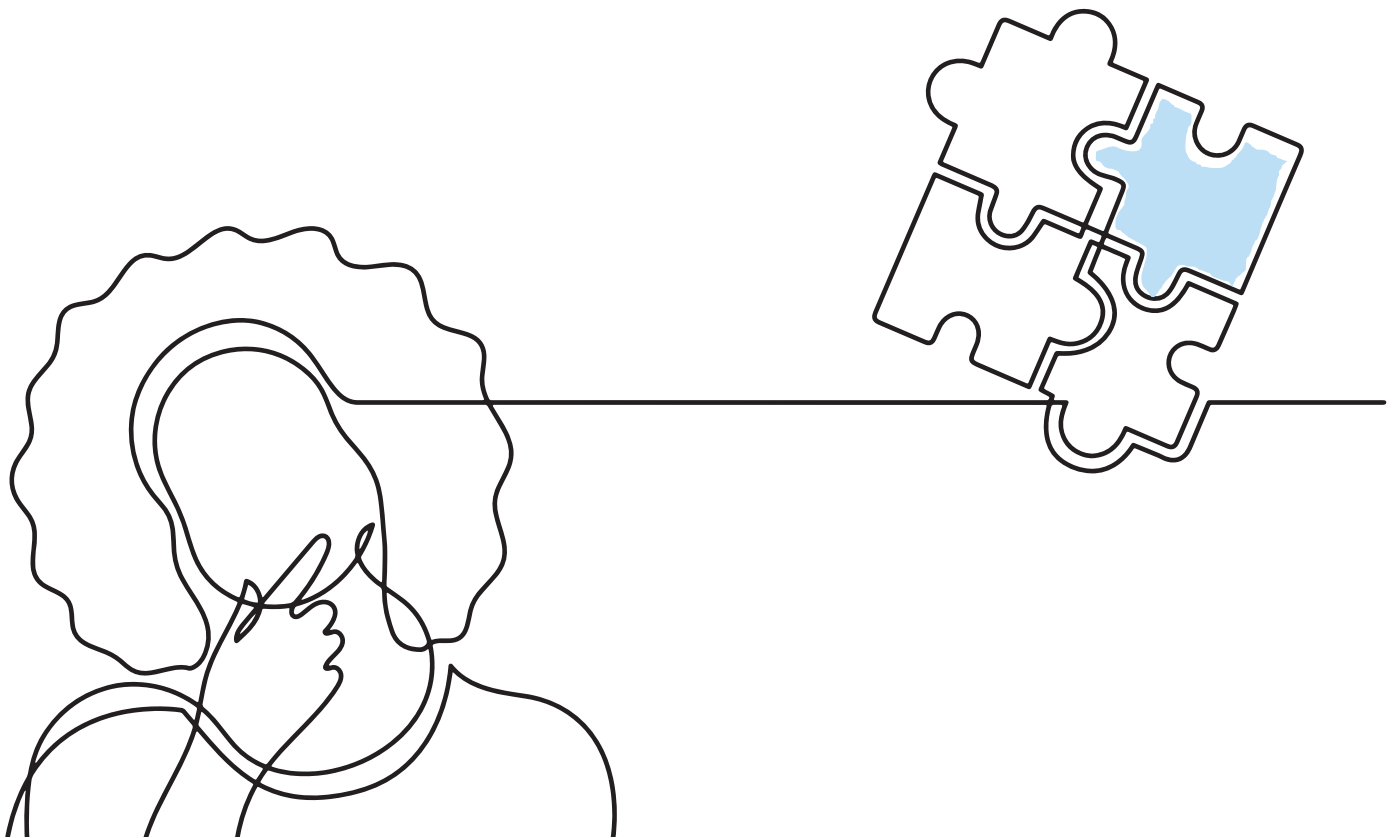


2024

Fairfax County Government

Active Employee Benefits Guide



What's New?

Open Enrollment for Active Employees: October 2 to 20, 2023

Cigna managed Medical Plans

There will be no medical or pharmacy plan changes, other than regulatory or prescription plan formulary updates. New ID cards will be issued for new enrollees and participants continuing these plans. Bi-weekly rates can be found on page 32, the last page of this guide or on the [Benefits Page](#) on FairfaxNet.

Plan Name	2024 Rate Change
Cigna 90% Co-Insurance Plans	0%
Cigna 80% Co-Insurance Plans	0%
Cigna MyChoice CDHP	0%

Kaiser Permanente HMO Plan

There will be no medical or pharmacy plan changes, other than regulatory or prescription plan formulary updates.

This plan includes a dental discount program. For plan year 2024, there will be a vendor change from Dominion Dental to Liberty Dental Plan. Contact Kaiser or visit KP.org for more on this change.

Plan Name	2024 Rate Change
Kaiser Permanente HMO	6.04%

Dental Plan

Fairfax County Government's Dental Plan will continue being managed by Delta Dental of Virginia.

For plan year 2024, **the Annual Maximum Benefit for this plan will increase from \$2,000 to \$2,500**; the Orthodontic Lifetime Maximum will not change. There will also be a **2% increase** to the rates for this plan. Bi-weekly rates can be found on page 32, the last page of this guide and a summary of dental plan benefits can be found on the [Benefits Page](#) on FairfaxNet.

Flexible Spending Accounts (FSAs)

Fairfax County Government offers the opportunity to participate in three types of tax-advantaged Flexible Spending Accounts. The minimum contribution for all Flexible Spending Accounts is \$125.

2024 FSA Annual Contribution Limits	
Healthcare FSA	\$3,050
Limited Purpose FSA	\$3,050
Dependent Care FSA	\$5,000



Health Savings Accounts (HSAs)

Participants enrolled in the Cigna MyChoice CDHP Plan on January 1, 2024 receive a lump-sum county contribution to their HSAs. The contributions from Fairfax County Government, count against the total IRS Annual maximum and are sent to HSA Bank on the first payroll of the new year. Funds are typically credited to accounts early the following week. If you enroll in the plan mid-year, the county contribution will be pro-rated. Contributions are based on enrollment tier, not on employee status.

2024 County HSA Contributions	
Individual	\$700
Two-Party/Family	\$1,400

2024 IRS Annual Contribution Limits <i>Max includes all county contributions</i>	
Individual	\$4,150
Two-Party/Family	\$8,300
Over 55 Catch-up	\$1,000

MotivateMe Incentive Rewards

Become a healthier you, and earn up to \$250 by participating in Fairfax County Government’s Wellness Incentive Program, MotivateMe. The 2024 MotivateMe program will focus on the importance of preventive care and screenings.

Join the LiveWell team for a virtual program overview on *Monday, October 16th at 12 pm*. Access information and more virtual benefit education can be found on the [Benefits Page](#) on FairfaxNet.

Employee Benefits Page on the Public Website

The Benefits Division is pleased to announce the launch of a new webpage highlighting benefits for active employees. The Active Employee Benefits Page will be on the public website, and joins the Retiree Benefits Page, improving access to benefit information for employees, retirees, and their families. Now, basic benefit resources and contact information can be reviewed from anywhere, without going behind the county’s firewall or logging in to FairfaxNet. Check out both pages:

[Active Employee Benefits Page](#)

www.fairfaxcounty.gov/hr/department-human-resources-employee-benefits

[Retiree Benefits Page](#)

www.fairfaxcounty.gov/hr/department-human-resources-retiree-benefits

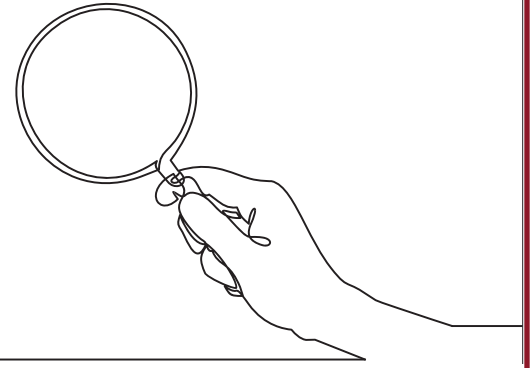
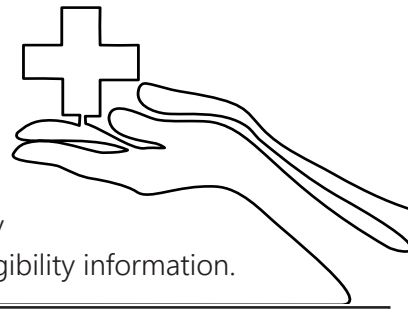


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Benefit Basics



Fairfax County Government offers employees a robust package of benefits. Depending on employment status, this may include a choice of medical plans including prescription and vision coverage, optional dental coverage, life and long term disability insurance, pre-tax savings plans, and more. Below is an overview of enrollment and eligibility information.

<p>Medical Insurance</p> <p>Cigna MyChoice CDHP Plan Cigna OAP 90% Co-insurance Plan Cigna OAP 80% Co-insurance Plan Kaiser Permanente HMO</p>	<ul style="list-style-type: none"> • Eligible employees may elect to enroll in one of four medical plans. • Election action required to newly enroll or change plans. Mid-year changes require a verifiable qualifying event. Plan enrollments rollover annually unless otherwise noted. • In addition to themselves, employees may enroll eligible dependents.
<p>Vision Care Program with EyeMed</p>	<ul style="list-style-type: none"> • The Vision Care Program is bundled with medical plan enrollment. Enrollment in a county-sponsored medical plan is required. This benefit cannot be elected separately. • Premiums for this coverage are combined with the medical plan premiums. • Visit the Vision Care Program Page on FairfaxNet for additional details.
<p>Dental Plan with Delta Dental of Virginia</p>	<ul style="list-style-type: none"> • This benefit is stand alone, and can be elected with, or without, enrollment in any other offered benefit. • Election action is required to newly enroll or change plans. Mid-year changes require a verifiable qualifying event. Plan enrollments rollover annually unless otherwise noted. • Visit the Dental Plan Page on FairfaxNet for additional details.
<p>Health Savings Accounts (HSAs)</p>	<ul style="list-style-type: none"> • Enrollment in the Cigna MyChoice CDHP Plan is required to participate. • Changes to employee payroll deducted contributions can be made mid-year with a form found on FairfaxNet, not using FOCUS ESS. • Visit the Health Savings Account Page on FairfaxNet for additional details.
<p>Flexible Spending Accounts (FSAs) with TASC</p>	<ul style="list-style-type: none"> • Three FSA options available: Traditional Healthcare, Limited Purpose & Dependent Care. • ELECTION ACTION REQUIRED. CONTRIBUTION ELECTIONS DO NOT ROLLOVER. • Visit the Flexible Spending Account Page on FairfaxNet for additional details.
<p>Group Term Life Insurance with The Standard</p>	<ul style="list-style-type: none"> • Merit employees are automatically enrolled in Basic Group Term Life Insurance. The county pays the full cost of this coverage. No election is necessary. • This benefit provides Basic Term Life and Accidental Death and Dismemberment Insurance (AD&D) equal to 1x an employee's annual salary. • Participants must designate a beneficiary using the Ready Enroll Beneficiary portal. • Visit the Life Insurance Page on FairfaxNet for additional details.
<p>Optional Life Insurance with The Standard</p>	<ul style="list-style-type: none"> • Eligible employees may elect Optional Life Insurance with (AD&D), with an additional benefit valued at one, two, three or four times an employee's annual salary. • Election action is required to enroll, or change coverage. Mid-year changes require a verifiable qualifying event. Plan enrollments rollover annually unless otherwise noted. • Evidence of insurability (EOI) may be required for some elections. If EOI is needed, the employee will be notified via their county email. • Visit the Life Insurance Page on FairfaxNet for additional details.
<p>Dependent Life Insurance with The Standard</p>	<ul style="list-style-type: none"> • Additional coverage available for spouses and dependent children under this program. • Election action is required to enroll, or change coverage. Mid-year changes require a verifiable qualifying event. Plan enrollments rollover annually unless otherwise noted. • Evidence of insurability (EOI) may be required for some elections. If EOI is needed, the employee will be notified via their county email. • Visit the Life Insurance Page on FairfaxNet for additional details.

Long Term Disability with The Standard	<ul style="list-style-type: none"> The benefit for an approved, qualified disability is income replacement of 60% of an employee's monthly salary, up to \$5,000, in the event they are out of work more than 60 days due to an injury or extended illness. Election action required to enroll. Visit the Long Term Disability Page on FairfaxNet for additional details.
Deferred Compensation 457(b) managed by T. Rowe Price	<ul style="list-style-type: none"> This plan is in addition to the county's pension plan for Merit employees but Non-Merit Benefits Eligible employees may also maximize retirement savings and future financial wellbeing with this benefit. Newly hired Merit employees will be automatically enrolled in the Deferred Compensation Plan. Existing eligible employees may enroll, or change contributions, at any time. Visit the Deferred Compensation Page or contact the T. Rowe Price Help Desk at Fairfax457@troweprice.com for additional information.
LiveWell	<ul style="list-style-type: none"> LiveWell is the county's employee and retiree wellbeing program and offers a variety of programming including workshops, webinars, special events, screenings and health fairs and includes the MotivateMe Incentive Rewards program and the Employee Fitness & Wellness Center. Visit the LiveWell Page on FairfaxNet for additional information.
Employee Assistance Program (EAP)	<ul style="list-style-type: none"> The EAP is a support program designed to assist employees and their household members in resolving personal issues and concerns for all. This benefit is no cost to all employees and no enrollment/election required. Visit the Employee Assistance Program Page for additional details.
Leave Programs	<ul style="list-style-type: none"> We recognize that employees need time away from work to attend to health or personal matters and, as a result, various leave programs are available to employees based on their employments status. Visit the Leave Options Page or review the Leave Video for additional information.
Defined Benefit (<i>Pension</i>) Plan managed by the Retirement Systems	<ul style="list-style-type: none"> Contact: (703) 279-8200 or RetirementQuestions@fairfaxcounty.gov Visit their page at www.fairfaxcounty.gov/retirement/

Who Can Be Covered?

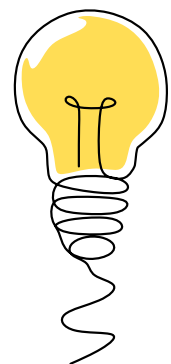
Benefits eligible employees may cover [eligible dependents](#) in health and life insurance plans. Eligible dependents include: spouses (as recognized by the Commonwealth of Virginia), children, step-children, adopted children or any children for whom you have been granted legal custody, and who are under the age of 18. Dependent children may continue coverage until age 26. To be considered eligible, a valid social security number or nine-digit tax identification number must be provided for each dependent.

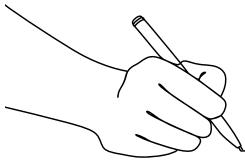
Employees electing to cover a spouse or other eligible dependent must provide supporting documentation to the Benefits Division in the Department of Human Resources. Legible copies of supporting documentation may be provided in person, via inter-office mail, by email as a picture or scanned attachment, or via fax at (703) 802-8795.

Premiums, Deductions, and Plan Contributions

Employees are paid bi-weekly and each pay period covers the two-week period that ends two weeks prior to payday. For additional information on pay periods and pay dates visit the [DHR Payroll Page](#) on FairfaxNet.

Insurance premiums are deducted for the month of coverage and deductions will be taken for any period when benefits were in effect. Plan premiums can be found on the last page of this guide or on the [Benefits Page](#) on FairfaxNet. For a more in-depth overview of benefit deductions, visit the [Benefit Premium Deductions and Plan Contributions Page](#).





Enrolling & Election Changes

What Am I Eligible to Enroll In?

Fairfax County Government offers employees a variety of benefits and eligibility is tied to employment status as listed in FOCUS. To review eligibility, access the [Benefits Eligibility Chart](#) on the [Benefits Page](#) on FairfaxNet.

Newly Eligible

New employees, and employees who have become newly eligible for benefits, enroll using FOCUS Employee Self-Service (ESS) within their initial 30-calendar day benefits eligibility window. This time period commences with their hire date or status change date. Once the enrollment steps are completed and saved, print (or save as a PDF) a Benefits Participation Overview. This is a confirmation and receipt for enrollment.

Employees electing to cover a spouse or dependent in medical, vision, or dental must provide supporting documentation verifying their eligibility to the Benefits Division in the Department of Human Resources. Legible copies of supporting documentation may be provided in person, via inter-office mail, by email as a picture or scanned attachment to HRCentral@fairfaxcounty.gov, or via fax at (703) 802-8795. **No enrollment will be finalized until all documentation is submitted, approved, and processed.**

Benefit enrollments are effective the first of the month after an employee's hire date or status change date. Visit the [Resources for New and Newly Eligible Employees Page](#) on FairfaxNet for additional information.

Adding or Removing Dependents

Spouse's and eligible dependents should be added to an employee's FOCUS record for enrollment in medical, vision, and dental plans only. Dependents listed in FOCUS are not maintained for life insurance coverages, Flexible Spending Accounts (FSAs), or Health Savings Accounts (HSAs), nor are they considered beneficiaries.

An employee's FOCUS record is a historical record of benefit enrollments and covered dependents under a county-sponsored medical, vision, or dental plan. Dependent information will remain listed in FOCUS even after their coverage has ended. If an employee attempts to delete a previously covered dependent, they will receive an error message. To review who is currently covered under county-sponsored plans, access a "Participation Overview" under "My Benefits". From here, employee's may move the date forward or backward to review benefit enrollments and covered dependents. Find additional details on [Eligible Dependents](#) on FairfaxNet.

Employment Status Changes

A change in employment status, as listed in FOCUS, may be considered a qualifying event allowing an employee to make changes to certain benefit elections. Allowable changes are dependent on the status change. A position change or change in Agency does not constitute a change in employment status.

Employees have 30-calendar days from the date of a status change to contact the Benefits Division. When experiencing a status change or other qualifying event, current benefit elections will remain in effect until the last day of the month in which the status was changed.

For employees who experience a status change from benefits eligible to non-benefits eligible, medical plan enrollments will remain in effect for the remainder of the calendar year unless they contact the Benefits Division within 30-calendar days of the status change to cancel enrollment as a result of a qualifying event. All other benefit enrollments will automatically terminate on the last day of the month the status was changed.

Mid-Year Changes due to a Qualifying Event

Qualifying Events are special circumstances, like changes in family status or job status, of an employee or their spouse, that impacts benefit eligibility. These events may allow employees to add or change benefit elections during the plan year, outside of the annual Open Enrollment period. The change requested must be on account of, and consistent with, the qualifying event and notification of the event must be made directly to the Benefits Division in the Department of Human Resources within **30 calendar days**.

Mid-year benefit enrollments and election changes cannot be made using FOCUS ESS. To make a mid-year change in benefit enrollments, employees must complete the required form and supply supporting documentation.

NOTE: It is the employee's responsibility to notify the Benefits Division directly within 30-calendar days of a qualifying event. Submission of leave requests or Paid/Family Medical Leave documentation does not suffice for notification of a qualifying event. To make notification of a qualifying event, contact the Benefits Division in the Department of Human Resources through HR Central at (703) 324-3311 or HRCentral@fairfaxcounty.gov and for more on [qualifying events](#) visit the [Benefits Page](#) on FairfaxNet.

Children Turning 26

At age 26, children lose their eligibility to be covered as a dependent under county benefit plans. Enrollment in county-sponsored medical, vision, and dental plans will terminate automatically on the last day of the month in which they turn 26, unless they turn 26 on the first day of the month. In those cases, coverage will terminate on the last day of the month before turning 26. A COBRA Notice and Election Form will be mailed to the address of record in FOCUS in the month coverage ends. This notice provides information on coverage continuation.

If a dependent turning age 26 is the only eligible dependent who remains covered under the county's dependent life insurance plan, the employee must notify the Benefits Division in the Department of Human Resources. **This benefit does not terminate automatically.** Coverage and premiums will continue until notification is made.

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

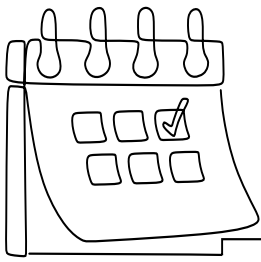
Disabled Dependents

Disabled dependents, regardless of age, are eligible to remain on the county's health plans if the disability, and notification, occurs before age 26. Employee's currently covering a handicapped or disabled dependent, who would like coverage to continue past age 26 should contact the Benefits Division in the Department of Human Resources directly. Required paperwork must be completed and submitted to the medical plan carriers for review and approval at least 90 days prior to the dependent's 26th birthday. Required paperwork may include physician forms and a separate questionnaire completed by the treating physician. An award for Social Security benefits letter may be included with the completed questionnaire. Substantiating documentation will be reviewed by the carrier for final determination and eligibility to continue coverage under a county-sponsored health plan.

Health Insurance Orders

The county is required to enroll qualified dependent(s) listed on court-issued Qualified Medical Support Orders into county-sponsored health benefit plans under the designated employee. Designated dependent(s) will be added to current coverages. If an employee is not enrolled when an order is received, the employee and named dependent(s) will be enrolled under the Cigna managed OAP 80% Co-Insurance Plan. Enrollments cannot be canceled without a court order release from the originator.





Open Enrollment Musts

Open Enrollment for Active Employees: October 2 to 20, 2023

During Fairfax County Government's annual Open Enrollment period, benefits eligible employees may review, enroll in, or update coverages by logging into FOCUS Employee Self-Service (ESS). Open Enrollment is the only time employees may make changes to their health related benefits and life insurance elections, unless a verifiable, mid-year [qualifying event](#) occurs and proper notification and documentation is provided.

Open Enrollment is "passive". This means, with the exception of Flexible Spending Accounts (FSAs), employees' benefits rollover or remain the same year after year. If you do not want to make a change, and do not want to contribute to an FSA, no action is needed. However, we encourage every employee to review available materials and their personal enrollments.

Taking Action and Helpful Tips

- Attend a virtual benefits education workshop and/or an Employee Health & Benefit Fair. A full list of events can be found on the [Open Enrollment Page](#) on FairfaxNet. See you there!
- To make changes for 2024, do so using FOCUS ESS before 11:59 pm on Friday, October 20, 2023. Remember to save any changes made and to print, or save the latest Benefits Participation Overview as a PDF.
- Need a [Flexible Spending Account](#) (FSA) for 2024? ***FSA contribution elections do not rollover to the new tax year.*** New elections must be made each year.
- Save any elections, or changes made, then print or save a Benefits Participation Overview as a PDF. This will serve as confirmation of enrollment. No appeals for benefit enrollment changes will be reviewed without it.
- When an employee adds a spouse or dependents to medical, vision, or dental plan coverage, additional documentation verifying dependent eligibility is required. Submit legible copies of documentation directly to the Benefits Division in the Department of Human Resources. Documents are accepted in person, via inter-office mail, by email as a picture or scanned attachment, or via fax at (703) 802-8795.
- When an employee chooses to remove a spouse or dependent from medical, vision, or dental plan coverage, remember that coverage can be terminated but their names cannot be permanently deleted. A spouse or dependent's information will always remain for record keeping.
- While enrolling, employees may see a pop-up alerting them of the need for Evidence of Insurability or EOI. If EOI is needed, the employee will be notified via their county email.

Effective Dates of Changes

New elections, enrollment changes, and ***new plans will be effective January 1, 2024.***

New Year, New Premium Deductions

Following the Fairfax County Government payroll processing schedule, Payroll #26 is paid in 2024 but will be the last payroll covering 2023. As a result, the pay advice for this period will reflect the final benefit deductions for the previous plan year. This includes deductions for medical, dental, and life insurance. However, because these funds are paid in the new *tax year*, new contribution elections to FSAs and HSAs will be reflected.

Payroll #1 will be the second pay date in the new year. This is the first pay advice that will reflect both the new benefit deductions and new contribution deductions for FSAs and HSAs. Due to the timing of these deduction changes, employees will continue to see plan enrollments from the previous plan year and new plan year listed in the Pre-Tax & Deferred Deductions section of their pay advice. Employees are encouraged to review deductions carefully and compare the Current Amount vs. the YTD (Year-to-Date) sections when reviewing.

Your Benefits & Your Total Rewards

Fairfax County Government strives to provide employees and their families with programs, tools, and resources to help you live a healthy and balanced life. In addition to pay, “benefits” are an important part of an employee’s Total Rewards compensation. Benefits can include health plan benefits, life insurance and disability coverage, retirement savings options, leave programs, access to the Employee Assistance Program (EAP), and more.

To gain the full value of Total Rewards, employee’s must understand what is being offered and which programs work best for them and their families. When thinking in terms of Total Rewards, think of benefits as part of the entire package of pay and compensation. Doing this means, Open Enrollment becomes an even more important time. The Benefits team encourages everyone to carefully review this Benefits Guide and to take advantage of the resources available to understand all benefit options. An employee can improve their health, financial future, and total wellbeing by ensuring they are enrolled in the right plans for them and their families.

The health and wellness resources featured in this guide are highlights of some of the benefits available to you as a Fairfax County Government Employee. Official plan and insurance documents govern each plan and its coverage benefits. If any discrepancy exists between this booklet and the official documents, the official documents will prevail.



More information can be found on the [Benefits Page](#) on FairfaxNet.

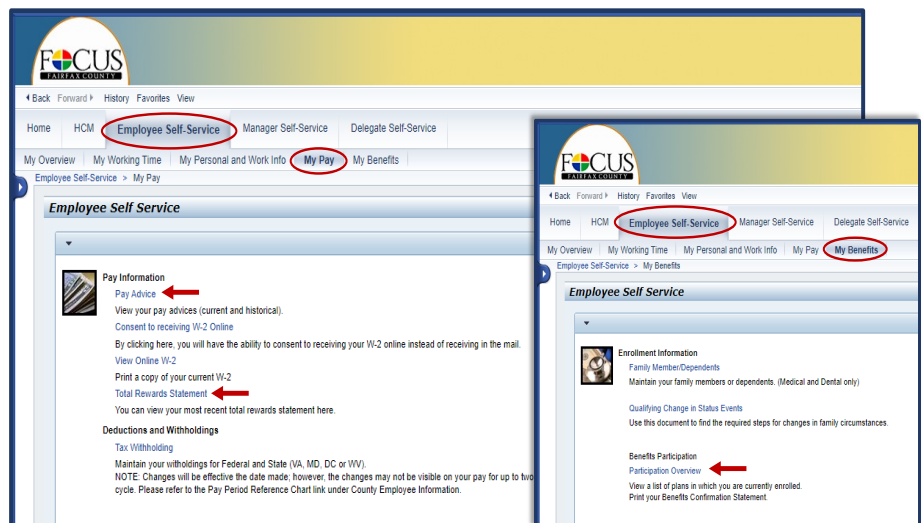
Review Benefit Enrollments, Pay, and Total Rewards

Employees should take time to regularly review and manage some of the most important aspects of being a Fairfax County Government employee, their pay and benefits. FOCUS Employee Self-Service (ESS) allows you to ensure an employee’s personal information, pay, and benefit enrollments are current and correct.

To review benefit elections, premiums, and more, select *My Benefits* on the FOCUS ESS menu. On the lower left portion of the page, select *Participation Overview*. From here, you can move the date forward or backward to review benefit enrollments.

From FOCUS ESS, select the *My Pay* Page to review a current or past *Pay Advice*, which includes earnings, direct deposits, and health plan premium deductions and other plan contributions.

One of the most valuable things to access and review from *My Pay* is a *Total Rewards Statement*. A Total Rewards Statement is a personalized statement detailing an employee’s overall compensation, not just pay. This statement also includes the county’s contributions to benefits like medical insurance or the Defined Benefit (pension plan).



MotivateMe

Healthy You. Happy Wallet.

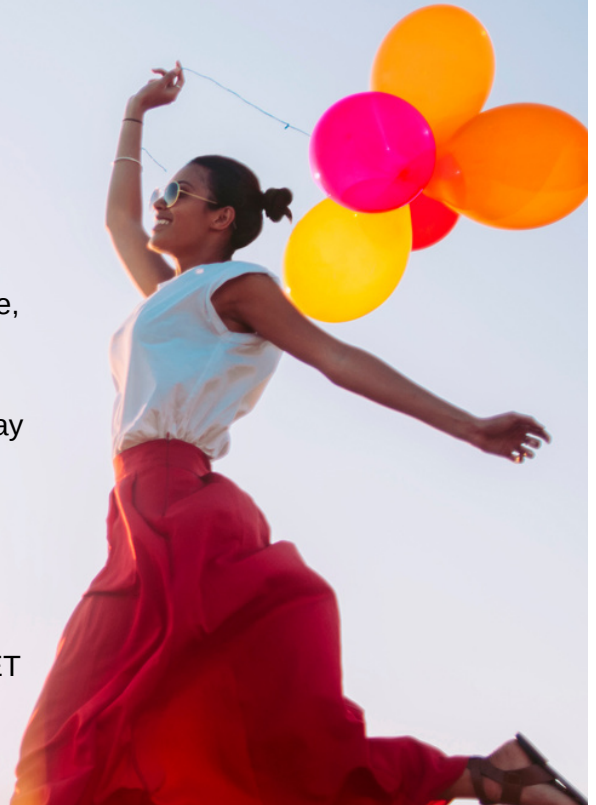
Employee Total Wellbeing Program 2024

Earn up to \$250 per year

Make healthy choices. Get rewarded. It's as simple as that with MotivateMe. Employees enrolled in the Cigna 80%, 90%, MyChoice, or Kaiser Permanente health plans are eligible to earn up to \$250.

You're always working for the year ahead, so your hard work will pay off in March of the following year. The funds will help off-set out of pocket medical expenses through a healthcare flexible spending account, or, for members in the MyChoice plan, a health savings account.

Visit mycigna.com or download the Kaiser passport from FairfaxNET to get started. Complete as much as possible by October. The journey of a healthy life begins with the first step--let's get started!



GOAL TYPE	DESCRIPTION	AWARD TYPE	AMOUNT
Annual Physical	Required annually for all subscribers. Preventive, primary care exam	1 per year	\$200 - REQUIRED to earn any rewards
Preventive Screening	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	\$20
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	\$10
EAP & Behavioral Health*	Complete at least 3 visits with an EAP or behavioral health provider (in-person or virtual)	1 per year	\$20

**Participants must complete the annual physical
AND at least 2 other activity categories in order to earn any rewards.**

*Indicates self-reported activity via mycigna.com

Questions? 703.324.3311, LiveWell@fairfaxcounty.gov

MotivateMe Employee FAQ's

What is the purpose of MotivateMe? MotivateMe is an incentive program for employees and retirees who subscribe to an eligible Fairfax County health plan. The purpose of the program is to encourage participants to *actively* engage in their health and wellbeing through a relationship with their primary care provider, educational activities, and preventive care.

How does MotivateMe work? Cigna subscribers track and manage their rewards through mycigna.com. Cigna participants are required to complete a physical with a primary care provider annually to receive any rewards. **All activities must be completed and posted to the MotivateMe page on mycigna.com by December 31.** We suggest completing MotivateMe activities by October. Kaiser Permanente subscribers must track their rewards using a paper "passport". The passport can be downloaded from the LiveWell website on FairfaxNet or by contacting LiveWell. Annual physical and biometric screening results must also be up to date in Kaiser's medical portal to meet the physical requirement. **The completed "passport" must be scanned and emailed to LiveWell@fairfaxcounty.gov by December 31.**

How do I register? Participants don't need to register for MotivateMe, specifically. Subscribers in an eligible Fairfax County health plan are automatically enrolled in the MotivateMe program.

Who can participate in MotivateMe? Fairfax County Government employees and retirees who are over the age of 18 and subscribe to an eligible health plan (Cigna 80%, 90% or MyChoice or Kaiser Permanente) can participate and earn rewards. Retirees who subscribe to a UnitedHealthcare or Cigna Medicare Advantage plan are ineligible to participate in MotivateMe, as these plans have their own reward programs.

What activities are required to earn rewards? **Participants must complete an annual physical AND at least two, other, MotivateMe-eligible activity categories to earn any rewards. Points must be posted to the MotivateMe page on mycigna.com by December 31 or rewards will not be provided.** Additional points and activities can be completed or tracked before the requirements are completed, but points will not be awarded until the physical is also completed and posted. Items marked with an asterisk are self-reported, through the MotivateMe portal or passport. Subscribers can earn up to \$250 per year.

Does my CDL exam or public safety physical through Occupational Health count as the annual physical? **No. All physical exams must be completed through a primary care provider.** The goal of MotivateMe is to encourage employees and retirees to build a relationship with a primary care provider and remain **actively engaged** in their health and wellbeing throughout the year.

I had an annual physical this year, but haven't received credit for it. What should I do? It may take 8 weeks for claims-based activities such as an annual physical or cancer screening (mammogram, colonoscopy, etc.) to appear in the MotivateMe portal. If it has been 8 weeks and you do not see the credit in the MotivateMe portal on mycigna.com, email LiveWell@fairfaxcounty.gov for assistance. If the coding is incorrect and/or the activity has not posted to the MotivateMe portal by December 31, you will not receive rewards for this activity, even if the exam or activity was completed by the deadline. *Tip: Let your health care provider know that the visit is a well visit when you schedule the exam and confirm the coding before you leave the office visit.*

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

When, and how, do I receive my MotivateMe rewards? Rewards will be available in March of the following year. Employees enrolled in Kaiser or the CIGNA 80%, or 90%, plans will receive their rewards in a healthcare Flexible Spending Account (FSA). Employees enrolled in the CIGNA MyChoice plan will receive the rewards into their Health Savings Account (HSA). Maximum HSA contribution amounts apply.

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

Who can I contact with questions? Email LiveWell@fairfaxcounty.gov or call HR Central at 703.324.3311. MotivateMe webinars, offered quarterly by LiveWell, are a great opportunity to learn more about the program and ask general questions.

Medical Plan Options

The chart below provides a brief summary of some of the coverages and cost-shares for Fairfax County Government's sponsored medical plans managed by Cigna Healthcare. Coverages featured below highlight services with providers and/or facilities considered "In-Network" with each plan. For more details, review each plan's Summary of Benefits available on the [Benefits Page](#) on FairfaxNet.

Kaiser Permanente HMO

The Health Maintenance Organization, or HMO plan, offered by Kaiser Permanente, provides care with over 1,700+ doctors in the region. Features a copay structure, with no deductible for care within the network. You are covered for emergency and urgent care nationwide, with many options at the same copay as home. You can choose your primary care physician and other doctors, change anytime. Many types of specialty care do not require a referral, including obstetrics-gynecology (ob-gyn), pediatrics, and mental health services. For more on this plan and its benefits, visit the [Benefits Page](#) on FairfaxNet or [KP.org](#).

Coverage & Benefits

- Access to 35+ medical centers in the Mid-Atlantic States region. No annual deductible. 14 Urgent Care locations, 7 that are open 24/7.
- Care away from home with Minute Clinics and Away-from Home Travel Line.
- Behavioral health coverage included.
- Includes pharmacy plan with no-cost delivery through Mail Order Pharmacy.
- Includes enrollment in the EyeMed Vision Care Program

In-Network Benefit Snapshot

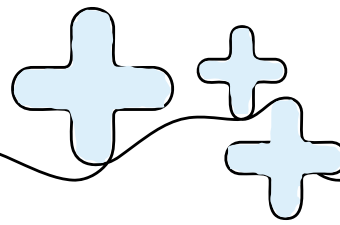
- No deductible
- No-cost preventive care
- \$10 copay - PCP visits
- \$0 copay - PCP visits for children under 5
- \$10 copay - Specialty care office visits
- \$0 copay on most X-rays and lab tests
- \$0 copay - Video visits
- \$10 copay on a 30-day supply of generic drugs

Additional Programs & Benefits

- Wellness Coaching at no extra cost and automatic enrollment in chronic care programs.
- Behavioral health apps to ease stress, improve awareness, and be more mindful. Self-care apps Calm and myStrength® available at no extra cost
- Active&Fit Direct and ChooseHealthy Programs. Reduced rates on studios, gyms, fitness gear, and online classes.
- ClassPass offers on-demand fitness memberships at no cost to you.
- Online lifestyle programs for healthy living.



Cigna Managed Plans



What's the same?

Essentially the three county-sponsored Cigna medical plans offered to active employees cover the same services and prescription drugs. The differences come on the costs of the plans including premium contribution, deductible, out-of-pocket-maximum, and patient responsibility. Let's take a look.

Coverage & Benefits

- Open Access Plus Network, or OAP, is Cigna's largest network of providers and facilities.
- Access to out-of-network providers and facilities. No PCP or referrals required.
- Medical plan enrollment includes no-cost preventive care, screenings, and medications.
- Behavioral health coverage included.
- Free Health Information Line, 24/7 Access.
- Telehealth, 24/7 Access to Doctors Anytime.
- Includes pharmacy plan and enrollment in the EyeMed Vision Care Program.

Wellbeing Programs

- Healthy Pregnancies, Healthy Babies Program.
- Lifestyle Management Programs for weight management, tobacco cessation, stress management and more.
- Health Coaching for personalized goal-driven support to improve health.
- Access to virtual behavioral health counseling: Talkspace, Brightside, Ginger, Meru, and more.
- Omada for diabetes and high blood pressure.
- Healthy Rewards offering health and fitness related discounts.

So What's the Difference?

Each of the county-sponsored Cigna medical plans pay a co-insurance for covered services after meeting an annual deductible, or amount of money you must pay out of pocket before the plan kicks-in. The deductible for each plan is a different dollar amount as is the out-of-pocket-maximum or "worst-case-scenario" for the amount you will be responsible for services in a plan year.

Cigna 90% or 80% Co-Insurance Plans

- What the Annual Deductible Covers: an annual deductible for medical services and a separate annual deductible for prescription drugs.
- Meeting the Annual Deductible: in most cases, for plans covering two or more, one covered family member must meet the individual deductible while other members of the family can satisfy the remaining amount.
- Health Savings Accounts (HSAs): not eligible.
- Flexible Spending Accounts (FSAs): traditional Healthcare FSA and Dependent Care FSA eligible.
- Co-insurances and prescription costs vary between plans.

Cigna MyChoice CDHP Plan

- What the Annual Deductible Covers: one annual deductible combined for both medical services and prescription drugs.
- Meeting the Annual Deductible: for plans covering two or more, one covered family member can meet the entire family deductible. No one person is required to meet the individual annual deductible.
- Health Savings Accounts (HSAs): eligible. Only plan allowing participants to contribute to an HSA.
- Flexible Spending Accounts (FSAs): Limited Purpose FSA, for dental and vision expenses only, and Dependent Care FSA eligible.

For more on this plan and it's benefits, visit the [Benefits Page](#) on FairfaxNet or myCigna.com.

Medical Plans At-A-Glance

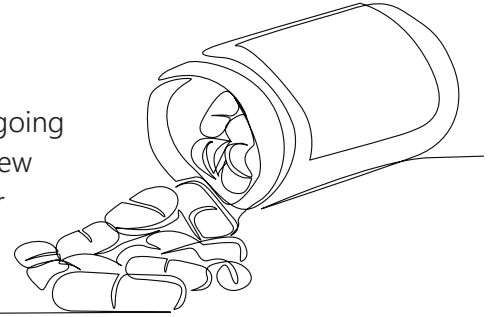


The chart below provides a brief summary of some of the coverages and cost-shares for Fairfax County Government's sponsored medical plans. Coverages featured below highlight services with providers and/or facilities considered "In-Network" with each plan. Additional details on out-of-network coverages, deductibles, exclusions, and more, can be found in each plan's Summary of Benefits. Summaries can be found on the [Benefits Page](#) on FairfaxNet.

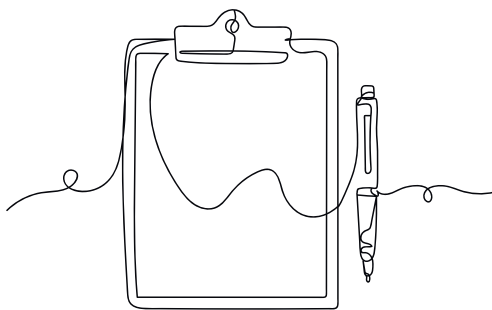
	Cigna MyChoice CDHP Plan with HSA	Cigna OAP 90% Co-Insurance Plan	Cigna OAP 80% Co-Insurance Plan	Kaiser Permanente HMO
Plan Type	CDHP or Consumer Driven Health Plan (High Deductible Plan)	PPO or Preferred Provider Organization	PPO or Preferred Provider Organization	HMO or Health Maintenance Organization
What is the provider/facility network?	Open Access Plus (OAP)-Nationwide	Open Access Plus (OAP)-Nationwide	Open Access Plus (OAP)-Nationwide	Kaiser, Mid-Atlantic Region-Local Only
Coverage for providers and services outside plan's network?	Yes	Yes	Yes	No
Primary Care Physician or PCP required?	No	No	No	Yes
Referrals to Specialists required?	No	No	No	Yes
	In-Network	In-Network	In-Network	In-Network Only
Annual Deductible	\$1,750 Individual \$3,500 Family	\$350 Individual \$700 Family	\$500 Individual \$1,000 Family	\$0
Annual Out-of-Pocket Limit	\$6,000 Individual \$12,000 Family	\$2,500 Individual \$5,000 Family	\$3,000 Individual \$6,000 Family	\$3,500 Individual \$9,400 Family
Preventive Care - Includes, annual physicals, screenings & immunizations and other services based on age and gender	No Cost Plan Pays 100% Deductible does not apply	No Cost Plan Pays 100% Deductible does not apply	No Cost Plan Pays 100% Deductible does not apply	No-cost, Plan Pays 100%
Primary Care Physician (PCP)	Plan pays 90% co-insurance after deductible is met	Plan pays 90% co-insurance after deductible is met	Plan pays 80% co-insurance after deductible is met	\$10 PCP co-pay No Cost Children under 5
Specialty Care	Plan pays 90% co-insurance after deductible is met	Plan pays 90% co-insurance after deductible is met	Plan pays 80% co-insurance after deductible is met	\$10 co-pay per visit
Mental Health & Substance Abuse Treatment (In-Patient)	Plan pays 90% co-insurance after deductible is met	Plan pays 90% co-insurance after deductible is met	Plan pays 80% co-insurance after deductible is met	Inpatient (Covered in full when medically necessary) Outpatient: Individual \$10, Group \$5
Chiropractic Care	Plan pays 90% co-insurance after deductible is met	Plan pays 90% co-insurance after deductible is met	Plan pays 80% co-insurance after deductible is met	\$15 co-pay per visit
Urgent Care Facility	Plan pays 90% co-insurance after deductible is met	Plan pays 90% co-insurance after deductible is met	Plan pays 80% co-insurance after deductible is met	\$10 co-pay per visit
Emergency Room	Plan pays 90% co-insurance after deductible is met	Plan pays 90% co-insurance after deductible is met	Plan pays 80% co-insurance after deductible is met	\$150 co-pay per visit (co-pay waived if admitted other than observation)
Outpatient Professional Service	Plan pays 90% co-insurance after deductible is met	Plan pays 90% co-insurance after deductible is met	Plan pays 80% co-insurance after deductible is met	\$10 co-pay per visit Annual limit 20 visits
Health Savings Account (HSA)	County Contribution	Not HSA Eligible	Not HSA Eligible	Not HSA Eligible

Pharmacy Plans At-A-Glance

When you are covered by any of Fairfax County Government's medical plan options, you also automatically receive prescription drug coverage. The prescription drug plans add, remove, and manage drug coverage on an ongoing basis, where clinically appropriate. For plans and drug-specific changes, review additional plan information available on the [Benefits Page](#) on FairfaxNet or [contact](#) the plan vendor partner directly.



	Cigna MyChoice CDHP Plan with HSA	Cigna OAP 90% Co-Insurance Plan	Cigna OAP 80% Co-Insurance Plan	Kaiser Permanente HMO
Annual Prescription Deductible	Medical and Prescription Drug deductible combined	\$75 Individual \$150 Family	\$200 Individual \$400 Family	Kaiser Pharmacy: 30 day supply Generic \$10 Formulary/Preferred \$20 Non-Formulary/Non-Preferred \$35
Annual Prescription Out-of-Pocket Limit	Medical and Prescription Drug limit combined	\$2,000 Individual \$4,000 Family	\$2,500 Individual \$5,000 Family	
Retail/Community Pharmacy - 30-day supply	Generic \$10 Formulary/Preferred 20% (max \$55) Non-Formulary/Non-Preferred 35% (max \$110) Specialty 35% (max \$110)	Generic \$7 Formulary/Preferred 20% (max \$50) Non-Formulary/Non-Preferred 30%(max \$100) Specialty Based on Medication Tier	Generic \$10 Formulary/Preferred 20% (max \$55) Non-Formulary/Non-Preferred 35%(max \$110) Specialty 35% (max \$110)	Generic \$20 Formulary/Preferred \$40 Non-Formulary/Non-Preferred \$55
Home Delivery Pharmacy - Up to a 90-day supply	Generic Preventive/Maintenance \$0 Generic \$20 Formulary/Preferred 20% (max \$110) Non-Formulary 35% (max \$220) Specialty 35% (max \$110)	Generic Preventive/Maintenance \$0 Generic \$14 Formulary/Preferred 20% (max \$100) Non-Formulary 30% (max \$200) Specialty Based on Medication Tier	Generic Preventive/Maintenance \$0 Generic \$20 Formulary/Preferred 20% (max \$110) Non-Formulary 35% (max \$220) Specialty 35% (max \$110)	Generic \$20 Formulary/Preferred Brand \$40 Non-Formulary/Non-Preferred \$70



This guide, and the information contained, is only a highlight of the employee benefits and plans offered. Official plan documents govern rights and benefits under each plan. For more details about health plan and other benefits, including covered expenses, exclusions, and limitations, please refer to the plan information or certificates of coverage for each plan posted on the Benefits Page on FairfaxNet or provided by the vendor partner. If any discrepancy exists between this guide and the official documents, the official documents will prevail.






Preventive Care

YOUR HEALTH. YOUR TOP PRIORITY.







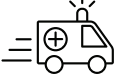
Taking a few simple steps could help you save time and money, while improving your health. Find a primary care provider, have an annual physical, and get the preventive screenings that are right for you. We'll be there to cheer you on along the way!

Annual Physicals	Preventive Screenings	Dental & Vision
 <p>Annual physicals, also sometimes called well visits or preventive visits, are a great way to build a relationship with your primary care provider, get a baseline assessment of your health, and discuss any health goals or concerns. <i>Annual physicals are usually covered completely by your medical plan at no-charge to you, when you visit an in-network provider.</i></p>	 <p>Your primary care provider can also recommend preventive screenings, like cholesterol and glucose, mammograms, and colonoscopies, to help catch any health issues early. <i>Many in-network preventive screenings are also covered 100% by your medical plan meaning you don't pay anything out of pocket.</i> Consult your benefit information and medical plan to make sure the service is covered so there aren't any surprises.</p>	 <p>Fairfax County Government dental plan subscribers <i>receive two, no-cost preventive exams per year.</i> Medical plan subscribers are automatically enrolled in the EyeMed vision program and can <i>receive one, no-cost vision exam per year through in-network providers.</i> Oral and vision health providers can often spot health issues before they are noticeable in other parts of the body.</p>

Know Where To Go For Care

Using Your Medical Plan

We want you to get the care you need and also save money. Obviously, if there's a true emergency, get to a hospital's emergency room as quickly as possible. But some people make the mistake of going to the emergency room or an urgent care facility for minor illnesses, and doing so can cost more money and more time. Use this chart as a guide to know where to go for different kinds of illnesses and injuries:

Care Provider	Type of Care	Examples	Find Care	Cost
 NurseLine	Quick answers from a trained nurse 24/7	<ul style="list-style-type: none"> Choose appropriate medical care Find doctor or facility Understand treatment options 	Cigna: (800) 244-6224 Kaiser: (800) 464-4000	No Cost
 Telehealth	Consult a doctor for minor illnesses and conditions via your smartphone, tablet, or computer	<ul style="list-style-type: none"> Allergies, common cold, flu Skin conditions, rashes Stomach aches, diarrhea Pink eye 	Cigna: myCigna.com Kaiser: kp.org	\$
 Office Visit	Routine medical care and overall health management	<ul style="list-style-type: none"> Preventive care Illness, injuries Manage existing conditions 	Cigna: myCigna.com Kaiser: kp.org	\$
 Urgent Care	Quick care for non-life threatening conditions	<ul style="list-style-type: none"> Sprains, strains Stitches Minor burns Sinus infections, colds 	Cigna: myCigna.com Kaiser: kp.org	\$\$
 Emergency Room	Life-threatening conditions requiring prompt medical attention	<ul style="list-style-type: none"> Suspected heart attack, chest pain Major broken bones Heavy bleeding Difficulty breathing 	Cigna: myCigna.com Kaiser: kp.org	\$\$\$

A Note on Controlling Health Care Costs

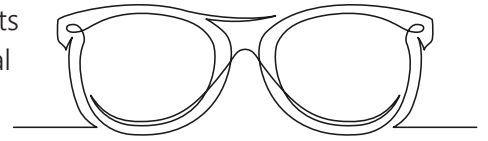
The rising cost of health insurance is a concern for all of us. Keeping costs to a minimum contributes to lower premiums in future years. Here are tips on how you can help lower the cost of health insurance:

- **Use network providers** - You will receive a higher level of benefits if you use providers who participate in the plans network. This is true for medical, vision, and dental. To find in-network providers visit the plans online portal or call the number on the back of the plan ID card.
- **Utilize Preventive Care** - County-sponsored health plans offer regular preventive exams and screenings at no-cost to you. These preventive services help to find problems early and can help you avoid multiple trips to the doctor's office and costly medical bills.
- **Use Generic Medications** - Generic medications are just as effective as brand name prescription drugs but are considerably less expensive.
- **Take Care of Yourself** - Exercise and maintain a proper diet. The healthier you are the less vulnerable you are to disease, reducing doctor's visits and prescription medicines.

Vision & Dental Plans

Vision Care Program with EyeMed

Vision benefits are so much more than an eye exam. They can help to save money, maintain health, and to see everything life has to offer. The Vision Care Program with EyeMed and its premiums are included as part of enrollment in a county-sponsored medical plan. Enrollment cannot be elected separately.



As part of EyeMed's Insight Network, in-network benefits include no cost preventive eye exams, allowance for glasses and contacts in the same plan year, and \$0 co-pay on many additional vision items like single vision, bifocal, trifocal lenses, anti-reflecting coating, scratch coating on standard plastic lenses.

A routine vision exam is preventive and the purpose of the exam is to assess general health and to determine the need for glasses or to correct vision. Vision exams are not medical eye exams. They are not for treatment or management of an eye condition such as cataracts, glaucoma, or other sight-threatening diseases or injuries. Examinations for these types of conditions are treated as medical and may be covered under a medical plan.

Additional benefits for this plan include:

- Freedom Pass - EyeMed members can choose any frame at LensCrafters or Target Optical and pay nothing.
- No-Cost Services for Diabetics including Fundus Photography, Extended Ophthalmoscopy, Gonioscopy, and Laser Scanning
- Ongoing Special Offers - Save money with offers on expenses like additional lenses and frames, contact orders, designer sunglasses and services like Lasik.

Dental Plan with Delta Dental of Virginia

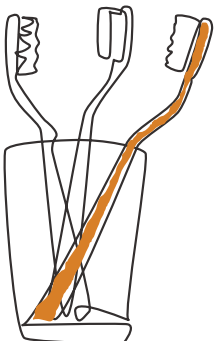
Taking care of one's oral health is an investment in their overall health, and comprehensive dental coverage is available for eligible employees and their families with the Dental Plan with Delta Dental of Virginia. This plan provides coverage for many dental services and offers a choice of two networks: PPO and Premier. Participants who utilize providers from the PPO Network will pay a lower co-insurance for services.

In-network benefits include no cost preventive oral exams and semi-annual cleanings, co-insurance on covered services, and orthodontic services for dependent children through the end of the month they turn 19.

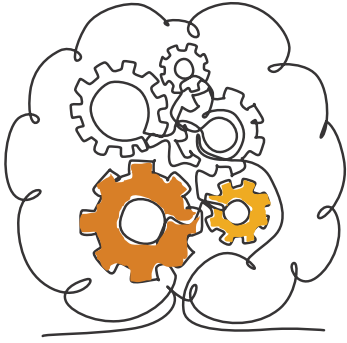
For plan year 2024, the Annual Maximum Benefit for this plan will increase from \$2,000 to \$2,500, the Orthodontic Lifetime Maximum will not change. In addition, there will be a slight increase to the bi-weekly rates for this plan. Bi-weekly rates can be found on page 32, the last page of this guide. A summary of the dental plan can be found on the [Benefits Page](#) on FairfaxNet

Additional benefits for this plan include:

- Virtual Visits by TeleDentistry.com - Virtual visits for dental emergencies, access to an after-hours dentist, dental consultations while traveling.
- Right Start 4 Kids - Right Start 4 Kids helps remove cost barriers to dental care for children up to age 13. Includes 100% diagnostic and preventive coverage and more with no deductible when you visit an in-network dentist.
- Healthy Smile, Healthy You - Allows for additional cleanings and exams for participants with certain health conditions.



Employee Assistance Program (EAP)



Wellbeing is important and the Employee Assistance Program (EAP) is a benefit designed with Fairfax County Government employees in mind. This support program assists with personal issues, managing life events, or simply just daily life.

Fairfax County Government's EAP is offered through Cigna but services and can be utilized by any active employee. Access to this benefit is not tied to employment or benefit status, is not combined with medical plan enrollment, and does not require enrollment through FOCUS or during Open Enrollment. Additionally, the EAP's variety of counselors and resources are also available to the household members of employees. These family members and loved ones do not need to be eligible for other benefits and do not need to be covered by a county-sponsored medical plan.

Confidential services include not only short-term counseling for stress, grief, and alcohol or substance abuse, but also includes a broad range of life and family issues, all at no cost. Check out just a few of the services offered:

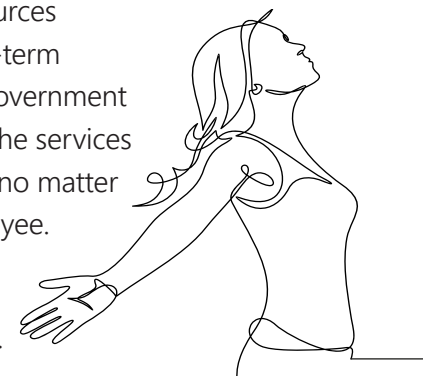
- Counseling
Nine (9) face-to-face (virtual or in-person) counseling sessions with a counselor. Additional sessions are available for public safety personnel and their household members.
- Legal Assistance
30-minute consultation with an attorney.
- Financial
30-minute consultation with a qualified specialist.
- Identity Theft
60-minute consultation with a fraud specialist.
- Parenting
Resources and referrals for childcare providers, before and after school programs, adoption organizations, prenatal care and more.
- Eldercare
Resources and referrals for home health agencies, assisted living facilities, and long-distance caregiving along with social and recreational programs.
- Pet Care
Resources and referrals for pet sitting, obedience training, veterinarians and pet stores.

Services can be accessed through a variety of methods, including face-to-face meetings, telephone hotline numbers, and online resources. Cigna EAP trained specialists and counselors are available 24/7. For information on the services available, to find providers, or to schedule an appointment, call (877) 622-4327. Use the Employer ID: fairfaxcounty. EAP information is available online at www.myCigna.com.

Employee Assistance Program: Dedicated Counselors For You

We know it's not just the big things in life that challenge us. It's the small stuff too. That's why Fairfax County Government has partnered with Cigna's EAP to make mental wellbeing and counseling services convenient for employees. Two dedicated EAP Counselors are available as no-cost, confidential resources for employees in need of support for certain challenges. Sarah and Samar offer short-term counseling by appointment and have office hours dedicated only to Fairfax County Government employees to ensure quick and easy access to highly qualified counselors. Similar to the services offered through the traditional EAP, these sessions are open to all county employees, no matter their status or medical plan enrollment, are confidential, and are no cost to the employee.

For more information on the dedicated EAP counselors or to learn how to make an appointment, visit the [Dedicated EAP Counseling Services Page](#) on FairfaxNet.





Balance & Wellbeing

LiveWell Workforce Wellbeing Program

LiveWell is Fairfax County Government's award winning wellbeing program. Our mission is to cultivate a culture of wellbeing that empowers, educates and engages Fairfax County Government employees and retirees to make life-long choices that promote total wellbeing – physical, mental, emotional, social, spiritual and financial.

The LiveWell team and their partners offer an extensive catalogue of wellbeing focused initiatives, events, workshops, and activities including:

- **Wellbeing workshops** - Resiliency and self-care how tos; financial education; and communal events for co-workers and families
- **Focus on physical wellbeing** - Fitness classes and challenges; onsite injury assessments, biometric screenings, flu shot clinics, and Fairfax County Rec Center Pass discounts
- **Healthy Eating** - Weight Watchers, Omada, cooking demonstrations, and nutrition challenges
- **Special events** - The County Exec Trek, Employee Field & Fitness Day, Money Matters, Rock Your Resolution Expos, and more.
- **Specialized programs** - The Parenthood Event, Mental Health First Aid, Family Fun & Fitness Week, smoking cessation
- **And Just For Fun** - Trivia, Pictionary, dueling pianos, an employee talent competition, Salsa Night, sound bathing, and more.

Don't miss a thing! Add your name to the [LiveWell Listserv](#) to receive the monthly newsletter, special announcements, and the latest LiveWell and benefit updates!

Employee Fitness & Wellness Center

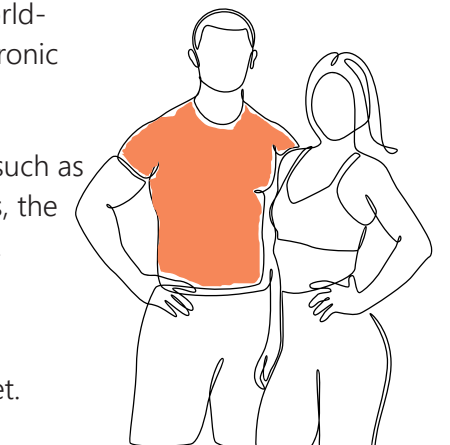
Regular physical activity is one of the most important things you can do for your health. Being physically active can improve your brain health, help manage weight, reduce the risk of disease, strengthen bones and muscles, and improve your ability to do everyday activities. And whether you are an experienced fitness enthusiast or just need to get away from your desk, the Employee and Fitness Center provides a friendly, judgment free, and convenient place to move, stretch, and take some time for yourself.

The Employee Fitness and Wellness Center, EFWC, is part of the LiveWell Wellbeing Program and offers a wide variety of wellness and fitness activities including classes, personal training, and world-class equipment to maintain or improve your physical fitness, help you manage chronic diseases, recover from illness or injury, or just feel better.

In addition to the usual gym based activities, the EFWC team hosts special events such as Soccer Tournaments, Table Tennis Tournaments, Ironman/Ironwoman competitions, the Employee Field & Fitness Day Tug of War Competition, and an annual Turkey Bowl.

The EFWC is open to all Employees & Retirees of Fairfax County Government.

Join the fun! Visit the [Employee Fitness and Wellness Center Page](#) on FairfaxNet.



Leave Programs

Fairfax County Government provides multiple leave programs to merit employees to assist in managing family, medical and/or personal situations requiring time away from work. Employees are encouraged to become familiar with the leave programs offered. Knowing where to find leave information, should you need it, can prove to be invaluable to you and/or your loved ones.

Some leave programs are more well-known than others. For example, annual leave, sick leave, and parenthood-related leave are common, while less may be known about volunteer activity leave, medical donor leave, and/or transferred leave.

Leave information can be found on FairfaxNet, the county's intranet site, in the upper left-hand corner on the front page. Visit the Employee Center and select Leave in the drop-down list followed by selecting [Leave Options](#).

Then, click on a tile/square to learn more about that specific leave program and its definition, purpose, scope, and procedures.

You can even watch our Fairfax County [Leave Overview video](#). And, you can find the county's current holiday schedule [here](#). For more information about leave programs, contact your agency [HR Manager/HR Team](#).



A screenshot of the Fairfax County SharePoint intranet. The top navigation bar includes 'Fairfax County SharePoint' and a search box. Below this is the 'fairfaxNET' logo and a main navigation menu with items like 'Employee Center', 'Workplace Essentials', 'Learning', 'Technology', 'Administration', and 'Quick'. A dropdown menu is open under 'Employee Center', listing various categories such as 'Alternative Work Options', 'Awards', 'Benefits', 'Compensation', 'Employment', 'Forms', 'Leave', 'Performance Management', 'New Hires', 'LiveWell', 'Payroll', 'Retirement Systems', 'Parenting Resources', and 'Working Together'. The 'Leave' item is circled in red. A secondary dropdown menu is open under 'Leave', listing 'Holiday Schedule' and 'Leave Options', both of which are also circled in red. Below the navigation is a 'Home' section with several tiles, including 'Online Services' and 'County Initiatives'. At the bottom, there is a 'DHR Benefits Division' section with a 'Leave Options' link highlighted by a red arrow. Below this link is a grid of 18 tiles representing different leave programs: Leave Overview, Administrative Leave, Advanced Sick Leave, Annual Leave, Bereavement Leave, Civil Leave, Extraordinary Sick Leave, FMLA, FMLA Overview, Injury Leave, Holiday Leave, Military Leave, Military Family Leave, Paid Family Leave (PFL), Sick Leave, Transferred Leave, Volunteer Leave, and Leave With Out Pay.

Financial Wellbeing & Benefits

Flexible Spending Accounts with TASC (FSAs)

Fairfax County Government offers employees the opportunity to participate in three types of [Flexible Spending Accounts](#), or FSAs, managed by TASC. With an FSA, participants set a portion of their pay aside on a tax-advantaged basis to pay for eligible health and dependent care expenses. Funds contributed by employees can be used to pay for things they likely already have to pay for, but allows them to reduce their taxes and increase their take-home pay!

Which FSA is Right for You?

Traditional Healthcare FSA

Funds contributed to this FSA can be used to pay for the medical, dental, or vision expenses for account holder, their spouse, or tax dependents. Dependents do not need to be covered under a county-sponsored medical plan.

No medical plan enrollment is required to participate, and this FSA cannot be elected along with the Cigna MyChoice CDHP.

2024 Individual Contribution Limit - \$3,050

Limited Purpose FSA

Funds contributed to this FSA can be used to pay for the vision and dental expenses for the account holder, their spouse, or tax dependents. Dependents do not need to be covered under a county-sponsored medical plan.

This is a special type of FSA that is designed to work in conjunction with a Health Savings Account, or HSA, and is only available to employees enrolled in the Cigna MyChoice CDHP Plan.

2024 Individual Contribution Limit - \$3,050

Dependent Care FSA

Funds contributed to this FSA can be used to pay for the eligible dependent care costs such as preschool, summer day camp, before or after school programs, and child or adult daycare. It's a smart, simple way to save money while taking care of loved ones while continuing to work or go to school.

No medical plan enrollment is required to participate, and this FSA can be elected along with any medical plan option.

2024 Household Contribution Limit - \$5,000

Things You Should Know

- **FSA contribution elections do not carryover.** Contributions must be elected using FOCUS ESS each Open Enrollment.
- There is a minimum annual contribution of \$125.
- After making elections, contribution elections may only be changed due to a qualifying event.
- For Healthcare and Limited Purpose FSAs, the entire elected balances are available on day one. For a Dependent Care FSA, funds must accrue before use.
- FSAs are 'use it or lose it' accounts. So calculate annual contributions carefully. Any funds remaining in an FSA after the run-out and grace periods will be forfeited.
- Access funds using the TASC MyCash Account and debit card. Approved reimbursements are deposited directly into s MyCash account. Participants may choose to reimburse themselves or funds can be spent anywhere MasterCard® is accepted.
- Access to a TASC MyCash debit card can be locked, or unlocked. If a TASC Card is lost or stolen, it can be quickly disabled with the online TASC Card Lock option or via the TASC mobile app. When found, simply unlock it and it's ready to use again.

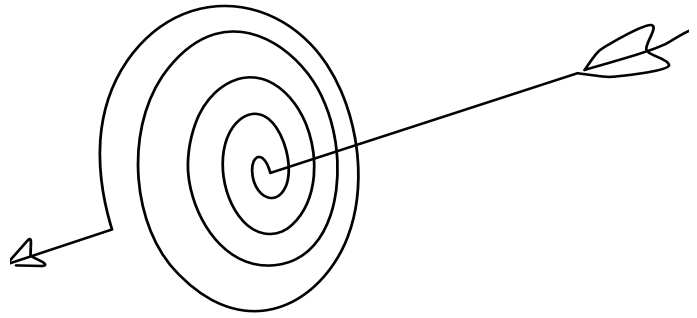


Health Savings Accounts (HSAs)

A **Health Savings Account**, or HSA, is a tax-advantaged, healthcare and retirement savings account. Accrued funds in an HSA earn interest, can be invested, and roll-over from year-to-year helping account holders to build a nest egg for the future.

To contribute, eligible employees must meet the criteria below:

- Currently enrolled in the Cigna MyChoice CDHP Plan.
- Not covered in any other non-qualified medical plan even, if through a spouse or other employer.
- Cannot be claimed as a dependent on any other person’s tax return.
- Not Medicare eligible or enrolled in any type of Medicare including Part A or Part B.
- Not covered by Tricare and did not access VA medical benefits in the past 90-days (non-service related).



HSAs are governed by the Internal Revenue Service (IRS). It is the responsibility of the account owner to ensure eligibility to contribute and compliance with IRS guidelines. The Benefits Division always advises consultation with a tax or financial professional. For more, visit the [Health Savings Account Page](#) on FairfaxNet.

HSA Contribution Guidelines

2024 County HSA Contributions	
Individual	\$700
Two-Party/Family	\$1,400

- Fairfax County Government makes contributions to this account on the first payroll in the new year. Contributions are credited early the following week and do not appear in an employee’s HSA on the first day of the new year.
- For Cigna MyChoice CDHP plan enrollments effective mid-year, county contributions will be made on the first payroll after the 30-calendar day enrollment window has closed. Contributions will be made on a pro-rated basis based on enrollment tier and effective date.
- Employee payroll deducted HSA contributions can be changed mid-year by completing a paper form found on FairfaxNet. There is no maximum bi-weekly contribution.
- Contributions cannot be made to closed HSAs or those that have not cleared the bank’s security and identification process. No plan changes or retroactive contributions will result.

HSA Contribution Limits

2024 HSA Annual Contribution Limits	
Individual	\$4,150
Two-Party/Family	\$8,300
Over 55 Catch-up	\$1,000

- The total contribution limit includes any money contributed to the account by Fairfax County Government, by the employee, and any MotivateMe Incentive Rewards.
- Changing tiers or terminating enrollment in a qualified High Deductible Health Plan mid-year, impacts the amount you can contribute annually. **It is always the employee’s responsibility to ensure they do not violate IRS regulation and exceed the allowable contribution limit.**
- FOCUS is designed to stop taking bi-weekly contributions once the IRS maximum has been met however, FOCUS cannot take into account any contributions made outside of payroll deductions and county contributions. This includes any direct contributions made by you, a family member, or any contributions made to a spouse’s HSA. In these cases, the employee is responsible for monitoring the IRS limits.

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

With the Fairfax County Government [Deferred Compensation Plan](#) managed by T. Rowe Price, employees have options for how they save for retirement. In addition to the Defined Benefit, or pension plan, managed by the Retirement Systems, the Deferred Compensation plan allows employees to defer a portion of their income to pay themselves in the future, like after they have retired. And when it comes to retirement savings, a deferred compensation plan is most beneficial when you can reduce current tax liability and future tax rates.

This plan allows you to pay taxes now, pay taxes later, or you can do both. Let's take a look:

Pre-tax Contributions

Payroll deducted contributions are made pre-tax, which reduces current adjusted gross income. Future distributions in retirement are taxed as ordinary income.

ROTH (Post-tax) Contributions

Roth contributions are made with money that's already been taxed, so you won't have to pay taxes on qualified withdrawals, including earnings. A Roth withdrawal will be tax free if the withdrawal is made 5 years or more after January 1 of the calendar year in which the first Roth contribution or Roth conversion was made and the withdrawal was made on account of death, disability, or attainment of age 59½.

Want to know more about saving for retirement and paying less taxes? Maybe you want to learn about investments and how to maximize the funds you have contributed. Schedule an appointment with Steve Page or Kelli Parris, the dedicated T. Rowe Price Help Desk Representatives, by email at Fairfax457@troweprice.com or visit the [Deferred Compensation Page](#) on FairfaxNet.



Updating Beneficiaries

Keeping your beneficiaries updated is one of the fastest and easiest things you can do for your loved ones. It takes just minutes to add or review your beneficiary information ensuring those you hold most dear will have the financial support they need when facing the unexpected. The importance of beneficiary designations includes honoring your wishes, eliminating confusion, and prompt payments to family and loved ones. Fairfax County employees have beneficiaries on file in multiple places. Use the table below to review them all.

Benefit	Manager	How to Update
Deferred Comp/457	T. Rowe Price	Log on to your account at: rps.troweprice.com
Heath Savings Accounts (HSA)	Cigna/HSA Bank	Log on to your account at: www.myCigna.com <ul style="list-style-type: none"> • Select "Manage HSA" • Select "Profile Summary" from the drop-down menu that appears under your name in the upper right corner.
Life Insurance (Basic Group Term & Optional)	Standard	Access the Ready Enroll Online Beneficiary Portal: https://standard.benselect.com/fairfax <ul style="list-style-type: none"> • Your username is your Social Security Number. • When you first log in, your personal identification number (PIN) will be the last four digits of your Social Security Number followed by last two digits of birth year.
Retirement/Pension	Retirement Systems	To view beneficiaries, log on to your account at: www.fairfaxcounty.gov/retirement/ Or complete a paper form and submit it to the Retirement Systems.

Life Insurance Options with The Standard

Basic Group Term Life Insurance and Accidental Death and Dismemberment (AD&D) benefits are provided to all Merit employees. This offering ensures beneficiaries and loved ones receive a benefit of 1-times your annual salary in the event of your death. If your death is a result of an accident, with AD&D coverage, your loved ones will receive 2-times your annual salary. The county pays the full cost of this coverage.

Optional Group Term Life Insurance and AD&D are available allowing eligible employees to purchase extra life insurance for your family's security. Select 1, 2, 3, or 4-times your annual salary, rounded to the next higher \$1,000 with a maximum coverage of \$1 million. These amounts are in addition to your basic coverage discussed above and you are responsible for 100% of the premium. For a schedule of the age-banded rates and plan highlights, visit the [Life Insurance Page](#) on FairfaxNet.

Coverage amounts for basic and optional life insurance reduce to 65% of the original face value when turning age 65 or you retire from Fairfax County Government, 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 Evidence of Insurability, or EOI, completion, and approval by Standard Life.

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

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

Dependents for this benefit are not tracked in FOCUS and do not need to be listed there. As a result, if a dependent child turning 26 is the only eligible dependent covered by a dependent life insurance plan, the enrollment will need to be actively canceled by contacting the Benefits Division.

For more on all available life insurance options, contact The Standard Dedicated Help Desk Representative, Lonna Owens at Lonna.Owens@standard.com.

Long Term Disability with The Standard

It's estimated that one-in-four 20-year-olds will experience a disability for 90-days or more before they reach age 67.

Have you ever 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 or provide for your family?

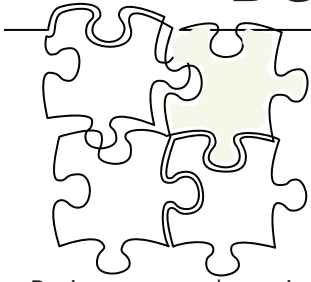
When you elect this benefit, if you are out of work as a result of a qualified disability for more than 60 days, you will receive a monthly income replacement benefit of 60% of your monthly salary up to a maximum of \$5,000. The premium is 100% paid by you on an after-tax basis, but, if you need it, the benefit is paid to you tax-free.

Note: Electing Long Term Disability after your 30 days of initial eligibility requires an Evidence of Insurability, or EOI, completion, and approval by Standard Life Insurance underwriters.

To learn more on the Long Term Disability Plan, contact The Standard Dedicated Help Desk Representative, Lonna Owens, at Lonna.Owens@standard.com or visit the [Long Term Disability Page](#) on FairfaxNet.



Benefit Planning Resources



Pre-Retiree Resources

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

Retirement and continuation of benefits as a retiree is not automatic. A retiree benefits election must be completed to continue coverage. Employees who are retiring must work with your supervisor, your Agency HR Team, the Retirement Systems and the Benefits Division in the Department of Human Resources to successfully complete the retirement process.

Are You Considering Retirement? Find a variety of resources and trainings below to help navigate the transition from active employee to retiree:

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

Your Benefits in D.R.O.P.

Participants in the Deferred Retirement Option Program, or D.R.O.P. are considered active employees for benefits eligibility. They are enrolled in active employee benefit plans and pay active benefit premiums. Medicare enrollment is not required while enrolled in an active medical plan. For more about Medicare and county-sponsored benefits, visit the [Becoming Medicare Eligible Page](#) on FairfaxNet.

Benefits Education for Retirees and Employees Nearing Retirement

Benefit Planning for Your Retirement

Employees interested in learning more about benefits offered to Fairfax County Government retirees should attend Benefit Planning for Your Retirement. Sessions review current health benefits, deferred compensation, and life insurance options offered to eligible Fairfax County Government retirees and review the benefits continuation process.

Retiree Benefits Academy

Join the Benefits Division and vendor partners for the Retiree Benefits Academy. This series of events and educational sessions reviews retiree benefit options and offers special financial and wellbeing workshops geared to those who are retired or are considering retirement from Fairfax County Government. Sessions are open to employees, retirees, and their families.

Have a Question? Just Ask.

Any employee with questions or concerns regarding health plans, life insurance, deferred compensation or other county-sponsored benefits may contact us or make an appointment to meet with a Benefits team member for a personal consultation by contacting HR Central at (703) 324-3311 or HRCentral@fairfaxcounty.gov.

One of the most important times to review benefit offerings is as you approach retirement. Appointments are available for one-on-one pre-retirement consultations for employees who are less than 6 months from retirement, or exiting D.R.O.P. However, remember the Benefits team can only review county-sponsored benefits and cannot explain outside plans.



More To Consider

Sharing of Health and Benefit Information

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

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

Any enrollment changes requested by someone other than the employee will only be granted after review and approval of a Power or Attorney or other legal document. Privacy guidelines apply in all circumstances including for all family members, emergency contacts, and agency representatives.

Becoming Eligible for Medicare

Active employees and their covered dependents who become eligible for Medicare due to age, illness, or disability, may defer enrolling in Medicare, without penalty, as long as enrolled, or covered by any active, county-sponsored medical plan.

Enrollment in Medicare Part B does not provide additional coverages while enrolled in a county-sponsored medical plan. And while Medicare Part A has no cost, Part B requires a monthly premium paid along with any premium for a county-sponsored medical plan. By deferring Medicare enrollment Medicare eligible employees save the cost of additional monthly Medicare premiums while maintaining county-sponsored medical coverage.

Employees who choose to defer Medicare enrollment while actively working, will be required to enroll in Medicare Part A and B once they are no longer covered by the active plan. To maintain enrollment in a county-sponsored medical plan, Medicare enrollment must coincide with the effective date of enrollment in a county-sponsored medical plan as a retiree. To learn more about Medicare, contact the Social Security Administration.

As employees approach retirement, proof of enrollment in Medicare Parts A and B must be submitted to the Benefits Division in the Department of Human Resources before enrollment in a county-sponsored medical plan as a retiree is finalized. Failure to provide verification could result in permanent cancellation of retiree coverage.

Continuation of Benefits under COBRA

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires the county to offer employees and their families the opportunity to continue current health and dental insurance enrollments where coverage would otherwise end. The continued coverage under COBRA is identical to the coverage available to active employees and retirees at group rates (plus an allowable admin fee).

COBRA eligible participants will receive a COBRA Notice by mail. The COBRA Notice contains an election form to be completed and returned to the Benefits Division in the Department of Human Resources. New COBRA Notices are generated weekly and mailed to the address listed in FOCUS. Notices and election forms cannot be generated prior to the COBRA qualifying event, nor can enrollment be completed in advance. To learn more about continuation under COBRA, visit the [Separating, Reducing Hours, or Retiring Page](#) on FairfaxNet.



Benefit Partner Contact List

General Assistance

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

Vendor Partner	Cigna	(800) 244-6224	www.mycigna.com
Home Delivery RX	Cigna	(800) 835-3784	www.mycigna.com

Deferred Compensation/457(b) Plan

Dedicated Help Desk	Steve Page		Fairfax457@troweprice.com
Dedicated Help Desk	Kelli Parris		Fairfax457@troweprice.com
Vendor Partner	T. Rowe Price	(888) 457-5770	rps.troweprice.com

Dental Plan

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

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

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

Vendor Partner	HSA Bank	(800) 357-6246	www.mycigna.com
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Kaiser Permanente HMO Medical Plan

Vendor Partner	Kaiser Permanente	(800) 777-7902	www.kp.org
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Life Insurance and Long Term Disability

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

Vision Care Program

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

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

FEDERALLY MANDATED NOTICES

Newborns' and Mothers' Health Protection Act of 1996 (NMHPA)

This federal law includes important protection for mothers and their newborn children with regard to the length of hospital stays following the birth of a child. The law stipulates that "group health plans and health insurance issuers generally may not under federal law restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section." However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). Plans and issuers may not under Federal law require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay less than 48 hours (or 96 hours).

Genetic Information Nondiscrimination Act (GINA)

GINA sets a national level of protection by prohibiting employers from requiring or purchasing genetic information about you or your family members. The law also prohibits group and individual health insurers from using your genetic information in determining eligibility or premiums.

Women's Health and Cancer Rights Act of 1998 (WHCRA)

This federal law requires group health plans that provide coverage for medically necessary mastectomies to also provide the following coverage for those that elect breast reconstruction:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to provide a symmetrical appearance; and
- Prostheses and physical complications of all stages of the mastectomy, including lymphedema.

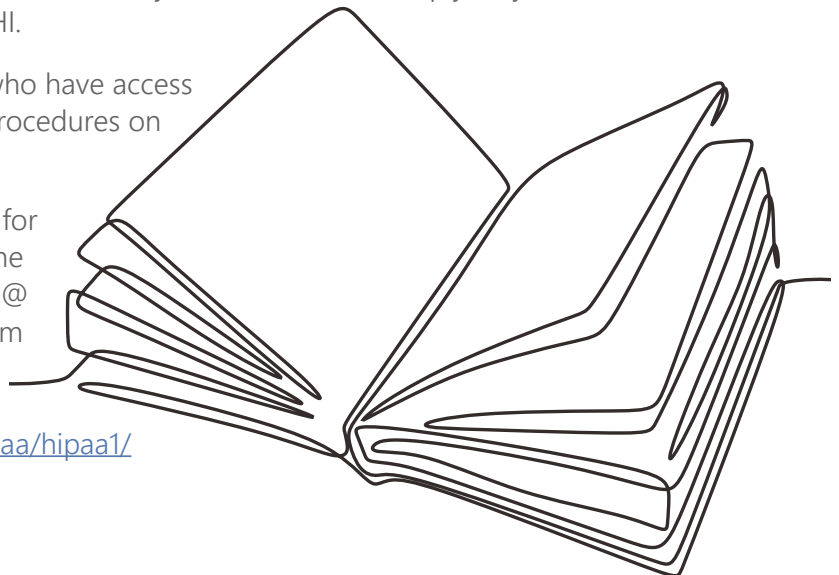
The county's medical plans cover mastectomies and the benefits required by this act.

Health Insurance Portability and Accountability Act (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations impose privacy and security requirements upon the use and disclosure of protected health information. Protected health information (PHI) is information created, received, or maintained by the Fairfax County Government's group health plans that relates to an individual's physical or mental health or condition, the provision of medical care for that individual or the payment for that individual's medical care, which identifies or may be used to identify the individual to whom it relates. It's the policy of Fairfax County Government to comply fully with HIPAA's requirements and to protect the privacy of such PHI.

Accordingly, all members of the Benefits Division who have access to PHI must comply with the county's policy and procedures on the use and disclosure of PHI.

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: 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).

2024 Health Plan Premiums

		Full-Time Employees			Part-Time Employees	
	Employee Annual Premium	County Bi-Weekly Share	Employee Bi-Weekly Share	Bi-Weekly Difference from 2023	County Bi-Weekly Share	Employee Bi-Weekly Share
Cigna MyChoice CDHP Plan with Health Savings Account (HSA) & EyeMed Vision Care Program						
Individual	\$1,058.98	\$230.82	\$40.73	\$0	\$115.41	\$156.14
Employee+Child(ren)	\$3,355.56	\$387.19	\$129.06	\$0	\$193.60	\$322.66
Employee+Spouse	\$3,700.32	\$426.96	\$142.32	\$0	\$213.48	\$355.80
Family	\$5,293.86	\$610.82	\$203.61	\$0	\$305.41	\$509.02
Cigna OAP 90% Co-Insurance Plan & EyeMed Vision Care Program						
Individual	\$1,797.44	\$391.75	\$69.13	\$0	\$195.88	\$265.01
Employee+Child(ren)	\$5,694.00	\$657.00	\$219.00	\$0	\$328.50	\$547.50
Employee+Spouse	\$6,284.72	\$725.14	\$241.71	\$0	\$362.57	\$604.28
Family	\$8,985.86	\$1,036.84	\$345.61	\$0	\$518.42	\$864.03
Cigna OAP 80% Co-Insurance Plan & EyeMed Vision Care Program						
Individual	\$1,292.72	\$281.76	\$49.72	\$0	\$281.76	\$49.72
Employee+Childr(en)	\$4,096.04	\$472.62	\$157.54	\$0	\$236.31	\$393.84
Employee+Spouse	\$4,518.28	\$521.35	\$173.78	\$0	\$260.68	\$434.46
Family	\$6,462.82	\$745.71	\$248.57	\$0	\$372.85	\$621.42
Kaiser Permanente HMO & EyeMed Vision Care Program						
Individual	\$1,387.04	\$302.30	\$53.35	\$3.01	\$151.15	\$204.50
Employee+Child(ren)	\$4,393.46	\$507.05	\$169.02	\$9.54	\$253.53	\$422.54
Employee+Spouse	\$4,848.24	\$559.41	\$186.47	\$10.54	\$279.71	\$466.18
Family	\$6,933.96	\$800.07	\$266.69	\$15.05	\$400.04	\$666.72
Delta Dental of Virginia						
Individual	\$270.92	\$10.42	\$10.42	\$0.21	\$5.21	\$15.63
Two-Party	\$511.68	\$19.69	\$19.68	\$0.38	\$9.84	\$29.53
Family	\$843.44	\$32.45	\$32.44	\$0.63	\$16.23	\$48.66

Additional Premium Deduction Information

- Payroll-deducted premiums for health plans and optional life insurance benefits are taken pre-tax. Premiums for long term disability and dependent life insurance plans are deducted post-tax. All are withheld on a bi-weekly basis, over 26 pay periods. These deductions are based on Fairfax County Government's payroll schedule.
- Payroll-deducted contributions to a Flexible Spending Account (FSA) or Health Savings Account (HSA) are taken pre-tax and are withheld on a bi-weekly basis over 26 pay periods. These contribution deductions are based on the calendar and tax year.
- Part-Time premiums apply to Benefits Eligible, Merit employees scheduled to work 30 hours or less per week who were hired after July 3, 2009 and all Non-Merit Benefits Eligible (Status E) employees.
- The Part-Time premium for Individual coverage in the Cigna OAP 80% Co-insurance Plan has been adjusted to comply with the Affordable Care Act (ACA).



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

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September 2023