



2022 Retiree At-A-Glance

Plans for Non-Medicare Eligible Participants

- Changes and updates for plan year 2022 are highlighted in yellow on the At-A-Glance chart inside.
- The County requires retirees to maintain continuous coverage in Fairfax County Government (FCG) Life, Health and/or Dental plans. After retirement, if you lose any of these coverages, for any reason, there is no opportunity to re-elect that coverage at a later date and any break in medical coverage with FCG will mean loss of your Retiree Subsidy.
- When moving, remember to update your address with the Benefits Division. The address maintained by us is reported to all benefit vendors. To update your address, you must complete the appropriate form and return it to the Benefits Division.
- Retirees, and their dependents, 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. To continue coverage under the County's health plan, Medicare eligible retirees and dependents must submit a copy of their Medicare card to the Benefits Division on, or before the Medicare effective date.
- It is recommended that participants apply for Medicare at the earliest opportunity, 90 days before their eligible birth month or qualified disability date, to ensure your coverage is in effect on time.
- All participants eligible for Medicare, whether due to age or disability, are enrolled in the county's Part D prescription plan, the Cigna Part D Prescription Plan (PDP).
- Special guidelines apply when retirees enroll in two-party or family plans where one, or more individual is eligible for Medicare and others under the same plan are not. For the Cigna managed plans, the individual eligible for Medicare will be given their own record in the Cigna system and will be required to meet their own deductible. Any participants enrolled under the same plan (whether it is the retiree or covered dependent) who is not eligible for Medicare will also be required to meet a separate deductible. Fairfax County Government has adjusted the applicable premium to offset any cost burden on these families.

	CIGNA OAP MyChoice CDHP with HSA		CIGNA OAP 90% Co-Insurance Plan		CIGNA OAP 80% Co-Insurance Plan		Kaiser Permanente HMO
	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network - Local
Primary Care Physician (PCP)	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	\$10 PCP co-pay No Charge for Children under 5
Specialty Care	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	\$10 PCP co-pay
Annual Deductible	\$1,750 Individual \$3,500 Family	\$3,500 Individual \$7,000 Family	\$350 Individual \$700 Family	\$700 Individual \$1,400 Family	\$500 Individual \$1,000 Family	\$1,000 Individual \$2,000 Family	\$0
Annual Out-of-Pocket Limit	\$6,000 Individual \$12,000 Family	\$12,000 Individual \$24,000 Family	\$2,500 Individual \$5,000 Family	\$5,000 Individual \$10,000 Family	\$3,000 Individual \$6,000 Family	\$6,000 Individual \$12,000 Family	\$3,500 Individual \$9,400 Family
Preventive Care - All Ages	Plan Pays 100%	Through age 17: Plan pays 70% co-insurance, no plan deductible Ages 18 and above: Plan pays 70% co-insurance after deductible is met	Plan Pays 100%	Through age 17: Plan pays 70% co-insurance, no plan deductible Ages 18 and above: Plan pays 70% co-insurance after deductible is met	Plan Pays 100%	Through age 17: Plan pays 70% co-insurance, no plan deductible Ages 18 and above: Plan pays 60% co-insurance after deductible is met	No Charge
Routine Preventive Care, Immunizations, Mammogram, PAP, PSA Tests							
Inpatient Hospital Facility	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	No Charge
Outpatient Hospital Facility	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	\$10 visit
Outpatient Professional Service	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	\$10 visit
Chiropractic Care	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met. Max 12 visits per year.	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met. Max 12 visits per year.	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met. Max 12 visits per year.	\$15 co-pay; Annual limit 20 visits
Hearing Aids	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Covered in full to maximum. One hearing aid/ear every 36 months-max \$1,000
	Max benefit is \$3,000 every 24 months	Max benefit is \$3,000 every 24 months	Max benefit is \$3,000 every 24 months	Max benefit is \$3,000 every 24 months	Max benefit is \$3,000 every 24 months	Max benefit is \$3,000 every 24 months	
Emergency Room	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	\$150 per visit (co-pay waived if admitted other than observation)
Urgent Care Facility	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	\$10 visit
Mental Health & Substance Abuse Treatment (In-Patient)	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	Inpatient - covered in full when medically necessary Outpatient - \$10 individual \$5 group
Annual Prescription Drug Deductible	Medical and Prescription Drug deductible combined		\$75 Individual/\$150 Family		\$200 Individual/\$400 Family		
Annual RX Out-of-Pocket Limit	Medical and Prescription Drug limit combined		\$2,000 Individual/\$4,000 Family		\$2,500 Individual/\$5,000 Family		
All Cigna Plans: • Generic Preventive Medications are \$0 and any deductible is waived. • A 90-day supply from a Retail Pharmacy is only available at a Cigna 90 Now participating Pharmacy. • Most Diabetic Medications and Supplies are free for participants in all Cigna managed plans when the prescription is filled via home delivery pharmacy or at a retail pharmacy.	Retail – 30 day supply Generic - \$10 Formulary/Preferred Brand - 20% (max \$55) Non-Formulary/Non-Preferred - 35% (max \$110) Specialty 35% (max \$110) Home Delivery – 90 day supply Generic - \$20 Formulary/Preferred Brand - 20% (max \$110) Non-Formulary/Specialty - 35% (max \$220)	Retail – You pay 30% after deductible Home Delivery – Not Covered	Retail – 30 day supply Generic - \$7 Formulary/Preferred Brand - 20% (max \$50) Non-Formulary/Non-Preferred - 35% (max \$100) Specialty 35% (max \$100) Home Delivery – 90 day supply Generic - \$14 Formulary/Preferred Brand - 20% (max \$100) Non-Formulary/Specialty - 35% (max \$200)	Retail – You pay 30% after Pharmacy deductible Home Delivery – Not Covered	Retail – 30 day supply Generic - \$10 Formulary/Preferred Brand - 20% (max \$55) Non-Formulary/Non-Preferred - 35% (max \$110) Specialty 35% (max \$110) Home Delivery – 90 day supply Generic - \$20 Formulary/Preferred Brand - 20% (max \$110) Non-Formulary/Specialty - 35% (max \$220)	Retail – You pay 30% after Pharmacy deductible Home Delivery – Not Covered	Kaiser Pharmacy – 30 day supply Generic - \$10 Formulary/Preferred Brand - \$20 Non-Formulary/Non-Preferred - \$35 Community Pharmacy – 30 day supply Generic - \$20 Formulary/Preferred Brand - \$40 Non-Formulary/Non-Preferred - \$55 Home Delivery – 90 day supply Generic - \$20 Formulary/Preferred Brand - \$40 Non-Formulary/Non-Preferred - \$70

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

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