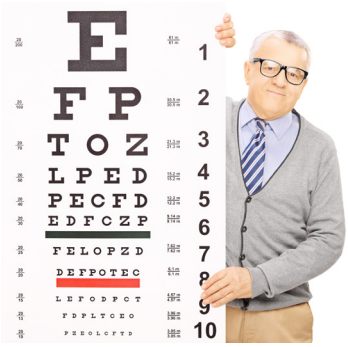
2022 Retiree Benefits Guide

Fairfax County Government

What's New for 2022



Motivate*Me*

Get motivated. Get healthy. Get up to $250. LiveWell is here to help you stay motivated along your health journey with extra incentives for making choices that support your wellbeing. Retirees enrolled in a Motivate*Me* Rewards eligible medical plan have even more opportunities to earn rewards in 2022. There are new goals like additional spousal goals and rewards for staying fit, improving health outcomes, and rewards for COVID-19 vaccinations. For more details on earning rewards, see the Motivate*Me* section of this guide. For available wellness rewards in the Cigna True Choice Core Medicare Advantage or UnitedHealthcare Medicare Advantage plans, join a virtual presentation or contact customer service.

Cigna 90% Co-Insurance Plans

No pharmacy or medical plan changes other than legislative and regulatory updates for Plan Year 2022.

Cigna 80% Co-Insurance Plans

No medical plan changes other than legislative and regulatory updates for Plan Year 2022.

For participants who are not eligible for Medicare, pharmacy plan changes for 2022 include increases in deductibles, out-of-pocket maximums, and co-pays and co-insurances for prescription drugs from retail locations and through mail order.

Pharmacy Changes for this Plan	2021	2022
Deductible (Ind/Family)	$75/$150	$200/$400
Out-of-Pocket Maximum (Ind/Family)	$2,000/$4,000	$2,500/$5,000
Rx Retail Generic	$7	$10
Rx Retail Formulary	20% (max $50)	20% (max $55)
Rx Retail Non-Formulary & Specialty	35% (max $100)	35% (max $110)

Cigna MyChoice CDHP

New annual deductibles and out-of-pocket maximums for Plan Year 2022. The annual deductible and out-of-pocket maximums in the MyChoice CDHP include medical and pharmacy services.

Deductible Changes for this Plan	2021	2022
Annual Deductible (Ind/Family)	$1,400/$2,800	$1,750/$3,500
Annual Out-of-Pocket Max (Ind/Family)	$4,500/$9,000	$6,000/$12,000

Pharmacy plan changes for 2022 include increases in co-pays and co-insurances for prescription drugs from retail locations and through mail order.

Pharmacy Changes for this Plan	2021	2022
Rx Retail Generic	$4	$10
Rx Retail Formulary	20% (max $50)	20% (max $55)
Rx Retail Non-Formulary & Specialty	35% (max $100)	35% (max $110)

Health Savings Accounts

Fairfax County Government does **not** contribute to retiree HSAs. Individual contributions to HSAs must be made directly to HSA Bank and cannot be made through Fairfax County Government or the Retirement Systems' payroll for retirees.

	IRS Annual Contribution Limit
Individual	$3,650
Two-Party/Family	$7,300
Over 55 Catch-up	$1,000

Kaiser Permanente HMO

No pharmacy or medical plan changes other than legislative and regulatory updates for Plan Year 2022.

Cigna True Choice Core Medicare Advantage Plan (PPO)

There are two important changes to Cigna's Medicare Advantage Plan effective January 1, 2022.

- For the Substance Abuse-Group benefit, the out-of-network copay is $5.
- The Telehealth benefit for 2022 will be a $0 copay. A decrease from the $5 copay in 2021.

UnitedHealthcare Group Medicare Advantage Plan (PPO)

There are three important changes to the UnitedHealthcare Plan effective January 1, 2022.

- The hearing aid benefit is changing to In-Network only. To help improve access to high-quality, cost-effective hearing benefit solutions, routine hearing *aid* benefits will be available exclusively through UHC Hearing. Members can continue to see out-of-network providers to access their hearing *exam* benefit.
- UnitedHealthcare is changing their fitness vendor in 2022 to Renew Active. Renew Active includes: free gym memberships, access to an extensive network of gyms and fitness locations near members, a personalized fitness plan, access to a wide variety of fitness classes, an online brain health program, exclusively from AARP® Staying Sharp, and connecting with others at local health and wellness events through the Fitbit® Community for Renew Active.
- UnitedHealthcare is pleased to announce the introduction of the Healthy at Home benefit which is included in the Medicare Advantage plan beginning January 1, 2022 at no additional cost. The Healthy at Home benefit includes meal delivery, transportation benefits, and in-home personal care post-discharge.

Kaiser Permanente Medicare Advantage Plan (HMO)

For 2022, the following changes will be made to your Medicare Health Plan:

- A change in vision allowance from $100 every 12 months to $200 every 24 months.
- Changes to medical benefits: $0 UV phototherapy devices for members with qualifying conditions, therapeutic shoes for members with peripheral vascular conditions affecting the legs and feet, and some dental services for members undergoing transplant surgery.

Dental Plan

There will be no plan change to Fairfax County Government's Retiree Dental Plan, managed by Delta Dental of Virginia for 2022. There will be a slight rate increase. See the Retiree Rate Sheet on the last page for details.

A Note on 2022 Medical Plan Premiums

The past 18 months have been challenging for most of us. With the various restrictions the pandemic has placed on our lives—work, school, family—it has been difficult to adjust to a "new normal."

As a result of the strain on the health care system caused by the pandemic, it seemed almost impossible to access some types of health care throughout 2020 and into 2021, and many of us have tried new ways of seeing providers, such as virtual visits. But despite what seemed like a lull in health care provision, the self-insured plans offered to Fairfax County Government retirees and their families continued to be utilized at much higher rates than plans in similar organizations. And despite additional cost containment measures, the costs of services like advanced imaging and specialty medications continue to rise exponentially.

A few examples of participants' extraordinary use of our self-insured plans include:

- **Emergency Room Visits** – in the last three years over **3,000 ER visits were reported as "steerable,"** meaning they could have been addressed somewhere other than the ER, which **would have resulted in savings of $2.5 million in claims**.
- **Advanced diagnostic testing** (MRI, CT, PET) – costs are **84% higher than Cigna's norm** for public sector clients for the last three years, **costing $216.58 per member, per year**.
- **Specialist visits** – for the same three-year period are **43% higher than Cigna's norm**, costing **$265 per member, per year**.
- Treatment of **Chronic Conditions** such as, diabetes, hypertension, obesity, depression, asthma and coronary artery disease. **41% of covered participants with these conditions make up 74% of total plan costs**.
- Lastly, **Specialty Pharmacy** is the fastest growing cost driver. Specialty Pharmacy costs **increased over 10% from 2019 to 2020** and are running **23.5% above Cigna's norm** for public sector clients.

So, while many of you may have skipped preventive visits or elective surgery due to safety concerns, many retirees and their family members continued to receive services and fill specialty prescriptions at a higher rate than Cigna's other public sector plans across the country.

The high use of services and medications, along with an increase in chronic conditions, and the general toll the pandemic has taken on the healthcare system, has greatly strained our self-insured medical plans. The costs in these plans— the 90% and 80% Co-insurance plans and the MyChoice CDHP— continue to increase. As a result of the continued high use of services and prescription medications, there will be double digit premium increases in all of the Cigna plans offered to Fairfax County employees and retirees for 2022.

There are additional factors that have prompted the large premium increases subscribers will see this year. In 2021, we chose to stick to our long-term strategy and eliminated the Cigna Co-Pay Plan. The county anticipated this closure would have some impact on claim costs in the other self-insured plans. For many years the costly premium of the Co-Pay Plan, (between 18 and 65% higher than the other medical plans) combined with the number of participants, offset the elevated use of services and high-cost claims. However, the cost to the county, and its taxpayers, was not sustainable. With the closure of our most popular plan, participants and their claims migrated to the lower cost plans.

The COVID-19 pandemic was something that no one anticipated. For many reasons, the county opted to keep premium increases contained for the 2021 plan year. We did not implement the full recommended premium increases necessary to offset the shift of claims from the Co-Pay plan to the remaining Cigna plans. **Additionally, to try to counter some of the uncertainty at the height of the pandemic, all plans covered any testing and treatment of COVID-19 at 100%**. This additional coverage and applying a minimal premium increase in 2021, compounded the need for higher premiums in plan year 2022.

It is important to understand what it means to have a "self-insured" plan model, as we have with our Cigna plans. A self-insured medical plan means that the cost of all medical and pharmacy claims, as well as administrative fees, are paid with a combination of contributions from the county and participants in the plans. There is no third party taking on the risk and paying for these medical services. The costs of all services paid for by the plans, from preventive doctor visits to cholesterol tests, and newborn babies, to chemotherapy, are all paid from employee premiums and county funds. We all have a personal stake in keeping our costs under control.

To help mitigate the financial impact on participants in the self-insured, Cigna administered medical plans: 90% and 80% Co-insurance and MyChoice CDHP plans, for plan year 2022 the county will offer three Premium Holidays in 2022. Each Premium Holiday will be equal to half of your monthly contribution amount for one pay period. These premium holidays will occur in the months of February, April, and July.

We will also be increasing the rewards in the MotivateMe incentive program from $200 to $250 for the 2022 plan year. LiveWell will introduce new programs that are designed to target some of our previously discussed chronic conditions that will be added to the MotivateMe incentive program. See the MotivateMe pages of this brochure for details. Please note that participants in any of the Medicare Advantage plans are not eligible for MotivateMe rewards. The Cigna True Choice Core and UnitedHealthcare Medicare Advantage Plans have Wellness Incentive programs included in their plans.

Retiree Subsidies

Retirees pay the full cost of health and/or dental insurance. Retirees age 55 or older, or those retired on a service-connected disability, receive a monthly subsidy from the County toward the cost of a county health plan. Surviving spouses are entitled to a subsidy only if they receive a Joint and Last Survivor Benefit.

Monthly Subsidy for Retirees Ages 55+	
Years of Service at Retirement	Subsidy Amount
5 - 9	$40
10 - 14	$75
15 - 19	$165
20 - 24	$200
25 or more*	$230

*Also includes retirees of any age who are approved for a service-connected disability retirement and covered under a county health plan and includes police officers who retired with unreduced benefits after 20 years of service.

Retiree Open Enrollment Education

In-Person Retiree Open Enrollment Sessions Hosted by the Benefits Team

Two In-Person Retiree Open Enrollment Meetings will be offered.

Advance registration is required. No walk-ins will be permitted. No one will be admitted without prior registration, including spouses, family members, and guests.

Use the link below to register. Please review the attendance guidelines prior to arriving.

https://www.signupgenius.com/go/retireeopenenrollmentmeetings2021

Virtual Open Enrollment Education Hosted by the Benefits Team

- Monday, October 25th at 11 am
- Thursday, October 28th at 4 pm
- Friday, November 5th at 2 pm
- Wednesday, November 10th at 11 am
- Wednesday, November 10th at 7 pm
- Tuesday, November 16th at 11 am

Virtual Plan Specific Education Hosted by Vendor Partners

- Cigna managed 90% and 80% Co-Insurance Plans for **Non-Medicare Eligible** Retirees

  Wednesday, October 27th at 4 pm
- Cigna managed 90% and 80% Co-Insurance Plans for **Medicare-Eligible** Retirees

  Monday, October 25th at 2 pm and Thursday, November 4th at 11 am
- Cigna True Choice Core Medicare Advantage Plan (PPO)

  Tuesday, October 26th at 10 am and Thursday, November 4th at 2 pm
- Cigna RX Part D Prescription Plan (PDP)

  Wednesday, November 3rd at 10 am and Tuesday, November 9th at 2 pm
- Kaiser Permanente Medicare Advantage Plan (HMO)

  Tuesday, October 26th at 1 pm and Friday, November 12th at 10 am
- **NEW:** Retiree Life Insurance with the Standard Life Insurance Company

  Tuesday, November 16th at 2 pm

How to Access these Virtual Sessions

- To access sessions online, use the following link: **https://us02web.zoom.us/j/3063679038**
- Access benefit sessions by phone: **(877) 336-1839, access code 379049**

Want More Information?

Full schedules of events, with clickable hyperlinks, are available on our new Retiree Benefits Website:
https://www.fairfaxcounty.gov/hr/department-human-resources-retiree-benefits

And Consultations

Virtual Plan Specific Education Hosted by UnitedHealthcare

UnitedHealthcare Group Medicare Advantage Plan (PPO)

Thursday, October 28th at 10am and Wednesday, November 3rd at 2 pm

This session is accessible by phone only: **(877) 692-8757, access code: 8253599**

For more plan details visit our Retiree Benefits Page on our public site.

In-Person One-On-One Retiree Benefit Consultations

During Open Enrollment, retirees can sign-up for in-person, private consultations with representatives from the Fairfax County Government group medical plan vendors.

Retirees may book one 20-minute session, per plan vendor partner, to review plan specifics, provider networks, and covered services. Retirees should bring with them a photo ID, list of providers, and frequently used services.

Appointments are available on the following days:

Monday, November 1st Monday, November 8th Tuesday, November 9th

Sign-up for a consultation with your Vendor Partner of choice using the link below:

- Cigna 90% and 80% Co-Insurance Plans (secondary to Medicare) and the Cigna MyChoice CDHP Plan
  https://www.signupgenius.com/go/Cigna8090HSA_InPerson2021
- Cigna True Choice Core Medicare Advantage Plan (PPO)
  https://www.signupgenius.com/go/CignaTrueChoice_InPerson2021
- UnitedHealthcare Group Medicare Advantage Plan (PPO)
  https://www.signupgenius.com/go/UHC_InPerson2021
- Kaiser Permanente Medicare Advantage Plan (HMO)
  https://www.signupgenius.com/go/Kaiser_InPerson2021

Need Help Attending?

For assistance in registering for an event, contact the Benefits Division through HR Central at (703) 324-3311 or at HRCentral@fairfaxcounty.gov

Virtual One-on-One Sessions with Vendor Partners

Retirees who are unable to attend one of the offered In-Person One-on-One Retiree Benefits Consultations, due to travel distance or health concerns, may register for a virtual consultation with one of our newer Medicare Advantage Plan vendor partners.

Appointments are available on the following days:

Thursday, November 4th and Friday, November 5th

Sign-up for a consultation with your Vendor Partner of choice using the link below:

- **Cigna True Choice Core Medicare Advantage Plan (PPO)**
  https://www.signupgenius.com/go/CignaMAVirtual2021
- **UnitedHealthcare Group Medicare Advantage Plan (PPO)**
  https://www.signupgenius.com/go/UHCMAVirtual2021

2022 Medical Plans
For Non-Medicare Eligible Participants

Cigna managed 90% or 80% Co-Insurance Plans

Both of the Cigna managed Co-Insurance Plans offer in- and out-of-network coverage with no referrals or PCP selection. In-network preventive services are covered at 100%. All other covered medical services are subject to a deductible. Both can be combined with Medicare and the True Choice Core Medicare Advantage Plan for families with a blend of Medicare and non-Medicare eligible participants.

Plan Highlights

- Open Access Plus Network, Cigna's largest network of providers.
- Access to out-of-network providers and coverage.
- Annual medical deductible followed by co-insurance on covered services. If you have other family members on the plan, each must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
- Includes pharmacy plan with a separate annual deductible.
- Free Health Information Line, 24/7 Access.
- Telehealth, 24/7 Access to Doctors anywhere, anytime.
- No-cost Lifestyle Management Programs and Healthy Rewards Discount Program.

Kaiser Permanente Health Maintenance Organization

For all participants, this plan is a local medical center-based HMO or Health Maintenance Organization for the Mid-Atlantic region. Participants pay co-pays for in-network services at Kaiser facilities only. This plan can be combined with Kaiser's Medicare Advantage plan participants with mixed Medicare eligibility.

Plan Highlights

- Choose your doctor and change anytime. Primary Care Physician (PCP) selection and referrals required.
- Local, center-based care. Save time and money with pharmacy, lab, and most doctors being in one place.
- 35+ medical centers in the Mid-Atlantic States region. No annual deductible. 14 Urgent Care locations, open 24/7.
- Includes pharmacy plan with no cost delivery though Mail Order Pharmacy.
- No co-pay for video visits, 24/7 medical advice by phone, and e-Visits.
- Care away from home with MinuteClinics and Away from Home Travel Line.

Cigna managed MyChoice CDHP Plan

The MyChoice Plan is a Consumer Driven Health Plan (CDHP), or a High Deductible Health Plan (HDHP), and is not open to any participant enrolled in an outside plan or anyone who is eligible for Medicare. The MyChoice CDHP Plan is the only plan offered by Fairfax County Government that qualifies you to contribute to a Health Savings Account (HSA).

Plan Highlights

- Open Access Plus Network, Cigna's largest network of providers.
- Access to out-of-network providers and coverage.
- Combined annual medical and pharmacy deductible followed by co-insurance on covered services and drugs. If you have other family members on the plan, the overall family deductible must be met before the plan pays. Each family member does not need to meet an individual deductible.
- The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own individual out-of-pocket limit.
- Includes pharmacy plan.
- Eligible to be combined with a Health Savings Account.
- Free Health Information Line, 24/7 Access.
- Telehealth, 24/7 Access to Doctors anywhere anytime.
- No-cost Lifestyle Management Programs and Healthy Rewards Discount Program.

Health Savings Accounts

- For plan year 2022, the IRS contribution maximum is $3,650 for individuals and $7,300 for those enrolled in a two-party or family plan.
- Fairfax County Government does **not** contribute to retiree HSAs. Individual contributions to HSAs must be made directly to HSA Bank and cannot be made through Fairfax County Government or the Retirement Systems' payroll for retirees.
- If you choose to be enrolled in the MyChoice Plan along with another medical plan, you are **NOT** eligible to contribute to a Health Savings Account.
- Note: By waiting to claim Social Security and go on Medicare 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.

For more information concerning Health Savings Accounts, please contact HSA Bank at (800) 357-6246.

Becoming Medicare Eligible

Retirees and Dependents Eligible for Medicare

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 before the first day of their Medicare eligibility.

Are You New to Medicare?

Participants in a Cigna managed Co-Insurance Plans

- Participants enrolled in one of the Cigna managed Co-Insurance Plans, who become newly eligible for Medicare, whether due to age or disability, will transition to the Cigna RX PDP Plan. This is Fairfax County Government's Group Part D Pharmacy Plan. A separate card will be issued for the Medicare participant and can be used to access pharmacy benefits.
- The new Medicare participant (retiree or dependent) may be required to meet a pharmacy deductible in the new plan. Medical and RX deductibles re-set.
- After Medicare eligibility, the participant must create a new online ID on MyCigna.com
- Any non-Medicare eligible dependents will remain on Cigna's Medical and RX Plans and will be issued their own subscriber number(s) for accessing care.
- Special guidelines apply when retirees enroll in two-party or family plans where one (or more) individuals are eligible for Medicare and others under the same plan are not. 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 participant 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.

Participants in the Kaiser Permanente HMO

- This plan is eligible for families that are made-up of participants who are eligible for Medicare and those who are not. Participants eligible for Medicare are enrolled in Kaiser's Medicare Advantage Plan; participants who are not eligible for Medicare remain enrolled in Kaiser's traditional HMO. Note: The Kaiser Medicare Advantage Plan does not include all of their facilities. Visit KP.org to check your zip code before you enroll.

Physical Address Required

Centers for Medicare & Medicaid Services (CMS) requires a physical address for anyone enrolled in Medicare and in a Group Medicare Advantage, or Group Part D Prescription Drug Plan. The Benefits Division can maintain your desired P.O. Box for mailings but will need a physical address on file to ensure compliance with Medicare. Always ensure you keep your address up-to-date with both the Retirement Systems and the Benefits Division in the Department of Human Resources. Failure to inform us of your move could impact your coverage.

Know the As, Bs, Cs and Ds of Medicare

Part A	Part B	Part C (A+B)	Part D
Hospital Insurance	Medical Insurance	Medicare Advantage	Prescription Drug
Hospital stays Skilled nursing facility stays Home health care Hospice care	Doctor's services Outpatient care Diagnostic tests Preventive services Laboratory services Durable medical equipment	Combines Parts A & B Commonly includes supplemental benefits like hearing, vision, and dental May or may not include prescription coverage	Helps lower prescription drug costs All plans must offer at least a standard coverage set by Medicare

Part D Coverage for All Medicare Eligible Participants

All Medicare eligible participants, whether due to age or disability, will be enrolled in their plans RX Part D Prescription Plan. Participants not eligible for Medicare will remain under the traditional pharmacy plan.

Double Medicare Part D Plan Enrollment

The Centers for Medicare Services (CMS) does not allow individuals to be enrolled in more than one Part D Drug Plan at a time. Medicare eligible participants, in any Fairfax County Government medical plan, are enrolled in a group Medicare Part D Plan.

The Cigna Co-Insurance Plans, the Cigna True Choice Core Medicare Advantage Plan and the United Healthcare Group Medicare Advantage Plan all include the Cigna RX Part D Prescription Plan (PDP), while the Kaiser Permanente plan offered to Medicare eligible retirees, and their eligible dependents, is a Medicare Advantage plan and also has a Part D prescription plan included.

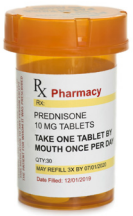
It is important to note: When a Medicare eligible retiree, or their covered dependents, whether due to age or disability, enrolls in an outside Part D prescription plan or other Medicare plan that includes Part D coverage, Fairfax County Government receives a notification from CMS of their enrollment. This notification requires Fairfax County to terminate the retiree's coverage effective the first of the following month. While we make attempts to notify retirees of the notification, it is the retiree's responsibility to resolve any erroneous enrollment. Once the retiree's coverage has been terminated, and they experience a gap, the retiree loses their county-sponsored medical plan with no option to re-enroll. The retiree will no longer receive their subsidy.

Medicare and Health Savings Accounts (HSAs)

If you enroll in Medicare Part A and/or B, you can no longer contribute pre-tax dollars to your Health Savings Account (HSA). However, you may continue to withdraw money from your HSA, after you enroll in Medicare, to help pay for medical expenses, such as deductibles, premiums, copayments, and coinsurances.

Don't forget you can name a beneficiary for your HSA and change it at anytime. If you name your spouse as beneficiary (the most common situation), upon your death your, HSA passes to your spouse with balances and tax advantages intact.

2022 Plans for Medicare Eligible Participants



Cigna RX Part D Prescription Plan (PDP)

The Cigna RX (PDP) Plan is Fairfax County Government's Group Part D Prescription Plan. This is the pharmacy plan for all Medicare eligible participants enrolled in a Cigna or UnitedHealthcare plan whether Medicare eligibility is due to age or disability.

A few important things to know about the Cigna RX (PDP) Plan:

- Some drugs and supplies are covered by Medicare Part B, not your Part D plan. Medicare requires certain medications and durable medical equipment (such as diabetic test strips, lancets, and wheelchairs) to be covered under Medicare Part B. If you buy these items at a pharmacy, they may not be covered by your pharmacy plan.
- Your Rx plan uses a drug list with four cost-sharing tiers, or coverage levels.
  - **Tier 1** Preferred Generic Drugs
  - **Tier 2** Preferred Brand Drugs
  - **Tier 3** Non-Preferred Generic & Brand Drugs
  - **Tier 4** Specialty Drugs Generic & Brand (limited to 30 day supply)

- If you are unsure how your drug will be covered, call Cigna RX Part D Prescription (PDP) Plan Customer Service and speak to a representative at (00) 558-9562.
- Centers for Medicare Services (CMS) does not allow individuals to be enrolled in more than one Part D Drug Plan at a time. If you or your Medicare eligible covered dependent enroll in an outside Part D Prescription Plan, your enrollment in both Fairfax County Government's pharmacy and medical plan will be canceled with no option of future enrollment.

	Retail (30-day supply)	Home Delivery (90-day supply)
Deductible	$75	$75
Out-of-Pocket Maximum	$2,000	$2,000
Generic Drugs	You pay $7	You pay $14
Preferred brand drugs	You pay 20% ($50 max)	You pay 20% ($100 max)
Non-preferred brand drugs	You pay 30% ($100 max)	You pay 30% ($200 max)
Specialty drugs - limited to 30 day supply	You pay 30% ($100 max) per prescription	Not available – Specialty drugs only available up to 30-day supply
What you pay in the coverage gap	Once you reach $4,430 in total drug costs you move into the Coverage Gap stage. **You will pay the same copays as your Initial Coverage or same as standard Part D.**	
Catastrophic coverage	Once you reach the $7,050 true out-of-pocket limit, you will pay the lesser of Standard Part D catastrophic or gap coverage. (Standard Part D catastrophic is greater of 5% coinsurance or $3.70 for generic drugs or $9.20 for brand drugs for the remainder of the year). **You will pay the same copays as your Initial Coverage or same as standard Part D.**	

Cigna managed 90% or 80% Co-Insurance Plans

Both of the Cigna managed Co-Insurance Plans offer in- and out-of-network coverage with no referrals or PCP selection. Preventive services are covered at 100%. All other covered medical services are subject to a deductible and co-insurance. Both can be combined with Medicare and the True Choice Core Medicare Advantage Plan for families with a blend of Medicare and non-Medicare eligible participants.

- Access to the Open Access Plus Network of doctors and providers
- In- and Out-of-Network coverage
- Annual Deductible and co-insurance on covered services
- Includes pharmacy plan
- Free Health Information Line and Telehealth with 24/7 Access
- No-cost Lifestyle Management Programs and Healthy Rewards Discount Program

Co-Insurance Plans and Coordination with Medicare

If you have coverage in one of the county's Co-Insurance plans and Medicare, Medicare becomes the primary payer of claims. The Fairfax County Government (FCG) health plan becomes the secondary "payer." The Cigna Co-Insurance Plans are secondary. They are not Medicare Supplemental or Medi-gap style plans.

When there is more than one potential payer, there are coordination of benefits rules to decide who pays first. The first or "primary payer" pays what it owes on your bills first and then sends the rest to the second or "secondary payer." In some cases, there may also be a third payer.

Medicare's primary payment may offset costs of some services, but does not eliminate all out-of-pocket costs to the participant. You will always be responsible for your co-insurances and deductibles. If Cigna's normal liability is equal to or less than Medicare's payment, Cigna does not make an additional payment as the secondary payer.

Whether Medicare pays first depends on a number of considerations, including those listed below. However, please keep in mind that these descriptions do not cover every situation.

- The primary payer, Medicare, pays up to the limits of its coverage.
- The secondary payer, County insurance, only pays if there are costs the primary payer didn't cover up to the benefit level of the County coverage. The secondary payer may not pay all of the uncovered costs.
- You will still be responsible for any co-insurance amounts for the services in accordance with your county-sponsored plan.

Medicare Advantage Plan Must Knows

Medicare Advantage plans are another way to get your Medicare Part A and Part B coverage plus additional benefits. Medicare Advantage plans are sometimes called Part C or MA plans. The Centers for Medicare & Medicaid Services (CMS) contract with health insurers such as Cigna, UHC, and Kaiser to offer these comprehensive health insurance plans to Medicare-eligible enrollees.

- You must be enrolled in Medicare Part A and Part B to participate.
- You're still in the Medicare Program and you still have Medicare rights and protections. You still get complete Part A and Part B coverage through the plan.
- The three Medicare Advantage Plans offered by Fairfax County Government include a Part D Prescription plan and the Vision Care Program with EyeMed.
- You can't buy and don't need Medigap or Medicare Supplemental Plan if you are enrolled in a Medicare Advantage Plan.
- You can only join a plan at certain times during the year. In most cases, you're enrolled in a plan for a year.
- You can join a Medicare Advantage Plan even if you have a pre-existing condition.
- You can check with the plan before you get a service to find out if its covered and what your costs may be.
- Providers can join or leave a plan's provider network anytime during the year. Your plan can also change the providers in the network anytime during the year. If this happens, you may need to choose a new provider.
- Medicare Advantage Plans can't charge more than Original Medicare for certain services like chemotherapy, dialysis, and skilled nursing facility care.
- Medicare Advantage Plans have a yearly limit on your out-of-pocket costs for medical services. Once you reach this limit, you'll pay nothing for covered services. Each plan can have a different limit, and the limit can change each year. You should consider this when choosing a plan.

For more information on the Medicare Advantage Plan offered to Fairfax County retirees, contact our vendor partners from 8 am to 8 pm, Monday through Friday

Cigna True Choice Core Medicare Advantage Plan (PPO)	(888) 281-7867
United Healthcare Group Medicare Advantage Plan (PPO)	(866) 859-5402
Cigna RX Part D Prescription Plan (PDP)	(800) 558-9562
Kaiser Permanente Medicare Advantage Plan	(888) 777-5536

Cigna True Choice Core Medicare Advantage (PPO)

The Cigna True Choice Core Medicare Advantage plan covers retirees for annual physicals and other necessary screenings, lowering the risk of associated diseases and medical conditions.

For more details, contact Cigna's True Choice Core Customer Service at (888) 281-7867 (TTY 711).

Benefits	In- and Out-of-Network Services billed to this plan
Annual deductible	$0
Out-of-pocket maximum	$1,500
Doctor/specialist office visit	$5/$10
Inpatient medical hospital care	$0 copayment
Emergency/Urgent care	$120/$10 copayment
Diagnostic tests and lab services	$0/20% coinsurance
Preventive care	$0 copayment for annual wellness exam $0 copayment for all preventive services covered by original Medicare

Plan Highlights

- PPO with the option of using in-network or out of network providers, as long as they participate in Medicare and accept the plan, and are willing to bill the plan. - **This is not the OAP Network.**
- This plan includes the Cigna RX (PDP) Plan. See the Part D page in this guide for additional details.
- Clinical support programs that focus on behavioral health, chronic care, heart health and more.
- 24-hour Health Information Line. Nurse Advocates are available by phone 24 hours a day, seven days a week, to answer your questions in a confidential and convenient service.
- Participants in the Cigna True Choice Core Medicare Advantage Plan are not required to see an in-network doctor. To search the Provider Directory at www.CignaMedicare.com/group/MAresources or call Cigna True Choice Core Customer Service at (888) 281-7867.

Additional Benefits

- Telehealth services that let you talk with a doctor by phone or video for non-emergency care. Available 24/7/365 – even on weekends and holidays – from wherever you are.
- Silver&Fit Fitness program is a $0 member cost share program at a national network of fitness facilities, including YMCA, 24 Hour Fitness and Curves. One-on-One Silver&Fit Healthy Aging Coaching, and home fitness kits are also included.
- Home Delivered Meals Program that help make your transition back home more comfortable after an in-patient hospital or skilled nursing facility stay.

UnitedHealthcare Group Medicare Advantage (PPO)

The UnitedHealthcare Plan offered by Fairfax County Government is a group plan. Benefits and features include help finding a doctor, getting a ride to appointments, and access a nurse 24/7.

Benefits	In- and Out-of-Network Services billed to UHC
Annual deductible	$0
Out-of-pocket maximum	$1,500
Doctor/specialist office visit	$5/$5
Inpatient medical hospital care	$0 per admit
Emergency/Urgent care	$120/$10 copayment
Diagnostic tests and lab services	$0
Preventive care	$0 copayment for annual wellness exam $0 copayment for all preventive services covered by original Medicare

Contact UnitedHealthcare Customer Service at (866) 859-5402.

Plan Highlights

- National PPO with coverage for visiting doctors, clinics, and hospitals. No referrals needed.
- This plan includes the Cigna RX (PDP) Plan. See the Part D page in this guide for additional details.
- With Virtual Visits, you're able to video chat live with a doctor or behavioral health specialist from your computer, tablet or smartphone anytime, day or night.
- This plan lets you visit doctors, specialists and hospitals, in or out of our network, for the same cost share, as long as the provider participates in Medicare and is willing to bill the plan.
- Even though you are not required to see a network doctor, your doctor may already be part of the network. To find out, search the online Provider Directory at www.UHCRetiree.com/fairfax or call UnitedHealthcare Customer Service at (866) 859-5402.

Additional Benefits

- With UnitedHealthcare HouseCalls, participants receive yearly check-ups at home to help stay up-to-date on their health between regular doctor's visits at no extra cost.
- With UnitedHealthcare Hearing, you can receive a hearing exam. Retirees who do not have local access to a UHC Hearing provider can purchase hearing aids through an improved Home Delivery; both offering end-to-end support.
- A post-discharge meal delivery program provides freshly-made meals to your home after you have been discharged from the hospital or skilled nursing facility, at no additional cost.

Kaiser Permanente Medicare Advantage Plan (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.

Your Kaiser Permanente Medicare Advantage plan features flat copays and a $0 deductible. This means it's easier for you to budget with fixed copayments for most covered services.

This plan is eligible for families that are made up of participants who are eligible for Medicare and those who are not. Participants eligible for Medicare are enrolled in Kaiser's Medicare Advantage Plan. Participants who are not eligible for Medicare remain enrolled in Kaiser's traditional HMO. Note: Kaiser Medicare Advantage Plan does not include all of their facilities. Visit KP.org to check your zip code before you enroll.

Kaiser Permanente's Member Services can be contacted at (888) 777-5536, TTY 711 or by visiting Kaiser Permanente online at kp.org/Medicare.

Plan Highlights

- Great health starts with a great doctor. Choose your doctor and change anytime. Primary Care Physician (PCP) selection and referrals required.
- Local, center-based care. Save time and money with pharmacy, lab, x-ray, and most doctors in one place.
- Virtually no paperwork or claims to submit when using in-network services.
- 1,600+ Kaiser Permanente physicians in the region and 23,000+ physicians nationwide.
- Access to Kaiser Permanente physicians practicing in more than 50 services and subspecialties.
- 35+ medical centers in the Mid-Atlantic States region.
- 14 Urgent Care locations, with 7 locations open 24/7 (the continued availability and/or participation of services at any facility cannot be guaranteed. For the most up-to-date information, visit kp.org/facilities).
- Convenient medical plan with Part D prescription drug coverage included.

Additional Benefits

- $30 preventative dental plan through Dominion National.
- A routine vision allowance with $200 to spend every 24 months on eyewear.
- Fitness center membership with a local participating Silver&Fit fitness center and Digital Fitness Choices with Home Fitness Tools to help you thrive in the comfort of your home.
- 24 one-way rides to non-urgent medical appointments per calendar year.

Important Coverage Information

Continuous Coverage Requirement

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. Also note that any break in medical coverage with FCG will mean loss of your Retiree Subsidy.

The County allows coverage to be transferred from the active County Government employee group to the retiree group and vice versa. However, transfers to and from the Fairfax County Public Schools (FCPS) groups are not allowed for purposes of retaining continuous coverage, as FCPS is a separate employer.

Health Insurance Orders

The County is required to enroll any qualified dependent(s) listed on a valid health insurance order into the named employee's or retiree's county-sponsored health plan.

Paying Your Premium

The retiree portion of the benefit premiums is paid in one of two ways. The premium, less any subsidy, will be deducted from the retirees monthly annuity through the Retirement Systems. Benefit deductions are withheld in the month prior to the month of coverage. If the individual does not receive an annuity, or if the retiree's annuity check does not cover the full cost of the monthly healthcare premium, the retiree must pay the amount by automatic deduction, ACH, from your personal checking account. The Benefits Division takes this deduction on the 3rd of the month for that month's coverage. Personal checks and lump sum payments will **not** be accepted.

Sharing Healthcare Information

The Benefits Division cannot share personal healthcare information or enrollment details with anyone other than the retiree. To protect the privacy of our retirees, spouses, dependents, family members and other parties, the Benefits Division will not provide details regarding benefit enrollment or healthcare to any third party.

A retiree must provide permission in advance, before any details can be shared with a family member. Any changes requested by someone other than the retiree, will only be granted after review and approval of a legal Power of Attorney or other legal document submitted to the Benefits Division. Privacy guidelines apply in all circumstances, even if both participants are current or former county employees.

Changing Coverage

If you experience a qualified change in family status during the plan year, you have the opportunity to change your benefit elections. Change forms must be received by DHR Benefits within **30 calendar days** of the event. For a list of qualifying events, visit our Retiree Benefits Page on the public website. You can drop dependents or cancel coverage at any time.

Address Changes

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.

Note: A change in address could impact coverage for participants in our Kaiser Permanente HMO and Kaiser Medicare Advantage Plan.

Retirees Eligible for Medicare

Retirees, and thier 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.

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.

Adult Dependents, Children over 18

Children can stay on your health plans through the end of the month they turn 26, even if they marry, move out of your home, go to school or get a job. When your dependent turns 26 and is no longer eligible, they will receive a COBRA Notice allowing them the option to continue coverage. This process requires no notification from you; however, dependents will not be automatically removed from Dependent Life Insurance. Also, note that our plans do not cover spouses or dependents of adult children.

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 can be added during Open Enrollment providing they meet all other eligibility criteria.

Coverage for Surviving Spouses

Surviving spouses of deceased retirees may continue health and/or dental insurance coverage until they remarry.

Surviving Spouses are contacted by the Benefits Division upon notification of the retiree's death. To maintain enrollment in the benefits, Surviving Spouses must complete an election form and review payment options within 30 calendar days of the retiree's death.

Due to Medicare's rules regarding retroactive enrollment, Surviving Spouses who are Medicare eligible will need to complete all required paperwork and submit it to the Benefits Division before the last day of the month during which the retiree died. If no action is taken, coverage for a Surviving Spouse will end on the last day of the month in which the retiree died.

If a retiree, or dependent with coverage dies or remarries, please contact the Benefits Division as soon as possible so that premiums can be adjusted.

Vision Care Plan with EyeMed

Again in plan year 2022, the Vision Care Plan for Fairfax County Government participants will be managed by EyeMed.

Enrollment in the Vision Care Plan with EyeMed is included with enrollment in any of the offered medical plans. This plan cannot be elected separately.

If you have questions about services or need help with a claim or bill, you can contact EyeMed's Member Services at (866) 800-5457 or by visiting their website at www.eyemed.com.

Vision Care Plan FAQs

How do I use my benefits?

If you have a provider, call them and ask if they work with EyeMed and are part of the Insight Network. Then 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, and when you stay in-network, EyeMed will handle all the paperwork.

If you need to find a provider in the Insight Network, you can use the Enhanced Provider Search on the Member Portal and the EyeMed Members App. Filter your search to find ones near you with the brands, hours and services you most want.

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.

How can I see information about my spouse and dependents?

If you are covering a family member under the age of 18, their information will be listed with yours on EyeMed's Member Web. But, due to privacy rules, dependents 18 or older won't be listed there. They'll need to register for their own account.

What additional services are available for diabetics?

Diabetes not only comes with a greater risk of vision-related complications, such as glaucoma and cataracts — it's also the leading cause of blindness in adults. That's why our Vision Care Plan includes a Diabetic Eye Care Benefit, which puts participants with type 1 or 2 diabetes in focus. This program provides access to more frequent and in-depth eye care — helping to detect and minimize vision-related complications early on.

How do I submit a claim?

When you visit one of the in-network eye doctors, you won't have to submit a claim, EyeMed will take care of all the paperwork.

If you do choose to go out-of-network, you'll need to pay during the visit and then submit a claim form for reimbursement. To access the out-of-network form, log in to EyeMed's Member Website and navigate to the Claims tab. Remember to upload an itemized paid receipt with your name included.

Dental Plan with Delta Dental of Virginia

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 visit Delta Dental of Virginia online at www.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.

Dental PPO Plan with Delta Dental of Virginia	Monthly Premium
Individual	$44.27
2 Individuals	$83.64
Family	$137.83

Dental Plan FAQs

If, as a retiree, I previously dropped my enrollment in Fairfax County's dental plan, can I re-enroll during Open Enrollment?

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.

There is a dental benefit with my Medicare Advantage Plan, do I need to keep my dental plan enrollment?

Some of the medical plans offered by Fairfax County Government do include some dental coverages or discounts. Whether this coverage is sufficient for your needs is a personal decision. It is important to note, as mentioned above, if you choose to cancel your enrollment in any benefit as a retiree, you cannot re-enroll at a later date.

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

Can't find your card? Don't worry! Your dentist can look you up with other identifying information, such as your name, address and Social Security number. If you still want a card, you can log into your Delta Dental of Virginia Account to print replacement cards, download the Delta Dental mobile app, or call Delta Dental at 800-237-6060.

How do I find a Delta Dental network dentist or check to see if my current dentist is in-network?

Visit Delta Dental of Virginia online at www.Deltadentalva.com and use the "Find a Dentist" search to find a dentist that participates in the PPO or Premier network.

MotivateMe

LiveWell
Empower • Educate • Engage

Total Wellbeing Program for Retirees 2022 - Earn up to $250 per year

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

***Indicates self-reported activity via mycigna.com**

Questions? 703.324.3311, LiveWell@fairfaxcounty.gov

Motivate*Me* Retiree 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. Documentation must be received by LiveWell by December 31.** Kaiser Permanente subscribers must track their rewards using a paper "passport". The passport can be obtained 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. Passports can also be mailed or delivered in-person to the LiveWell office at 12000 Government Center Parkway, Suite 270, Fairfax, VA 22035. All passports must be received by December 31.**

How do I register? Participants don't need to register for Motivate*Me*. Eligible subscribers to a Fairfax County Cigna or Kaiser Permanente health plan are automatically eligible 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%, MyChoice, or Kaiser Permanente) are eligible to participate and earn rewards.

Participants in the Cigna Medicare Advantage plan or UnitedHealthcare (UHC) Medicare Advantage plan have access to their own wellness and incentive programs, and do NOT have access to 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 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 Motivate*Me* portal or passport. Subscribers can earn up to $250 per year.

Does a Medicare physical count toward the Motivate*Me* annual physical exam requirement? Yes. Please send your explanation of benefits (EOB) or documentation for claims-based activities (i.e. annual physical, colonoscopy, mammogram, etc.) showing your name, exam type, and date of exam to **LiveWell@fairfaxcounty.gov** by December 31.

I had an annual physical this year, but haven't received credit for it. What should I do? It may take approximately 6 weeks for an annual physical or claims-based activity (i.e. colonoscopy, mammogram, etc.) to appear in the Motivate*Me* portal. If it has been 6 weeks and you do not see the credit in the Motivate*Me* portal on **mycigna.com**, please contact **LiveWell@fairfaxcounty.gov**. *Tip: Let your health care provider know that the visit is a well visit when you schedule your physical and confirm the coding before you leave the office visit.*

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

When, and how, do I receive my Motivate*Me* rewards? Retirees will receive their rewards in their pension check within the first quarter of the following year.

Are there any Motivate*Me* activities that retirees cannot access? Retirees do not have access to the Employee Assistance Program (EAP) or BurnAlong, but are able to access behavioral health benefits through their health plan and are able to join the Employee Fitness & Wellness Center, as alternatives.

Where can I find the Cigna wellness screening form? Download the form from **mycigna.com**. Return the form to Cigna using the instructions at the top of the form. It may take several weeks for the form to be processed, so plan ahead to meet the December 31st deadline. All forms must be processed and posted to the Motivate*Me* portal on **mycigna.com** by December 31.

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

Retiree Benefits Contacts

General Assistance

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

Cigna managed Medical Plans

Co-Insurance & MyChoice Plans	(800) 244-6224	www.mycigna.com
True Choice Core Medicare Advantage Plan	(888) 281-7867	www.mycigna.com
Cigna RX Part D Perscription (PDP) Plan	(800) 558-9562	
On-Site Help Desk, Keisha Lewis	(703) 324-2446	keisha.lewis@cigna.com

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

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

Dental Plan

Vendor Partner	Delta Dental	(800) 237-6060	www.deltadentalva.com

Health Savings Accounts

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

Kaiser Permanente

Non-Medicare Eligible	Kaiser Permanente	(301) 468-6000	www.kp.org
Medicare Eligible	Kaiser Medicare Advantage	(888) 777-5536	www.kp.org/Medicare

Life Insurance

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

UnitedHealthcare Group Medicare Advantage Plan

Vendor Partner	Member Services	(866) 859-5402	www.UHCRetiree.com/fairfax

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 the Cnters 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, Cigna RX Part D Perscription (PDP) Plan at 800-558-9562, 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).

2022 Medical Plan Premiums

(Premiums include RX & Vision, not subsidy. See Dental Page for rates.)

Medical Plans for Non-Medicare Eligible Retirees & Families	Monthly Premium
Cigna MyChoice Plan	
Individual	$567.10
2 Individuals	$1,105.53
Family	$1,650.00
Cigna OAP 90% Co-Insurance Plan	
Individual	$949.59
2 Individuals	$1,865.70
Family	$2,744.46
Cigna OAP 80% Co-Insurance Plan	
Individual	$675.48
2 Individuals	$1,317.05
Family	$1,965.52
Kaiser Permanente HMO Plans	
Individual	$724.54
2 Individuals	$1,411.80
Family	$2,100.47

Medical Plans for Medicare Eligible Retirees & Families	Monthly Premium
Cigna OAP 90% Co-Insurance Plan Combinations	
Individual with Medicare	$664.00
2 Individuals - 1 with Medicare, 1 without Medicare	$1,612.16
2 Individuals - 1 True Choice Core Medicare Advantage, 1 without Medicare	$1,437.68
2 Individuals with Medicare	$1,327.79
Family - 1 with Medicare, others without Medicare	$2,561.24
Family - 1 in True Choice Core Medicare Advantage, others without Medicare	$2,292.97
Family - 2 with Medicare, others without Medicare	$2,375.25
Family - 2 True Choice Core Medicare Advantage, others without Medicare	$2,400.32
Family - 3 with Medicare, others without Medicare	$2,189.27
Cigna OAP 80% Co-Insurance Plan Combinations	
Individual with Medicare	$467.79
2 Individuals - 1 with Medicare, 1 without Medicare	$1,139.20
2 Individuals - 1 True Choice Core Medicare Advantage, 1 without Medicare	$1,144.27
2 Individuals with Medicare	$925.16
Family - 1 with Medicare	$1,837.89
Family - 1 True Choice Core Medicare Advantage, others without Medicare	$1,752.86
Family - 2 with Medicare, others without Medicare	$1,692.55
Family - 2 True Choice Core Medicare Advantage, others without Medicare	$1,638.56
Family - 3 with Medicare, others without Medicare	$1,547.20
Kaiser Permanente HMO and Medicare Advantage Plans	
Individual with Medicare	$290.26
2 Individuals - 1 with Medicare, 1 without Medicare	$1,013.38
2 Individuals with Medicare	$579.10
Family - 1 with Medicare	$1,702.06
Family - 2 with Medicare	$1,267.78
Family - 3 with Medicare	$869.36
Cigna True Choice Core Medicare Advantage Plan (PPO)	
Individual	$458.40
2 Individuals	$913.38
Family, all with Medicare	$1,373.78
UnitedHealthcare Group Medicare Advantage Plan (PPO)	
Individual	$486.30
2 Individuals	$971.18
Family, all with Medicare	$1,457.48