

2022 Medical & Dental Premiums

	Full-Time Employees				Part-Time Employees	
	Employee Annual Premium	County Bi-Weekly Share	Employee Bi-Weekly Share	Bi-Weekly Difference from 2021*	County Bi-Weekly Share	Employee Bi-Weekly Share
OAP 90% Co-Insurance Plan, managed by CIGNA with EyeMed Vision Care Program						
Individual	\$1,709.24	\$372.53	\$65.74	\$14.32	\$186.26	\$252.00
Employee+Child(ren)	\$5,414.76	\$624.77	\$208.26	\$45.58	\$312.38	\$520.64
Employee+Spouse	\$5,974.84	\$689.51	\$229.84	\$50.36	\$344.76	\$574.60
Family	\$8,544.90	\$985.95	\$328.65	\$71.96	\$492.98	\$821.62
OAP 80% Co-Insurance Plan, managed by CIGNA with EyeMed Vision Care Program						
Individual	\$1,215.76	\$264.98	\$46.76	\$9.16	\$264.98	\$46.76
Employee+Child(ren)	\$3,852.16	\$444.48	\$148.16	\$29.00	\$222.24	\$370.40
Employee+Spouse	\$4,248.92	\$490.26	\$163.42	\$32.04	\$245.13	\$408.55
Family	\$6,077.76	\$701.29	\$233.76	\$45.78	\$350.64	\$584.41
MyChoice CDHP, managed by CIGNA with EyeMed Vision Care Program						
Individual	\$1,020.76	\$222.47	\$39.26	\$6.32	\$111.24	\$150.49
Employee+Child(ren)	\$3,234.40	\$373.20	\$124.40	\$20.02	\$186.60	\$311.00
Employee+Spouse	\$3,566.16	\$411.49	\$137.16	\$22.12	\$205.74	\$342.91
Family	\$5,102.24	\$588.73	\$196.24	\$31.61	\$294.36	\$490.61
Kaiser Permanente HMO with EyeMed Vision Care Program						
Individual	\$1,309.88	\$285.47	\$50.38	\$5.38	\$142.74	\$193.11
Employee+Child(ren)	\$4,149.86	\$478.83	\$159.61	\$16.82	\$239.41	\$399.03
Employee+Spouse	\$4,577.82	\$528.22	\$176.07	\$18.58	\$264.11	\$440.18
Family	\$6,547.84	\$755.51	\$251.84	\$26.56	\$377.76	\$629.59
Delta Dental of Virginia						
Individual	\$265.46	\$10.22	\$10.21	\$0.54	\$5.11	\$15.32
Two-Party	\$501.80	\$19.30	\$19.30	\$1.02	\$9.65	\$28.95
Family	\$826.80	\$31.81	\$31.80	\$1.68	\$15.90	\$47.71

*Premiums for plan year 2021 were deducted over 27 pay periods vs. 26 pay period deductions for plan year 2022 premiums.

Additional Premium Deduction Information

- For Plan Year 2022, payroll-deducted premiums for Health and Optional Life insurance benefits are pre-tax. Premiums for Long Term Disability and Dependent Life Insurance are post-tax. All will be withheld on a bi-weekly basis, over 26 pay periods. Deductions are based on Fairfax County Government's payroll schedule.
- For tax year 2022, payroll-deducted contributions to Flexible Spending Accounts and Health Savings Accounts will be withheld bi-weekly over 26 pay periods during the calendar year.
- Visit the [Missed Deductions Page](#) on FairfaxNet for information on missed deductions.
- 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.
- Part-Time premium for Individual coverage in the OAP 80% Co-insurance Plan has been adjusted to comply with the Affordable Care Act (ACA).



2022 Active Open Enrollment

October 18 - November 5, 2021



- While virtual education will begin earlier, Open Enrollment for Active Employees will officially begin on Monday, October 18, 2021. FOCUS ESS will not be open for changes prior to October 18, 2021.
- Open Enrollment materials will not be printed and mailed to employees. The digital Active Open Enrollment Guide and online resources will be posted on FairfaxNet.
- Beginning in October, the Benefits Team will host virtual educational sessions offering a general overview of current plan offerings, changes, and tips for a successful Open Enrollment. There will be no in-person meetings or health fairs in 2021. Plan changes and updates are highlighted in yellow on the At-A-Glance chart.
- Also in October, in-depth, plan-specific education will be hosted by our vendor partners and will be available virtually.
- Registration is not required for virtual events, and sessions are open to employees and family members. A full schedule can be found on the Benefits Page on FairfaxNet.
- Reminder:** Flexible Spending Account enrollment does not roll over. New contribution elections must be made annually.
- Reminder:** Our Open Enrollment is passive. With the exception of Flexible Spending Accounts, if you do not want to make change in your benefit enrollments, you do not need to take any action. If you do wish to contribute to a Flexible Spending Account for tax year 2022, or make any other changes to your benefit elections, enrollment changes must be made using FOCUS Employee Self-Service (ESS) before the Open Enrollment period ends on November 5th. Print or save your confirmation.
- Keep checking *NewsLink* and the Benefits Page on FairfaxNet for updates including a full schedule of events, digital materials, and additional resources.



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

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

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