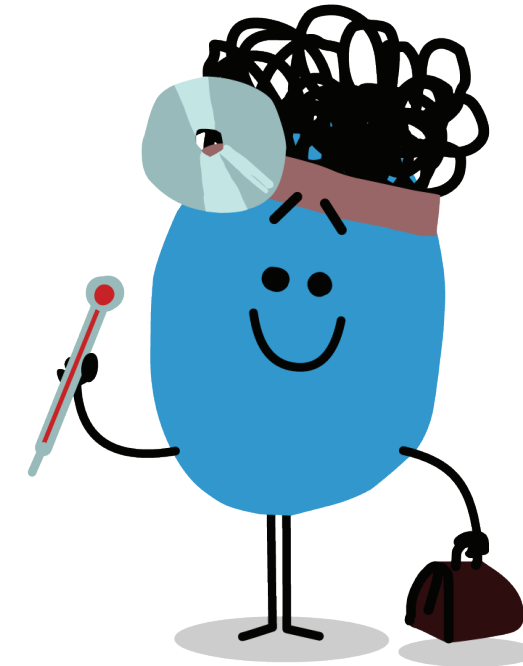


Note this plan will be discontinued December 31, 2020

CIGNA OAP Co-Pay Plan		
	In-Network	Out-of-Network
Primary Care Physician (PCP)	\$35 PCP co-pay; then Plan pays 100%	Plan pays 70% co-insurance after plan deductible is met
Specialty Care	\$70 Specialist co-pay; then Plan pays 100%	Plan pays 70% co-insurance after plan deductible is met
Annual Deductible	\$0	\$250 Individual/\$500 Family
Annual Out-of-Pocket Limit	\$2,500 Individual/\$5,000 Family	\$5,250 Individual/\$10,500 Family
Preventive Care - All Ages	Plan Pays 100%	Through age 17: Plan pays 70% co-insurance, no plan deductible Ages 18 and above: Plan pays 70% co-insurance after deductible is met
Routine Preventive Care, Immunizations, Mammogram, PAP, PSA Tests		
Inpatient Hospital Facility	\$200 per admission co-pay then Plan pays 100% co-insurance	Plan pays 70% co-insurance after plan deductible is met
Outpatient Hospital Facility	\$75 per facility visit co-pay, then Plan pays 100% co-insurance	Plan pays 70% co-insurance after plan deductible is met
Outpatient Professional Service	Plan pays 100% co-insurance	Plan pays 70% co-insurance after plan deductible is met
Chiropractic Care	\$35 per visit; then Plan pays 100%	Plan pays 70% co-insurance after plan deductible is met. Max 12 visits per year.
Hearing Aids	Plan pays 100%	Plan pays 100%
	Maximum benefit is \$2,800 every 36 months	Maximum benefit is \$2,800 every 36 months
Emergency Room	\$150 per visit (co-pay waived if admitted); then Plan pays 100%	\$150 per visit (co-pay waived if admitted); then Plan pays 100%
Urgent Care Facility	\$50 per visit (co-pay waived if admitted);	\$50 per visit (co-pay waived if admitted); then Plan pays 100%
TMJ, Surgical and NonSurgical (Physician's Office)	\$35 PCP or \$70 Specialist co-pay; then Plan pays 100%	Plan pays 70% co-insurance after plan deductible is met
Mental Health & Substance Abuse Treatment (In-Patient)	\$200 per admission co-pay, then Plan pays 100% co-insurance	Plan pays 70% co-insurance after plan deductible is met
Annual Prescription Drug Deductible	\$50 Individual/\$100 Family	
Annual RX Out-of-Pocket Limit	\$1,500 Individual/\$3,000 Family	
NOTE: Diabetic Medications and Supplies are free for participants in all Cigna managed plans when the prescription is filled via home delivery pharmacy or at a retail pharmacy	Retail – 30 day supply \$7 co-pay Generic 20% Preferred Brand (max. \$50) 30% Non-preferred (max. \$100) Retail – 90 day supply Only at Cigna 90 Now Pharmacies Home Delivery – 90 day supply \$0 co-pay Generic Maintenance Medications; \$14 co-pay Generics non-maintenance 20% Preferred Brand (max. \$100) 30% Non-preferred (max. \$200)	Retail – You pay 30% after Pharmacy deductible Home Delivery – Not Covered



Open Enrollment

October 9, 2018
to
October 26, 2018

It's Your Choice

- Fairfax County Government's Annual Open Enrollment is October 9 to October 26, 2018. Changes will go into effect January 1, 2019.
- Open Enrollment Guides **will not** be mailed to individual homes. Access 2019 plan information on the Fairfax County public site, www.fairfaxcounty.gov/hr/fairfax-county-benefits-summary or visit the Benefits Page on FairfaxNet.
- Enroll and make changes using FOCUS Employee Self Service (ESS) before midnight on October 26, 2018.

Make sure your current plans still make sense for you and your family. Visit **ALEX**, our virtual benefits counselor at www.MyALEX.com/fairfaxcounty/2019



	NEW: CIGNA OAP MyChoice CDHP with HSA		CIGNA OAP 90% Co-Insurance Plan		CIGNA OAP 80% Co-Insurance Plan		Kaiser Permanente HMO
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network - Local
Primary Care Physician (PCP)	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	\$10 PCP co-pay No Charge for Children under 5
Specialty Care	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	\$10 PCP co-pay
HSA Fund	County Fund Contribution: \$675 Individual/\$1,350 Family		Not Eligible for Fund	Not Eligible for Fund	Not Eligible for Fund	Not Eligible for Fund	Not Eligible for Fund
Annual Deductible	\$1,350 Individual \$2,700 Family	\$2,700 Individual \$5,400 Family	\$300 Individual \$600 Family	\$600 Individual \$1,200 Family	\$450 Individual \$900 Family	\$900 Individual \$1,800 Family	\$0
Annual Out-of-Pocket Limit	\$4,000 Individual \$8,000 Family	\$8,000 Individual \$16,000 Family	\$2,000 Individual \$4,000 Family	\$4,000 Individual \$8,000 Family	\$2,500 Individual \$5,000 Family	\$5,000 Individual \$10,000 Family	\$3,500 Individual \$9,400 Family
Preventive Care - All Ages	Plan Pays 100%	Through age 17: Plan pays 70% co-insurance, no plan deductible Ages 18 and above: Plan pays 70% co-insurance after deductible is met	Plan Pays 100%	Through age 17: Plan pays 70% co-insurance, no plan deductible Ages 18 and above: Plan pays 70% co-insurance after deductible is met	Plan Pays 100%	Through age 17: Plan pays 60% co-insurance, no plan deductible Ages 18 and above: Plan pays 60% co-insurance after deductible is met	No Charge
Routine Preventive Care, Immunizations, Mammogram, PAP, PSA Tests							
Inpatient Hospital Facility	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	No Charge
Outpatient Hospital Facility	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	\$10 visit
Outpatient Professional Service	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	\$10 visit
Chiropractic Care	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met. Max 12 visits per year.	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met. Max 12 visits per year.	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met. Max 12 visits per year.	\$15 co-pay; Annual limit 20 visits
Hearing Aids	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Covered in full to maximum. One hearing aid/ear every 36 months-max \$1,000
	Max benefit is \$2,800 every 36 months	Max benefit is \$2,800 every 36 months	Max benefit is \$2,800 every 36 months	Max benefit is \$2,800 every 36 months	Max benefit is \$2,800 every 36 months	Max benefit is \$2,800 every 36 months	
Emergency Room	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	\$150 per visit (co-pay waived if admitted other than observation)
Urgent Care Facility	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	\$10 visit
Mental Health & Substance Abuse Treatment (In-Patient)	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	Inpatient - covered in full when medically necessary Outpatient - \$10 individual \$5 group
Annual Prescription Drug Deductible	Medical and Prescription Drug deductible combined		\$50 Individual/\$100 Family		\$50 Individual/\$100 Family		Kaiser-Pharmacy – 30 day supply \$10 Generic \$20 Preferred Brand \$35 Non-preferred Brand Community Pharmacy – 30 day supply \$20 Generic \$40 Preferred Brand \$55 Non-Preferred Brand Mail Order – 90 day supply \$20 Generic \$40 Preferred Brand \$70 Non Preferred Brand
Annual RX Out-of-Pocket Limit	Medical and Prescription Drug limit combined		\$1,500 Individual/\$3,000 Family		\$1,500 Individual/\$3,000 Family		
NOTE: Diabetic Medications and Supplies are free for participants in all Cigna managed plans when the prescription is filled via home delivery pharmacy or at a retail pharmacy	Retail – 30 day supply \$4 co-pay Generic Preventive Drugs (deductible waived) \$4 co-pay Generic 20% Preferred Brand (max. \$50) 35% Non-preferred (max. \$100) Retail – 90 day supply Only at Cigna 90 Now Pharmacies Home Delivery – 90 day supply \$0 co-pay Generic Preventive Drugs (deductible waived) \$8 co-pay Generic 20% Preferred Brand (max. \$100) 35% Non-preferred (max. \$200)	Retail – You pay 30% after deductible Home Delivery – Not Covered	Retail – 30 day supply \$7 co-pay Generic 20% Preferred Brand (max. \$50) 30% Non-preferred (max. \$100) Retail – 90 day supply Only at Cigna 90 Now Pharmacies Home Delivery – 90 day supply \$0 co-pay Generic Maintenance Medications; \$14 co-pay Generics non-maintenance 20% Preferred Brand (max. \$100) 30% Non-preferred (max. \$200)	Retail – You pay 30% after Pharmacy deductible Home Delivery – Not Covered	Retail – 30 day supply \$7 co-pay Generic 20% Preferred Brand (max. \$50) 30% Non-preferred (max. \$100) Retail – 90 day supply Only at Cigna 90 Now Pharmacies Home Delivery – 90 day supply \$0 co-pay Generic Maintenance Medications; \$14 co-pay Generics non-maintenance 20% Preferred Brand (max. \$100) 30% Non-preferred (max. \$200)	Retail – You pay 30% after Pharmacy deductible Home Delivery – Not Covered	