. Don't contribute too little my mistake and miss out on tax savings!
- ☐ **Print or Save a Confirmation** - All changes must be completed on FOCUS ESS before midnight on October 30, 2020. When enrolling in benefits, or making any changes you must print or save a confirmation. Without it, no enrollment disputes will be reviewed. Screenshots of FOCUS do not verify enrollment.
- ☐ **Trying to Remove a Dependent?**- Any dependent who has been covered by your plan in the past will remain listed in your FOCUS record. While you can end their coverage, you cannot remove their name completely from your record.
- ☐ **Provide Verification** - Did you add a dependent to any of your plans? If so, you will need to provide proof of eligibility and a social security or nine-digit tax ID to the Benefits Division.
- ☐ **Check your email** - Remember to keep up with your county email. And don't forget to check out Newslink!



What Am I Eligible to Enroll In?

Fairfax County Government offers its employees a wide variety of benefits. From health benefits to disability and leave programs, there is a lot to choose from. Benefits eligibility is tied to your employment status.

Full-time and part-time merit employees can participate in all of the benefits offered by Fairfax County. Part-time, non-merit, benefits eligible employees may elect to enroll in the medical (and vision) plan, the dental plan, Flexible Spending Accounts, and the deferred compensation plan, managed by T. Rowe Price.

If you are unsure of your status, or what you are eligible for, check with the Payroll Contact or HR Manager in your agency.

Who Can Be Covered?

You have the option of covering eligible dependents on your health benefits 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 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 dependents 26th birthday.

Status Changes

If the status of your employment changes mid-year, this could be considered a qualifying event, allowing you to make changes to your benefits outside of our annual Open Enrollment period. If you move to a full-time or merit position, you must contact the Benefits Division **within 30 calendar days** to make changes. If you move from a full-time merit position to a non-merit benefits eligible position in the middle of the year, your elected medical benefits will remain in effect until the end of the year unless otherwise indicated by the employee to the Benefits Division. If you experience this type of status change and would like to cancel your benefit elections, you must contact the Benefits Division within **30 calendar days** of your status change date.

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 must be requested **within 30 days** of the qualifying event. (For more information on qualifying events visit the Benefits Page on FairfaxNet).

If you experience a qualifying event, and 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. These changes cannot be made in FOCUS or by your agency. All changes take effect on the first of the month following the qualified event except for birth/adoption/placement for adoption, which take effect on the date of birth/adoption/placement.

Failure to notify the Benefits Division within 30 calendar days of a qualifying event, or to provide appropriate and timely documentation of the event, will result in no change to your current benefits status.

You or your dependents could be left without coverage.

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 the medical and dental plans. A COBRA Notice will be mailed to the subscribers' 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.

Note that while medical and dental coverage is removed automatically, if this is your sole dependent covered under the Dependent Life Insurance, you must notify the Benefits Division to remove them and cancel your enrollment in this benefit.

Dependents over the age of 18 who are removed from a benefit plan cannot be re-enrolled mid-year as a result of their own qualifying event, i.e. losing coverage through their employer. Qualifying events are special circumstances in employment, benefit eligibility, or status for employees and their spouses only. Children over the age of 18 are emancipated in the state of Virginia. They may be added during Open Enrollment, providing they meet all other eligibility criteria.

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.

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.

LiveWell Programs & Resources

Virtual Wellbeing Programs - Meeting You Where You Are

Omada

Omada is a digital lifestyle change program for active Fairfax County employees and their covered dependents enrolled in a Fairfax County medical plan offered through Cigna. Omada helps people at risk for both type 2 diabetes and heart disease build sustainable habits that improve their health. The program's approach combines proven science with personalized support—whether that's around eating, activity, sleep, or stress. Take a 1-minute health screener to see if you're eligible: https://go.omadahealth.com/fairfaxcounty.
Omada for Kaiser anticipated in 2021.

BurnAlong

Stay fit—at home, at work, and everywhere in between—with BurnAlong. Fairfax County employees have free access to on-demand and live video classes from 100's of instructors spanning 45+ health and wellness categories--cardio, strength, yoga, mindfulness, nutrition, financial wellbeing, and programming for kids and those with chronic conditions--plus classes from LiveWell and Employee Fitness & Wellness Center instructors. The videos are available online and through apps on personal devices such as phones and tablets. Plus, employees can invite up to 4 family members to join for free. Use your county email address and desktop browser to enroll at https://fit.burnalong.com/fairfaxcounty.

RecoveryOne

Living with muscular pain is hard, but RecoveryOne for Cigna can help make recovery simple. Active employees, and their covered dependents who are enrolled in a Fairfax County Cigna plan, have access to RecoveryOne for Cigna, a pilot program continuing through July 1, 2021. This online physical rehabilitation program and app, designed by orthopedic specialists, gives you a personalized program for your specific pain or injury. Follow a series of video exercises with detailed instructions on form and movement, then track your progress. This convenient, online app provides step-by-step, confidential guidance at no additional cost to you. Enroll today at mycigna.com. Click on the RecoveryOne announcement on mycigna.com, under "Latest Updates". The pilot lasts until July 2021 and is limited to the first 300 participants.

Webinars and Special Events

LiveWell offers monthly webinars, online fitness classes such as Gentle Yoga and Building your Balance, and virtual cooking demonstrations, healthy happy hours, kid-friendly programs, Tai Chi, meditation, and Airrosti injury assessments. Stay tuned to the LiveWell newsletter for the latest updates on virtual offerings.

LiveWell

Programs & Resources

- Agency Workshops
- Biometric Screenings & Biometric Kiosks
- Blood Drives
- BurnAlong
- Employee Assistance Program (EAP)
- Employee Fitness & Wellness Center
- Flu Vaccines
- Health Coaching
- LiveWell Ambassadors
- Motivate*Me* Incentives
- Omada
- Online Challenges
- Outreach Events
- Parenthood Events
- RECenter Discounts
- Special Events
- Weight Watchers (WW)
- Workshops & Webinars
- 4P Foods Deliveries

Contact Us
LiveWell@fairfaxcounty.gov
703.324.3311 (TTY 711)

Employee Assistance Program

An employee assistance program (EAP) is a support program designed to assist employees in resolving personal issues and concerns. And while an EAP traditionally assists employees and their household members with issues like counseling, alcohol or substance abuse the Employee Assistance Program with Cigna covers a broad range of issues such as child or elder care, relationship challenges, financial or legal problems, wellness matters and other events that impact their daily lives. The Cigna EAP's combination of programs provides opportunities to identify and proactively engage participants in behavioral and wellness services, and coaching and support.

An EAP may also include a wide array of other services, such as nurse advice lines, basic legal assistance or adoption assistance. EAP services are usually made available not only to the employee but also to the employee's spouse, children and non-marital partner living in the same household as the employee and are not tied to position status or medical plan enrollment.

Services can be accessed via phone, video-based counseling, online chatting, e-mail interactions or face-to-face

Contact the EAP any day, anytime:

Call 1.877.622.4327 or
Visit MyCigna.com to register or log in. The EAP can be found under "Review My Coverage".
Use the Employer ID: fairfaxcounty.

Fairfax County has partnered with the Cigna EAP to make mental wellbieng and counseling services convenient for employees. Two EAP providers have office hours dedicated to Fairfax County Government Employees. The purpose of the onsite EAP is to make access to highly qualified counselors quick and easy.

LEARN MORE

We know it's not just the big things in life that challenge us. It's the small stuff too. Your employee assistance program (EAP) is here for all of it. As a Fairfax County Government employee, you have confidential access to comprehensive EAP services, now including onsite counseling, available virtually.

PRIVACY & DIRECT ACCESS

Confidential access to two, dedicated mental health professionals. Direct contact for appointment scheduling.

CONVENIENCE

Onsite services begin on June 15, 2020. Telephonic and/or virtual appointments may be available during times of social distancing.

EXPERT ASSISTANCE

Short term counseling for up to 8 sessions, per issue, per year. Additional sessions may be available through your health plan network.

SCHEDULE A VIRTUAL 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

Vision Care Plan wtih EyeMed

Bringing It All Into Focus

Vision benefits are so much more than an eye exam. They help you save money, stay healthy and see everything life has to offer.

EyeMed's more than 55 million members get to pick from a huge network of eye doctors, so they get the quality care they deserve with the convenience they want. Choose a traditional brick-and-mortar location or use your in-network benefits online—anytime, anywhere. Instantly apply your in-network benefits at checkout, with free shipping, free returns and no paperwork at these participating providers: lenscrafters.com, targetoptical.com, ray-ban.com, glasses.com and contactsdirect.com.

What exactly do my EyeMed benefits cover?

If you're thinking about EyeMed, you'll want to check out EyeMed at eyemed.com to learn about the benefit options. Already a member? The easiest way to find your benefit information is to create a member account on eyemed.com or grab the EyeMed Members App (App Store or Google Play).

I don't wear glasses and can see fine. Do I still need an eye exam?

Getting an eye exam isn't just about needing glasses. It's also about your health. An eye exam can detect eye health problems like glaucoma or cataracts, but it can also help identify early signs of serious diseases, like high blood pressure, diabetes and high cholesterol—just to name a few.

How do I use my benefits?

At EyeMed, we're all about easy. Just choose an in-network eye doctor from our Enhanced Provider Search, schedule your visit and go in for care or eyewear. You don't even need your ID card—just give them your name and birthday. When you stay in-network, we'll handle all the paperwork.

Can I use EyeMed benefits online?

Instantly apply your in-network benefits at checkout, with free shipping, free returns and no paperwork at these participating providers: lenscrafters.com, targetoptical.com, ray-ban.com, glasses.com and contactsdirect.com.

How do I find an eye doctor in my network?

The Enhanced Provider Search on Member Portal and the EyeMed Members App has thousands of in-network eye doctors to choose from. Filter your search to find ones near you with the brands, hours and services you most want.

How do I submit a claim?

When you see one of our in-network eye doctors, you won't have to; we take care of all the paperwork. By the way, you'll save money by staying in-network, too. If you need an out-of-network claim form, log into your member account to find one.

How do I get an ID card replacement or extra cards?

If you lose your card or need extras for your family, log into eyemed.com to print a replacement, or use your digital ID on the app. Here's a tip: you don't even need the card when you visit your eye doctor.

Download the EyeMed Members App

It's the easy way to view your ID card, see benefit details and find a provider near you.

Additional discounts

40% OFF
Complete pair of prescription eyeglasses

20% OFF
Non-prescription sunglasses

20% OFF
Remaining balance beyond plan coverage

These discounts are not insured benefits and are for in-network providers only

Take a sneak peek before enrolling

- You're on the INSIGHT Network
- For a complete list of in-network providers near you, use our Enhanced Provider Locator on eyemed.com or call 1.866.804.0982.
- For LASIK providers, call 1.877.5LASER6.

SUMMARY OF BENEFITS

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	$0 Co-pay	Up to $40
Retinal Imaging	Up to $39	N/A
Frames	$0 Co-pay, $150 Allowance, 20% off balance over $150	Up to $50
Standard Plastic Lenses		
Single Vision	$0 Co-pay	Up to $50
Bifocal	$0 Co-pay	Up to $75
Trifocal	$0 Co-pay	Up to $100
Lenticular	$0 Co-pay	Up to $150
Standard Progressive Lens	$50 Co-pay	Up to $75
Premium Progressive Lens[Δ]	$80 Co-pay - $175 Co-pay	
Tier 1	$80 Co-pay	Up to $75
Tier 2	$90 Co-pay	Up to $75
Tier 3	$105 Co-pay	Up to $75
Tier 4	$175 Co-pay	Up to $75
Lens Options		
UV Treatment	$12 Co-pay	Up to $5
Tint (Solid and Gradient)	$12 Co-pay	Up to $5
Standard Plastic Scratch Coating	$0 Co-pay	Up to $5
Standard Polycarbonate	$30 Co-pay	Up to $5
Standard Polycarbonate–Kids under 19	$0 Co-pay	Up to $5
Standard Anti-Reflective Coating	$0 Co-pay	Up to $5
Premium Anti-Reflective Coating	$0 Co-pay	Up to $5
Photochromic/Transitions	$65	Up to $5
Polarized	20% off retail	N/A
Other Add-Ons and Services	20% off retail	N/A
Contact Lens Fit and Follow-Up (Contact lens fit and follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-Up	Up to $40	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail price	N/A
Contact Lenses (Contact lens allowance includes materials only.)		
Conventional	$0 Co-pay, $150 Allowance, 15% off balance over $150	Up to $140
Disposable	$0 Co-pay, $150 Allowance; plus balance over $150	Up to $140
Medically Necessary	$0 Co-pay, paid-in-full	Up to $225
Laser Vision Correction		
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Hearing Care		
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and a low price guarantee on discounted hearing aids	N/A
Frequency		
Examination	Once every 12 months	
Lenses	Once every 12 months	
Contacts	Once every 12 months	
Frame	Once every 12 months	

Benefits Snapshot

	With EyeMed	Out-of-Network Reimbursement
Exam, with dilation as necessary (once every 12 months)	$0 Co-pay	Up to $40
Frames (once every 12 months)	$0 Co-pay, $150 Allowance; 20% off balance over $150	Up to $50
Single Vision Lenses (once every 12 months)	$0 Co-pay	Up to $50
Contacts (once every 12 months)	$0 Co-pay, $150 Allowance; plus balance over $150	Up to $140

You have until 10/30 to choose your benefits.

Talk to ALEX®

alex®

Dental Plan with Delta Dental of Virginia

Why is a healthy mouth so important? Besides giving you a beautiful smile, research shows that oral health can impact your overall body health. Many conditions, such as diabetes, leukemia and other types of cancer, heart disease, kidney disease and others, can be diagnosed and treated much sooner when discovered during a simple oral examination. That's why it's so important to have dental benefits that provide coverage for ongoing preventive care that can assist in the early detection of medical conditions that could affect your overall health.

With Delta Dental of Virginia, there's no reason for you or your family to be without dental insurance.

As the nation's leading provider of dental insurance, we make it easy to protect your smile and keep it healthy, with the largest network of dentists nationwide, quick answers and personalized service.

Dental health is important. Practicing good dental health is important to maintaining a healthy mouth, teeth and gums. It will also help your appearance and quality of life.

The Dental Plan provides coverage for many dental services that you are your eligible dependents may need. The plan offers your choice of two networks: PPO and Premier.

In most cases, your out-of-pocket expenses are lower when you visit a participating dentist.

- You will receive the greatest value for your benefit dollar when you visit a Delta Dental PPO dentist.
- The Delta Dental Premier network offers you the largest choice of participating providers; however, the amount you would owe a Delta Dental Premier dentist, who is not a Delta Dental PPO dentist, may be higher than the amount you would owe a Delta Dental PPO dentist for the same covered benefits.

Plan Contacts

If you have questions or concerns about services you need or have received; or if you have questions about a claim or a bill you can contact Delta Dental's Member Services at 800-237-6060 or 877-287-9039 or visit Delta Dental of Virginia online at Deltadentalva.com.

Representatives are available Monday through Thursday from 8:15 a.m. - 6:00 p.m. and Friday from 8:15 a.m. - 4:45 p.m. EST. Member Services can also assist with locating a participating provider, determining the cost of a particular service and ordering ID cards.

DELTA DENTAL®

Delta Dental PPO plus Premier™

Benefits for Fairfax County Government
Group Number: 600050
Effective Date: January 1, 2021

Annual Deductible *(Applies to Basic, Major, and Orthodontic Services)*	$50 per person; $150 per family, per calendar year
Annual Maximum	$2,000 per enrollee, per calendar year
Orthodontic Lifetime Maximum	$2,000 per person
Prevention First	Visits to the dentist for Diagnostic and Preventive Services will not count against the Annual Maximum.
Healthy Smile, Healthy You® Program	Your plan provides additional cleanings and/or application of topical fluoride to enrollees with specific health conditions such as pregnancy, diabetes, high-risk cardiac conditions or who are undergoing cancer treatment via chemotherapy and/or radiation. Enrollment in the ***Healthy Smile, Healthy You*** **Program** is simple. Visit DeltaDentalVA.com to print an enrollment form.

Annual Deductible *(Applies to Basic, Major, and Orthodontic Services)*	$50 per person; $150 per family, per calendar year
Annual Maximum	$2,000 per enrollee, per calendar year
Orthodontic Lifetime Maximum	$2,000 per person
Prevention First	Visits to the dentist for Diagnostic and Preventive Services will not count against the Annual Maximum.

Covered Benefits

Delta Dental will pay the stated percentage of the plan allowance based on the dentist's participation with Delta Dental.

Coverage	Coinsurances			Benefit Limitations
	In-Network		Out-of-Network	
	PPO	Premier		
Diagnostic and Preventive Services	100%	100%	80%	
• Oral exams				Twice in a calendar year.
• Regular/Periodontal cleanings				Limited to four in a calendar year (maximum of 2 regular cleanings).
• Fluoride applications				Twice in a calendar year for enrollees under the age of 19.
• Bitewing X-rays				Bitewing X-rays are limited to once in a calendar year limited to a maximum of 4 films or a set (7-8 films) of vertical bitewings.
• Full mouth/panelipse X-rays				Once in a 5-year period.
• Sealants				One application per tooth in a 60-month period for enrollees under the age of 19 on non-carious, non-restored 1st and 2nd permanent molars.
• Space maintainers				Once per quadrant per arch for enrollees under the age of 14.
Basic Services	90%	80%	80%	
• Amalgam (silver) and composite (white) fillings				Once per surface in a 24-month period.
• Stainless steel crowns				Primary (baby) teeth for enrollees under the age of 14.
• Simple extractions				
• Denture repair and recementation of crowns, bridges and dentures				Once in a 12-month period after 6 months from initial placement.
Other Basic Services	60%	50%	50%	
• Endodontic services/root canal therapy				Retreatment only after 24 months from initial root canal therapy treatment.

Coverage	Coinsurances			Benefit Limitations
	In-Network		Out-of-Network	
	PPO	Premier		
Other Basic Services	60%	50%	50%	
• Periodontic services				Once per quadrant in a 24-36 month period based on services rendered.
• Complex oral surgery				Surgical extractions and other surgical procedures.
Major Services	60%	50%	50%	
• Crowns				Once per tooth every 7 years for enrollees age 12 and older.
• Prosthodontics, removable and fixed				Once every 7 years for enrollees age 16 and older.
• Implants				Once per site for enrollees age 16 and older.
• TMJ				Occlusal orthotic device
Orthodontic Services	50%	50%	35%	
• Treatment for the proper alignment of teeth				For dependent children through the end of the month they reach age 19.

Medical Plans

In keeping with our long-term strategy, the Cigna Co-Pay plan will be closing to all participants on December 31, 2020. Current Co-Pay Plan participants will be mapped to the Cigna 90% Co-Insurance Plan but are encouraged to attend virtual education workshops and review available materials to select and enroll in a new plan. To make a selection, use FOCUS ESS, save your changes, and print or save a confirmation.

For the 2021 plan year, the county will continue to offer self-insured plans managed by Cigna: 90% and 80% Co-Insurance Plans and MyChoice CDHP with HSA. Additionally, the fully insured HMO managed by Kaiser Permanente will continue to be available for employees and their families.

The information provided in the following pages is designed to help you select the best Medical Plan for the unique needs of you and your family. Please take the time to read the information provided. Plan-specific Pre-Open Enrollment virtual workshops will be available along with general county-sponsored virtual Open Enrollment sessions. For a full list of educational opportunities, visit the Benefits Page on FairfaxNet or our page on the public site.

ALEX

The following pages will give an overview of the benefits offered by Fairfax County for plan year 2021, including medical, dental, life, long-term disability, flexible spending accounts, health savings accounts and more. Detailed information can be found online, but don't forget about ALEX. ALEX can help you review medical plans, estimate life insurance, and save you money. But, the best part about ALEX is that it can be anywhere you are. ALEX is mobile and can be used by a spouse, friend or financial advisor. Choosing the right health plan is important and can save you money. ALEX can't wait to tell you all about it.: **www.myALEX.com/fairfaxcounty/2021**

Telehealth

Whether it's a late night illness or you're not feeling well on vacation, all participants in a Fairfax County medical plan have access to telehealth providers. Through these services, you can speak with a doctor for help with minor acute conditions like flu, sinus infections, pink eye, strep throat, knee pain, migraines and more. Cigna participants can access telehealth through MDLIVE®, for the same cost as an in-netowrk office visit and Kaiser Permanente participants can have a "video visit" with a Mid-Atlantic Kaiser provider with no co-pay. But don't wait until the next time you're feeling under the weather. Illness can strike anytime so be prepared and download the app to enroll today.

Important note: Effective January 1, 2021 Cigna will no longer offer virtual health services through American Well® or AMWell.

Preventive Care

Preventive care services are provided when you don't have any symptoms and haven't been diagnosed with a health issue connected with the preventive service. Preventive care is typically provided during a wellness exam or an annual physical. The preventive services you receive are based on your age, gender, personal health history and current health. The medical plans offered by Fairfax County Government offer most preventive services at no cost but it is important to note that not all medical visits and health screenings are considered a preventive service. If you consult with your physician about specific medical conditions or you have a health issue that requires additional screenings, this is not preventive care and you could be charged.

Mental Wellbeing – Mobile Apps & Resources

Support for your mental and emotional health and wellbeing is at your fingertips. Cigna and Kaiser Permanente offer health coaching, articles, and libraries of audio and video resources to help you and your family manage stress, improve your mood, and flourish. Cigna and Kaiser offer innovative mobile apps, at no additional cost, to provide support, wherever, and whenever, it is needed:

Cigna Members: Visit mycigna.com and click on Wellness.

Kaiser Permanente Members: Learn more about the mobile mental wellbeing resources available to Kaiser Permanente members at: https://kp.org/selfcareapps.

Qualifying Events

All mid-year changes take effect on the first of the month following the qualified event, except for birth/adoption/placement for adoption which, take effect on the date of birth/adoption/placement. It is the employee's responsibility to notify the Benefits Division of a qualifying event. Failure to notify the Benefits Division within 30 calendar days of a qualifying event, or to provide appropriate and timely documentation of the event, will result in no change to your current benefits. Your dependents could be left with no coverage.

Motivate*Me*

Motivate*Me* is an incentive rewards program for Fairfax County Government employees who subscribe to one of the county health plans, Cigna or Kaiser Permanente. Participants can earn up to $200 per year that will be distributed in the first quarter of the following calendar year.

Rewards are distributed to a Health Savings Account (HSA), Healthcare Flexible Spending Account (FSA). Enrollment is automatic, there is no registration or sign-up required to participate in the Motivate*Me* program.

Kaiser Permanente Health Maintenance Organization (HMO)

Kaiser Permanente was founded on the radically simple idea that everyone deserves the chance to live a healthy life. That's why you can find high-quality care and coverage in one place.

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

All Active Fairfax County medical plans include pharmacy and Vision Care Program and Motivate*Me* Incentive Rewards Program.

Additional programs with Kasier's HMO include:

- Active&Fit Direct and ChooseHealthy Programs.
- Reduced rates on studios, gyms, fitness gear and online classes.
- MyStrength, a personalized program that includes interactive activities, in-the-moment coping tools, inspirational resources, and community support.
- Video visits with no Co-Pay.

Cigna Managed Medical Plans

90% and 80% Co-Insurance Plans

Understanding health care can be confusing. That's why it's helpful to know the meaning of commonly used terms such as copays, deductibles, and co-insurance. Knowing these important terms may help you understand when and how much you need to pay for your health care.

While many people understand that a co-pay is a flat fee that you pay on the spot each time you go to your doctor or fill a prescription, when it comes to deductibles and co-insurance you may be less clear about what that means and how much you might really be required to pay.

Both Open Access Plus (OAP) Co-Insurance Plans manged by Cigna, feature a co-insurance structure after meeting a deductible. A deductible is the amount you pay each year for most eligible medical services or medications before your health plan begins to share in the cost of covered services. A co-insurance is the portion of the medical cost you pay after your deductible has been met. It is cost sharing between the employee and the medical plan for a covered service. Two plan options are available offering a 90% co-insurance or an 80% co-insurance. The percentage you are responsible for differs by plan and whether the service you receive is from a provider in the Open Access Plus Network.

Using the 90% Co-Insurance Plan as an example, after the annual deductible has been met, the plan pays 90% of plan allowed costs for services received from in-network providers. As the participant, your co-insurance would be 10%. See the table below for a visit by visit break down of how both the deductible and co-insurance impact your wallet.

The 80% Co-Insurance Plan would work similiary but with a different deductible amount and an increased cost share.

Example OAP 90% Co-Insurance Plan		
Individual Deductible: $350; In-Network Co-Insurance 10%		
Visit #1: Consultation for Knee Pain	Primary Doctor Office Charge	$175
	Cigna's Negotiated Rate	$125
	Applied to Deductible	$125
	You Owe	$125
	Deductible Remaining	$225
Visit #2: Specialist Visit	Specialist Office Charge	$300
	Cigna's Negotiated Rate	$225
	Applied to Deductible	$225
	You Owe	$225
Visit #3: Specialist Follow-up	Specialist Office Charge	$300
	Cigna's Negotiated Rate	$225
	In-Network Deductible Satisfied	-
	In-Network Co-Insurance	10%
	You Owe	$22.50

And don't be worried about having to pay 20% of a large bill, say $100,000. Our Co-Insurance Plans feature an Out-of-Pocket Maximum. Out-of-pocket maximums are the most you could pay for covered medical expenses in a year. This amount includes money you spend on deductibles and coinsurance for covered services. Once you reach your annual out-of-pocket maximum, your health plan will pay your covered medical costs for the rest of the year.

Both plans offer access to Cigna's nationwide network of providers without selecting a Primary Care Physician (PCP) or using referrals allowing participants to see any licensed provider they choose.

Make benefits choices
you won't regret.

Talk to ALEX®

alex®

MyChoice CDHP with Health Savings Account

The MyChoice CDHP Plan with HSA is a medical insurance plan managed by Cigna. The MyChoice Plan is a Consumer Directed Health Plan (CDHP), which is sometimes referred to as a high deductible health plan, and comes with a tax-free Health Savings Account (HSA).

Although plan deductibles and out-of-pocket maximums are higher, the benefits provided by the MyChoice CDHP Plan are similar to the Cigna 90% Co-Insurance Plan featuring a co-insurance structure and give access to the OAP, Open Access Plus nationwide netowork of doctors. A co-insurance is a sharing of costs between the employee and the medical plan for covered services. After the annual deductible has been met, this plan pays 90% of plan allowed amounts for services received from in-network providers. Both medical and pharmacy charges contribute to the annual deductible and out-of-pocket maximums. In plans covering more than one particpant, eligible services for all covered members are applied to the combined deductible. The two-party or family deductible must be completely met before any benefits are paid.

This plan offers access to Cigna's nationwide network of providers without having to select a Primary Care Physician (PCP) or using referrals. While the benefits are greater for in-network services, participants in the MyChoice CDHP Plan can receive services from out-of-network providers after meeting the annual deductible. This allows participants to see any licensed provider they choose.

The Health Savings Account, or HSA, is funded in part by county contributions with additional pre-tax contributions made by you. The funds in your account may be used to pay for plan deductibles and other eligible medical, dental and vision expenses. This can significantly reduce the actual cost of your health care. Additionally, any funds remaining at the end of the year may be used for future medical expenses, may be carried forward, and even taken with you to another job or into retirement.

New for Plan Year 2021, participants in the Cigna MyChoice Plan can maximize their tax savings by enrolling in the Limited Purpose Flexible Spending Account for qualified vision and dental expenses. See the Flexible Spending Account section in this guide or visit our page on FairfaxNet.

For more information on Health Savings Accounts, see the HSA section in this guide or visit our page on FairfaxNet.

Additional programs with all Cigna Plans include:

All Active Fairfax County medical plans include pharmacy and Vision Care Program and Motivate*Me* Incentive Rewards Program.

- Health and Wellness Coaching
- Healthy Pregnancies, Healthy Babies Program
- Lifestyle Management Programs
- Healthy Rewards Discount Program
- Free Health Information Line, 24/7 Access
- Telehealth, 24/7 Access to Doctors Anywhere Anytime

Plan Contacts

Cigna Customer Service is available 24/7 at (800) 244-6224 or visit them online at MyCigna.com

Additionally, Cigna provides a dedicated on-site Care Advocate available to assist employees and participants with Cigna related issues. To reach our Care Advocate please call (703) 324-2446 or email at Keisha.Lewis@cigna.com.

	CIGNA OAP MyChoice CDHP with HSA		CIGNA OAP 90%
	In-Network	**Out-of-Network**	**In-Network**
Primary Care Physician (PCP)	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
Specialty Care	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
HSA Fund	County Fund Contribution: $700 Individual/$1,400 Family		Not Eligibl
Annual Deductible	$1,400 Individual* $2,800 Family*	$2,800 Individual* $5,600 Family*	$350 Individual $700 Family
Annual Out-of-Pocket Limit	$4,500 Individual $9,000 Family	$9,000 Individual $18,000 Family	$2,500 Individual $5,000 Family
Preventive Care - All Ages Routine Preventive Care, Immunizations, Mammogram, PAP, PSA Tests	Plan Pays 100%	Through age 17: Plan pays 70% co-insurance, no plan deductible Ages 18 and above: Plan pays70% co-insurance after deductible is met	Plan Pays 100%
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 Max benefit is $3,000 every 24 months	Plan pays 90% co-insurance after plan deductible is met Max benefit is $3,000 every 24 months	Plan pays 90% co-insurance after plan deductible is met 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 Individua**
Annual RX Out-of-Pocket Limit	**Medical and Prescription Drug limit combined**		**$2,000 Individu**
NOTE: Diabetic Medications and Supplies are free for participants in all Cigna managed plans when the prescription is filled via home delivery pharmacy or at a retail pharmacy	**Retail – 30 day supply** $4 co-pay Generic Preventive Drugs (deductible waived) $4 co-pay Generic 20% Preferred Brand (max. $50) 35% Non-preferred (max. $100) **Retail – 90 day supply** Only at Cigna 90 Now Pharmacies **Home Delivery – 90 day supply** $0 co-pay Generic Preventive Drugs (deductible waived) $8 co-pay Generic 20% Preferred Brand (max. $100) 35% Non-preferred (max. $200)	Retail – You pay 30% after deductible Home Delivery – Not Covered	**Retail – 30 day supply** $7 co-pay Generic Preventive Drugs 20% Preferred Brand (max. $50) 35% Non-preferred (max. $100) **Retail – 90 day supply** Only at Cigna 90 Now Pharmacies **Home Delivery – 90 day supply** $0 co-pay Generic Preventive Drugs (deductible waived) $8 co-pay Generic 20% Preferred Brand (max. $100) 35% Non-preferred (max. $200)

Co-Insurance Plan	CIGNA OAP 80% Co-Insurance Plan		Kaiser Permanente HMO
Out-of-Network	**In-Network**	**Out-of-Network**	**In-Network - Local**
Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	$10 PCP co-pay No Charge for Children under 5
Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	$10 PCP co-pay
le for Fund	Not Eligible for Fund		Not Eligible for Fund
$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
Through age 17: Plan pays 70% co-insurance, no plan deductible Ages 18 and above: Plan pays70% 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 pays70% co-insurance after deductible is met	No Charge
Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	No Charge
Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	$10 visit
Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	$10 visit
Plan pays 70% co-insurance after plan deductible is met. Max 12 visits per year.	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met. Max 12 visits per year.	$15 co-pay; Annual limit 20 visits
Plan pays 90% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Covered in full to maximum. One hearing aid/ear every 36 months-max $1,000
Max benefit is $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
al/$150 Family	**$75 Individual/$150 Family**		
al/$4,000 Family	**$2,000 Individual/$4,000 Family**		
Retail – You pay 30% after Pharmacy deductible Home Delivery – Not Covered	**Retail – 30 day supply** $7 co-pay Generic Preventive Drugs 20% Preferred Brand (max. $50) 35% Non-preferred (max. $100) **Retail – 90 day supply** Only at Cigna 90 Now Pharmacies **Home Delivery – 90 day supply** $0 co-pay Generic Preventive Drugs (deductible waived) $8 co-pay Generic 20% Preferred Brand (max. $100) 35% Non-preferred (max. $200)	Retail – You pay 30% after Pharmacy deductible Home Delivery – Not Covered	**Kaiser-Pharmacy (30 day supply)** $10 Generic $20 Preferred Brand $35 Non-preferred Brand **Community Pharmacy (30 day supply)** $20 Generic $40 Preferred Brand $55 Non-Preferred Brand **Mail Order (90 day supply)** $20 Generic $40 Preferred Brand $70 Non Preferred Brand

	GOAL TYPE	DESCRIPTION	AWARD TYPE	AMOUNT
REQUIRED	ANNUAL PHYSICAL: SUBSCRIBER	A preventive exam with a primary care provider, including lab work.	Required for Cigna members Must be up to date, per Kaiser Permanente guidelines	Combined $100 BOTH are REQUIRED to earn additional rewards
REQUIRED	HEALTH ASSESSMENT: SUBSCRIBER	A confidential questionnaire about your wellbeing and health behaviors.	Required annually for Cigna and Kaiser Permanente members	
SPOUSE	ANNUAL PHYSICAL: SPOUSE	A preventive exam with a primary care provider, including lab work. The subscriber earns the rewards.	One per year	$25
SPOUSE	HEALTH ASSESSMENT: SPOUSE	Completion of the health assessment by a spouse covered under a Fairfax County health plan. The subscriber earns the rewards.	One per year	$25
SCREENING	CANCER SCREENINGS	Choice of 1 screening per year: -Colon cancer screening -Cervical cancer screening -Prostate cancer screening -Mammogram	One per year	$30
COACHING	TELEPHONIC HEALTH COACHING	Make progress toward a health goal, or achieve them with telephonic coaching, through Cigna and Kaiser Permanente.	Make progress toward one health goal per year. Achieve one health goal per year, in partnership with your coach.	$10 $30
ONLINE	OMADA	Complete at least 16 lessons of the Omada program.	One per year	$25
SELF	DENTAL EXAM*	Visit your dentist for a dental/oral examination.	Two per year	$10 each
SELF	VISION EXAM*	Visit an optometrist, ophthalmologist or other eye health professional for a vision exam.	One per year	$5
SELF	LIVEWELL WORKSHOPS & WEBINARS*	Participate in live classes, sponsored by LiveWell, online webinars or in-person workshops.	Workshops: 2 per year Webinars: 2 per year	$10 each $5 each
SELF	TOBACCO FREE PLEDGE*	Attest to being tobacco free (including smoking, vaping, smokeless tobacco, etc.).	One per year	$5

SELF REPORTED*

QUESTIONS? 703.324.4556, LIVEWELL@FAIRFAXCOUNTY.GOV

Motivate*Me* FAQ's

What is the purpose of Motivate*Me*?
Motivate*Me* 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 Motivate*Me* 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, 2021.** Kaiser Permanente subscribers must track their rewards using a paper "passport". The passport can be downloaded from the LiveWell website on FairfaxNet or by emailing LiveWell. Kaiser participants are required to complete Kaiser's total health assessment at **kp.org** every year. Annual physical and biometric screening results must also be up to date in Kaiser's medical portal to meet the physical requirement. **The completed "passport" must be scanned and emailed to LiveWell@fairfaxcounty.gov by December 31, 2021.**

How do I register?
Participants don't need to register for Motivate*Me*, specifically. Eligible subscribers in a Fairfax County health plan are automatically enrolled in the Motivate*Me* program.

Who can participate in Motivate*Me*?
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 Motivate*Me*.

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 Motivate*Me* portal by December 31, 2021 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.* Participants can earn up to $200 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 Motivate*Me* is to encourage employees and retirees to build a relationship with a primary care provider and remain **actively engaged** in their health and wellbeing throughout the year.

I had an annual physical this year, but haven't received credit for it. What should I do?
It can take up to 5 weeks for an annual physical to appear in the wellness portal. If it has been 5 weeks and you do not see the credit in your wellness portal, please contact **LiveWell@fairfaxcounty.gov**. *Tip: Let your health care provider know that the visit is a well visit when you schedule the exam and confirm the coding before you leave the office visit.*

Does an annual "well woman" exam through an OB/GYN count as a wellness visit?
No. The preventive exam must be completed through a primary care provider and is different from a well woman exam.

When, and how, do I receive my Motivate*Me* 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 Motivate*Me* rewards.

Health Savings Accounts (HSAs)

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

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

- To participate, you must be covered under a qualified high deductible health plan, and cannot have other health coverage - including being enrolled in Medicare or TRICARE or participating in a spouse's Flexible Spending Account.
- Fairfax County contributes a portion of the deductible to your account to get you started.
- The county contribution and any Motivate*Me* Incentive Rewards you earn count against your annual IRS Contribution Maximum.
- Participants who are 55 years or older can contribute an additional $1,000.
- You can use your HSA dollars for qualified out-of-pocket expenses incurred by you, your spouse, and/or any dependents you claim for tax purposes.
- Flexible contribution options. Contribute nothing or all the way up to the IRS maximum. Change, start or stop your contributions at any time. Contribute through payroll or directly through HSA Bank.
- You own the money in your HSA and you control how the money is spent. Any unused money remains in the account even if you change plans or jobs. There is no deadline for using the money.
- For a complete list of qualified expenses see IRS Publication 502.

How do I access my HSA funds?

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

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

hsabank® own your health℠

How do I change my contribution?

You can adjust the contribution into your Health Savings Account at any time. Complete a Health Savings Account Change Form which can be found on the Benefits Page of FairfaxNet. Return the completed form to the Benefits Division and your requested change will generally go into effect the first of the month after we receive it.

Plan Contacts

Access your Health Savings Account, managed by HSA Bank through MyCigna.com. Contact the bank directly. For more information concerning Health Savings Accounts, please contact HSA Bank at (800) 357-6246 or visit them online.

Important Notes

- If you change medical plans, you can continue to access the funds in your Health Savings Account for qualified medical expenses until it is depleted. After termination, your debit card will be discontinued, and your account will be moved from under Cigna's management to being directly accessed through HSA Bank. There may be fees associated.
- Funds in an HSA can be moved out to other qualified plans. Funds in a non-HSA Bank Health Savings Account can also be rolled over into your Health Savings Account with Cigna and Fairfax County Government. Contact HSA Bank for more information.
- Participation in a Health Savings Account cannot be combined with a standard Healthcare Flexible Spending Account.

Investment Options
For HSA Funds

HSA Bank provides unique opportunities to invest Health Savings Account (HSA) funds in self-directed investment options. It's a great way to potentially grow HSA funds for healthcare expenses, or save funds as a nest egg for retirement.

TD Ameritrade Self-Directed Brokerage Option:

Offers a wide array of services for many companies and their employees.

- Stocks, bonds and thousands of mutual funds (trading fees apply)
- No HSA minimum balance required to begin investing
- Online access to real-time data*, customizable charts, and one-click integrated trading
- Integrated, online access to trading, balance information, and much more through HSA Bank's free Internet Banking
- Ability to place trades by website, telephone, mobile device, and broker
- Access to independent research tools, such as S&P and Morningstar®, to help you make informed trades
- Trading fees may be applied by TD Ameritrade; additional fees vary by program, location or arrangement.

DEVENIR Mutual Fund Selection Option:

Easily invest HSA funds in a pre-selected group of no-load mutual funds offering a variety of fund families and asset classes.

- Quarterly performance review of mutual fund selections by SEC-registered investment advisors
- Integrated, online access to investment account history, balance information, contribution election, trades, and much more all through HSA Bank's free Internet Banking
- Access to Morningstar® reports and other planning tools
- Easy fund transfers between investment accounts and health savings accounts through HSA Bank's free Internet Banking
- No trading fees for pre-selected group of mutual funds. An annual fee of $24 is deducted from the investment account balance, prorata.

Flexible Spending Accounts (FSAs)

Welcome TASC (pronounced TASK)! TASC is the nation's largest privately held third-party benefits administrator with a mission to improve the health, wealth, and well-being of its customers, employees and communities. TASC's industry-changing Universal Benefit Account® eliminates redundant processes and platforms, increases accuracy, and makes benefits feel like benefits.

Innovations make TASC services one of a kind! Participants use the exclusive TASC Card to substantiate and pay for eligible Healthcare FSA expenses, with just a swipe. And for times when a participant can't use the TASC Card, reimbursements load into its MyCash account automatically, to be used wherever Mastercard is accepted or withdrawn via an ATM. MyCash is an individual cash account that securely holds your reimbursement funds until you spend or move them.

All new TASC participants will receive reimbursement payments via MyCash unless direct deposit is established. You may access your MyCash funds via the swipe of your TASC Card at any merchant or ATM that accepts MasterCard, or transfer the funds to a personal bank account.

Another exclusive feature is a Mobile App that participants use to access accounts, check account balances, pay a bill, or submit a request for reimbursement. Download the app today or sign in to your account to stay connected.

Visit TASC today at tasconline.com to learn more.

Healthcare Flexible Spending Account

In 2021, the Healthcare Flexible Spending Account maximum annual contribution is **$2,750** per employee.

All funds are available January 1st of each year. (Unlike other payroll deductions for benefits, FSA contributions are based on a calendar year, not Fairfax County's payroll schedule).

Funds can be accessed with a debit card issued by TASC or receipts/claims can be submitted to TASC for reimbursement. Additional documentation may be required. FSAs are governed by the IRS and you must be able to prove the expenses qualify for reimbursement and were used for you or one of your dependents.

If you choose a Healthcare FSA, you can continue using your Healthcare FSA funds during the grace period of two months and 15 days after the end of your plan year, March 15, 2022. Be sure to submit your grace period claims before the end of your 90-day run-out period of March 31, 2022.

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

Dependent Care Flexible Spending Accounts

Dependent Care FSAs allow you to use pretax dollars to pay for eligible expenses related to care for your child, disabled spouse, elderly parent, or other dependent who is physically or mentally incapable of self-care, so you (or your spouse) can work, look for work, or attend school full-time.

Medical expenses for your dependents are not eligible for reimbursement under the TASC Dependent Care FSA.

A "Qualifying Person" is defined as one of the following:

- A dependent child who was under age 13 when care was provided and for whom a tax exemption can be claimed.
- A spouse who was physically or mentally unable to care for him/herself and lived with you for more than half the year.
- A dependent who was physically or mentally unable to care for him/herself and for whom an exemption can be claimed, and lived with you for more than half the year.

Limited Purpose Healthcare Flexible Spending Accounts

When you (or your spouse) enroll in an a High Deductible Heath Plan with a Health Savings Account, you may no longer participate in a full coverage Healthcare FSA. Instead, you are eligible for a Limited-Purpose Healthcare FSA. A Limited-Purpose Flexible Spending Account (FSA) is an additional savings option Health Savings Account (HSA) participants.

The Limited-Purpose FSA works like a general-purpose (or traditional) Flexible Spending Account. Participants use pre-tax dollars to pay for qualified vision and dental expenses incurred during the Plan Year. It is limited to only vision and dental expenses.

For the 2021 calendar year, an individual can contribute up to $2,750 to a limited purpose FSA.

Note: Participation in an HSA Plan has no bearing on participation in the Dependent Care FSA and Motivate*Me* Funds will not be contributed to a Limited Purpose FSA. Employees enrolled in the MyChoice Plan will continue to receive rewards in their Health Savings Account.

What expenses can be reimbursed under a Limited-Purpose FSA?

Dental Expenses	Vision Expenses
Braces and orthodontia	Eye Exams (non medical)
Cleanings	Prescription eyeglasses/contacts
Crowns	Contact lens solution
Fillings	Prescription drugs/medications
Dentures	Laser eye surgery; LASIK
Co-Payments and deductibles	Co-Payments and deductibles

Important Things about FSAs:

- All 2021 Flexible Spending Accounts will be administered through TASC effective January 1, 2021.
- To elect an FSA for 2021, you MUST Re-Enroll Annually: The Internal Revenue Service requires participants to make a new FSA election each year. To do so, log into FOCUS ESS during the Open Enrollment period and enroll before the deadline. Save and Review your elections.
- Save Your Changes: As you enroll using FOCUS ESS, after Step Number 7, Print or save a confirmation. When enrolling in an FSA or making any benefit changes during Open Enrollment, it is important to print a confirmation. Your printed confirmation is your receipt. Without it, you cannot prove you enrolled in an account and no retroactive enrollments or refunds will be permitted. Screenshots of your FOCUS record will not suffice.
- Money in your FSA does not carryover. Any funds remaining in your 2020 FSAs must be accessed through WageWorks only. Participants will have until March 15, 2021 to incur expenses and until March 31, 2021 to seek reimbursement.

Participants in a 2020 Healthcare or Dependent Care FSA with WageWorks will continue to access their remaining funds through **WageWorks**. While WageWorks Debit Cards will be cancelled effective December 31, 2020 participants can continue to access funds through online accounts, EZ Receipts app, or mail. Funds can continue to be accessed for qualified expenses through March 15, 2021 and all claims need to be submitted prior to March 31, 2021. Any funds remaining after that date will be forfeited.

For more details regarding using a Flexible Spending Account with WageWorks or how to access funds contact WageWorks. The WageWorks Customer Care Center can be reached at 855-428-0446 or by visiting www.wageworks.com.

Life Insurance: Group Term, Optional & Dependent

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

Optional Life Insurance is available too. You can buy extra life insurance for your family's security. Select one, two, three or four times your annual salary, rounded to the next higher $1,000 with a maximum coverage of $1 million. These amounts are in addition to your basic coverage discussed above and you are responsible for 100 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 2021 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 a final time to 30% of the original face value of the policy at age 70. Note: Electing Optional or Dependent Life coverage after your 30 days of initial eligibility requires an Evidence of Insurabilty, or EOI, completion, and approval by Standard Life Insurance underwriters.

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

	Spouse	Child	Rate/Month
Option 1	$10,000	$5,000	$1.32
Option 2	$15,000	$10,000	$2.64
Option 3	$25,000	$15,000	$5.30

Special Features

Waiver of Premium - If you become totally disabled while insured under this plan, are under age 60, and complete a waiting period of 180 days, your Basic and Optional Life insurance may continue without premium payment until age 70, provided you give The Standard satisfactory proof that you remain totally disabled.

Accelerated Benefit - If you become terminally ill, you may be eligible to receive a percentage of your life benefit.

Portability - If your insurance ends because your employment terminates, you may continue your life insurance coverage with The Standard.

Conversion - If your life insurance ends or reduces, you may be eligible to convert your life insurance to an individual life insurance policy without submitting proof of good health. Note: Premiums for the converted policy will be substantially higher compared to the County-sponsored term plan.

Travel Assistance - Travel Assistance can help employees and their families prepare for trips and during critical situations while away from home. The program can assist participants with finding qualified medical providers, legal services or with the replacement of lost credit cards and passports.

Long Term Disability

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

Coming Soon: Ready Enroll
Life Insurance Beneficiary Solution

The Beneficiary Designation Process is Changing

Starting January 4, 2021, Fairfax County Government employees will have a new process for naming their life insurance beneficiaries. Through the new online beneficiary designation system – called Ready Enroll – active employees and retirees will have the flexibility to add or edit their beneficiaries anytime.

Why are beneficiary designations so important?

Eliminate confusion.
Leave no doubt about who you want to receive the hard-earned money you leave behind.

Facilitate prompt payment.
Your loved ones might need your life insurance benefits immediately to help cover funeral expenses or replace your lost income. If no beneficiary is named, they may have to wait longer for payment.

Provide peace of mind.
Your life insurance is meant to protect your loved ones financially if something happens to you.

Before our Ready Enroll kicks off in 2021, this is a great time to check all of your beneficiaries! Here's how:

Benefit	Manager	How to Check	How to Update
Deferred Comp/457	T. Rowe Price	rps.troweprice.com	rps.troweprice.com
Heath Savings Accounts (HSA)	Cigna/HSA Bank	www.MyCigna.com	www.MyCigna.com
Life Insurance (Basic Group Term and Optional)	Standard	Call DHR Benefits: (703) 324-3311	Complete a paper form and return it to the Benefits Division
Retirement/Pension	Retirement Systems	Login to your account www.fairfaxcounty.gov/retirement/	Complete a paper form and submit it to the Retirement Systems

Deferred Compensation (457b)

Serving the people of Fairfax County is a big job—one we can all be proud of. And if recent events have taught us any lessons, it is that, you still need to prepare for the unexpected and a more financially secure future. That's why Fairfax County Government offers a plan that works for you. The Fairfax County Government Deferred Compensation Plan managed by T. Rowe Price offers flexible and easy investing, 24/7 access, retirement planning tools, online tools and education, and access to an on-site Help Desk.

How you save in the plan is up to you

You have options for how you build your savings in the Fairfax County Deferred Compensation Plan.

Before-tax and Roth contributions—both have benefits. Through payroll deductions, you may contribute to the Fairfax County Deferred Compensation Plan, up to the Internal Revenue Service (IRS) annual limits, through one or both of the options below (as long as your combined savings do not exceed certain limits):

- Before-tax contributions (made before taxes are taken out of your paycheck)
- Roth contributions (made with money that has already been taxed). According to plan rules, before-tax and Roth contributions may not total more than 80% of your pay (in whole percentages only). Before-tax and Roth contributions are also subject to IRS annual limits.

Benefits of before-tax contributions

Before-tax contributions help you to lower your current taxable income. This means that you can get a tax break now and keep more of your money in your pocket today (when compared with Roth contributions). Before-tax contributions also have the chance to compound tax-deferred. You pay taxes on the contributions and any earnings only when you take a distribution—generally when you retire. The amount of take-home pay in retirement may be less than when you make Roth contributions.

Benefits of Roth contributions

Unlike before-tax contributions, Roth contributions are made with after-tax dollars, or money you've already paid taxes on. This means that the amount you contribute is included in the current income that you report and pay taxes on. When you make Roth contributions, the amount of take-home pay in your check will be less than when you make before-tax contributions. Any earnings on your Roth contributions will grow tax-deferred, and at the time of a qualified distribution, only your earnings will be taxed.

*The balance of your Roth contributions and any earnings is not taxed when you take a qualified distribution—generally in retirement.

*A qualified distribution is tax-free if taken a least 5 years after the year of your first Roth contribution and you've reached age 59 1/2, become totally disabled, or died. If the distribution from your Roth account is not qualified, the earnings on your Roth contributions will be taxable. These rules apply to Roth distributions only from employer- sponsored retirement plans. Additional plan distribution rules may apply.

Want even more choices?

Your 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. Self-directed brokerage is for experienced investors. For more information about this service, including fees and risks, call 1-888-457-5770 or visit rps.troweprice.com/brokerage.SchwabPersonalChoice.

Have questions?

Email the Fairfax County Help Desk at Fairfax457@troweprice.com. Or you can set up an appointment with the Help Desk representative by calling 703-324-4995 on business days from 9 a.m. to 4 p.m. Eastern Time.

Separation

If you were enrolled in a Fairfax County medical and/or dental insurance plan at the time you terminate employment, your coverage will end on the last day of the month in which your separation date falls. Participants who terminate employment may continue their coverage in the Fairfax County group under COBRA for up to 18 months.

The county reserves the right to terminate or change health plans, so your benefits may not continue at the same level that existed when you retired or resigned. If you do not participate in a County health or dental benefit plan at the time of retirement, you cannot join one at a later date. If you cancel your insurance after retiring, you will never be eligible to rejoin a County benefit plan as a retiree.

COBRA

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires the county to offer employees and their families the opportunity to extend their medical and dental insurance coverage at group rates in certain instances where coverage would otherwise end. In some cases, employees may also continue to contribute to and use their Flexible Spending Accounts.

You will automatically receive an official notice explaining how to continue coverage under COBRA after the end of your employment.

COBRA participants pay the full monthly insurance premium (the county makes no contribution) plus a two percent administrative fee. Employees who meet the disability criteria will have a premium rate of 150% for the additional 11 months of continuation coverage. Your COBRA election form and payments should be sent to the Benefits Division, Department of Human Resources.

If you are retiring from the county, you will still be offered COBRA coverage but you may elect to continue health and/or dental coverage under the retiree plan instead. Information on retiree coverage and rates is available from the Retirement Administration Agency or from HR Central. Retirees or their dependents, who are eligible for Medicare Parts A and B (both the hospital and medical portions), are required to enroll in and maintain that coverage in order to be eligible for health insurance as a retiree. Enrollment in Medicare Part D is not required.

For more information on COBRA, please visit the COBRA section of the Benefits Page.

Your Benefits in D.R.O.P.

D.R.O.P. Participants are still considered active employees and will remain enrolled in the active plans and pay active rates. Medicare enrollment is not required while enrolled in an active medical plan.

Benefit Planning for Your Retirement

This workshop will provide information to help employees understand County benefit options and costs in retirement. Benefit decisions made as an active employee can affect benefit offerings in retirement and by understanding County benefits, employees will be able to make a more informed decision as they approach retirement. Sign-up on EmployeeU or contact the Benefits Division at (703) 324-3311.

Medicare and the Retirement Systems will not be addressed in this workshop. For questions regarding the pension, managed by the Retirement Systems, please contact their office at (703) 279-8200.

Retirement Readiness

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.

Medical

The Kaiser Permanente HMO Plan and the Cigna OAP 90% and 80% Co-Insurance Plans, and MyChoice CDHP Plan managed by Cigna, are available to retirees who are under age 65 and not eligible for Medicare.

Once a retiree is 65 and enrolled in Medicare, they can choose from the Cigna 90% and 80% Co-Insurance Plans as secondary plans or Medicare Advantage Plans with Cigna, Kaiser or United Healthcare. These plans come with Part D prescription coverage.

Fairfax County Government (FCG) understands that, after your years of service to the County, you may wish to spend your retirement elsewhere. All of the plans managed by Cigna and United Healthcare are nationwide. Kaiser's plans are limited to local area. If you are covered by Kaiser Permanente and you move outside of their plan's service area, you must contact the Department of Human Resources and elect a new plan for which you are eligible. **You must also notify Kaiser in writing of your move.** These actions must be taken within 30 calendar days of your move out of Kaiser Permanente's service area for coverage with Fairfax County Government to continue.

MyChoice CDHP Plan with HSAs for Retirees

- Retirees who are Medicare eligible cannot participate in this plan.
- Fairfax County Government does not contribute to retiree's HSAs.
- Retiree contributions to HSAs must be done directly with HSA Bank and cannot be processed through Fairfax County Government payroll or the Retirement Systems pension for retirees.
- If you choose to be enrolled in the MyChoice CDHP Plan along with a medical plan outside of Fairfax County Government (i.e. coverage under a spouse's employer or a new employer) you are NOT eligible to contribute to a Health Savings Account.

Medicare

Note: By waiting to claim Social Security and go on Medicare — which is about 66 for people born between 1943 and 1959 — you are provided a lump sum of retroactive benefits going back to six months. You will also be retroactively enrolled in Medicare, going back six months. This enrollment makes you ineligible to participate in a Health Savings Account during that six month period.

Retirees who become eligible for Medicare, due to age or disability, are required to apply for, and maintain Medicare Part A and Part B at their earliest eligibility and submit a copy of their Medicare card to the Benefits Division to continue their coverage under the County's health plan. Medicare enrollment is not required while enrolled in an active 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. Retirees are not required to elect an outside Medicare Part D because it is included in the plans offered by Fairfax County. Retirees who do not maintain Medicare Part A and Part B coverage will not be eligible for county medical coverage.

Medicare Eligibility and Retirement Date

When planning a retirement date, an important piece to consider is Medicare enrollment. Active employees who are Medicare eligible must have both Medicare Parts A and B in place on their first day enrolled in a county sponsored retiree medical plan. Additionally if you plan on enrolling in one of the Cigna managed Secondary Plans or one of the Medicare Advantage Plans, you may want to consider choosing a retirement date at the beginning of the month. Why? Processing retiree benefit enrollment does not begin until your retirement has been processed by your Agency. Depending on when this action is processed in FOCUS, it can be up to two additional weeks for enrollment to be processed by plan vendors and the Center for Medicare Services (CMS).

End-Stage Renal Disease (ESRD)

ESRD is a medical condition in which a person's kidneys cease functioning on a permanent basis. Plan participants may become entitled to Medicare based on ESRD but Medicare will be the secondary payer to our group health plans for a coordination period of 30 months.

As a result, any participant with ESRD who becomes Medicare eligible is prohibited from enrolling in one of the three offered Medicare Advantage Plans and will be automatically enrolled in the Cigna managed 80% Co-Insurance Plan.

Life Insurance

Should you choose to maintain your life insurance into retirement, note that the face value will be reduced to 65% when you turn age 65 or retire. The coverage will reduce again to 30% at age 70. For more information on the costs of Retiree benefits or the reductions in Life Insurance, please visit the Benefits Page on FairfaxNet.

What happens to my benefits when I retire?

Medical/Vision and Dental – Active benefits, will remain in effect until the last day of the month in which you retire. You may have the option of continuing this coverage. To continue benefits, or permanently cancel coverage, a completed Retiree Benefits Enrollment Form **must** be submitted to the Benefits Division.

Note: If you or your dependents are Medicare eligible, Fairfax County Government requires enrollment in Medicare Parts A and B at earliest your eligibility to maintain coverage under our medical plans. To ensure you do not lose coverage, we encourage you to apply for Medicare 90 days prior to your retirement date. The Benefits Division can provide Form CMS-L540, proving credible coverage upon request. Also, enrollment in Kaiser Medicare Advantage Plan requires additional form completion. These forms are submitted to Kaiser Permaente.

Group Term, Optional and Dependent Life Insurance – Life Insurance coverage will end on the last day of the month in which you retire. You may have the option of continuing this coverage.

Note: Coverage reduces to 65% of the original face value when turning 65 or upon retirement, whichever comes first. Coverage reduces again at designated age milestones. For options on converting this policy call HR Central at (703) 324-3311.

To continue benefits or permanently cancel coverage, a completed Retiree Benefits Enrollment Form must be submitted to the Benefits Division.

Long Term Disability – Long Term Disability coverage will end on the last day of the month in which you retire. For options on converting this policy call HR Central at (703) 324-3311.

Healthcare Flexible Spending Accounts – Retired employees will have access to the full amount elected into their Healthcare Flexible Spending Account (FSA). For reimbursement, dates of service must be on or before the last day of the month of your separation. Reimbursement requests must be submitted before the plan's run-out period expires. Your current FSA card will be deactivated the day of separation. You may have the option of continuing this coverage under COBRA. By electing COBRA, you will remain active in the benefit until the end of the plan year and can continue to use the funds in the account for dates of service incurred after separation. Contributions made to the account post-termination will be on an after-tax basis.

Dependent Care Flexible Spending Accounts – Retired employees will have access to the accrued amount in their Dependent Care Flexible Spending Account (FSA) for reimbursement. Dates of service must be on or before the last day of the month of your separation. Reimbursement requests must be submitted before the plan's run-out period expires.

Health Savings Accounts – A Health Savings Account is a private bank account in the employee's name and the funds are 100% vested to the employee on the date of deposit. The funds in this account will remain in the account with no required distribution. Retired employees can continue to access the funds for qualified medical expenses, no matter which health plan they are enrolled in; however, contributions can only be made by those enrolled in a qualified health plan. The account is portable and transfer/rollover options are available.

Leave – You will receive your final pay per the usual bi-weekly pay schedule. The payment for your unused (annual and comp time) leave balances will be received on the payday following receipt of your final pay. This leave payoff will be deposited in your bank account via direct deposit. You will not be paid for unused sick leave. Questions concerning coding time, your final pay, leave payoff or outstanding amount owed may be directed to your department payroll contact or to the Payroll Division of the Department of Human Resources at (703) 324-3311.

Employee Assistance Program (EAP) – Coverage under the EAP ends the last day of your employment.

Who To Contact

General Assistance

Benefits & LiveWell	HR Central	(703) 324-3311	hrcentral@fairfaxcounty.gov

Cigna managed Medical Plans

Vendor Partner	Cigna	(800) 244-6224	www.mycigna.com
On-Site Help Desk	Keisha Lewis	(703) 324-2446	keisha.lewis@cigna.com
Home Delivery RX	Cigna	(800) 835-3784	www.mycigna.com

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

On-Site Help Desk	Marie Canterbury	(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

Employee Assistance Program (EAP)

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

Flexible Spending Accounts

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

Health Savings Accounts

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

Kaiser Permanente

Vendor Partner	Kasier Permanente	(301) 468-6000	www.kp.org

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

Member Services	EyeMed	(866) 800-5457	www.eyemed.com

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
- Prostheses 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).

2021 Medical & Dental Premiums

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

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

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

A Fairfax County, Va. Publication
September 2020