



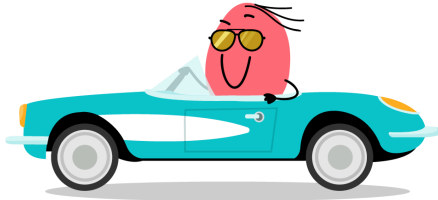
BENEFIT GUIDE

Retired Fairfax County Employees

2018 Plan Year

Open Enrollment October 2 to 27, 2017

While no one plans on getting sick or hurt, most of us need health insurance at some point and Fairfax County offers a benefits package designed to help protect you and your family from the unexpected. During this period, October 2 through October 27, 2017, benefit eligible retirees can review and rethink their healthcare selections. **Enrollment forms should only be submitted if you wish to make a change.**



Things to Know

- Open Enrollment is October 2 through October 27, 2017. Changes will go into effect January 1, 2018.
- **Do not submit a form if you are not making changes.**
- New premiums and plan changes have been implemented for 2018. Attend an Open Enrollment meeting and read materials carefully.
- Retirees interested in speaking with Cigna's onsite representative, Keisha Lewis, are advised to make an appointment. Please call (703) 324-3311 to schedule.

Important Note:

Retirees and their covered dependents who become eligible for Medicare due to age or disability are required to elect and maintain Medicare Part A and Part B at their earliest eligibility. To ensure you do not lose your county medical coverage, you should apply for Medicare three (3) months before your 65th birthday or qualified disability date.

What's New for 2018

All Plans

- Bariatric Surgery, TMJ and Infertility treatments, as well as, ABA Therapy for treatment of Autism Spectrum Disorders have been added to all Cigna plans.
- All plans will have an increase in premiums. See the back page of this guide for the information.
- *Cigna* plans have an increase in Out-of-Pocket Maximums:

	Cigna OAP 90%		Cigna OAP 80%		Cigna OAP Co-Pay	
	2017	2018	2017	2018	2017	2018
	In/Out	In/Out	In/Out	In/Out	In/Out	In/Out
Individual	\$1,500/ \$3,000	\$2,000/ \$4,000	\$2,000/ \$4,000	\$2,500/ \$5,000	\$2,000/ \$4,250	\$2,500/ \$5,250
Two-Party & Family	\$3,000/ \$6,000	\$4,000/ \$8,000	\$4,000/ \$8,000	\$5,000/ \$10,000	\$4,250/ \$8,500	\$5,000/ \$10,500

- Increased deductibles in the Cigna 90% and 80% Co-Insurance Plans.

	Cigna OAP 90%		Cigna OAP 80%	
	2017	2018	2017	2018
	In/Out	In/Out	In/Out	In/Out
Individual	\$100/\$200	\$200/\$400	\$250/\$500	\$350/\$700
Two-Party & Family	\$200/\$400	\$400/\$800	\$500/\$1,000	\$700/\$1,400

2018 Benefit Options

Medical

OAP 80% Co-Insurance Plan	OAP 90% Co-Insurance Plan	OAP Co-Pay Plan	Kaiser Permanente HMO
Fairfax County Medical Plans managed by Cigna			
Low premium cost. Co-insurance plan with annual deductible and 80% co-insurance for In-network services	Co-insurance plan with modest deductible and 90% co-insurance on In-network services. Features low Out-of-pocket maximum	Highest premium cost. Co-pay structure for In-network services; Co-insurance with annual deductible for Out-of-network services Plan closed to new entrants	Local HMO medical center based design. Co-pay structure for In-network services at centers. No Out-of-network benefits available

Group Term Life Insurance

Fairfax County Government offers reduced group term life insurance to retirees who have maintained their coverage into retirement. This coverage is provided by The Standard Insurance Company, a leading provider of both life and disability insurance across the nation. The plan provides group term life insurance (no cash value from which to borrow) and includes United Healthcare Global, a program designed to respond to most medical care situations and emergencies when traveling more than 100 miles from home.

Benefit Reductions: Coverage reduces to 65 percent of the original face value when you turn 65 or you retire, whichever comes first. It then reduces to 30 percent of the original face amount at age 70. Reductions in coverage take effect the first of the month following the reduction event. Retirees may also reduce their coverage to \$12,500 at any time; at age 80, the county pays 100% of the \$12,500 coverage.

Spouse and Dependent Life Insurance: Employees who elected and maintained spouse and dependent coverage can continue that same coverage into retirement. Two dependent life insurance options are available.

Spouse life insurance cannot exceed the amount in effect for the retiree. If a scheduled reduction decreases the retiree coverage below \$15,000, the spouse life insurance will be reduced to \$10,000.

	Spouse	Child	Rate/
Option 1 (Low)	\$10,000	\$5,000	\$2.64
Option 2 (High)	\$15,000	\$7,500	\$5.30

Have you reviewed your beneficiaries lately?

The County offers three different programs that provide survivor benefits upon the death of an employee or retiree and require a beneficiary: Life Insurance, Deferred Compensation Plan (T. Rowe Price) and the Defined Benefit Plan (your pension).
All three must be updated separately.

Now is a good time to review your beneficiaries and update them as needed.



Vision Coverage

Vision insurance, provided by Davis Vision, is included for all participants who elect coverage under the County's medical program and is included in the medical premium. The plan offers a nationwide network of more than 33,000 eye care and eyewear providers, including independent optometrists, ophthalmologists and retail providers such as Vision Works and Costco. For more information, or a listing of participating providers, log onto the FairfaxNet 2018 Open Enrollment Benefits Page or contact Davis Vision. Retirees cannot elect the Davis Vision plan without a county medical plan.



Benefits at a Glance	In-Network	Out-of-Network
Routine Eye Examination (once every 12 months)	\$15 co-pay (includes eye examination with dilation, as professionally indicated)	Covered up to \$40
Frames (once every 12 months in lieu of contact lenses)	Davis Vision Designer and Premier Collection: Covered in full. (Value up to \$225). Non-Davis Vision Collection (available at all independent and retail network providers): \$150 allowance/\$200 allowance at Vision Works	Covered up to \$50
Spectacle Lenses (once every 12 months in lieu of contact lenses)		
Single Vision	Covered in Full	Covered up to \$50
Bifocal Vision	Covered in Full	Covered up to \$75
Trifocal Vision	Covered in Full	Covered up to \$100
Lenticular Lenses	Covered in Full	Covered up to \$150
Scratch Resistant Coating	Covered in Full	Included in base lens reimbursement above
Other Lens Options	Available at discounted fixed fees	Not covered
Contact Lenses (once every 12 months in lieu of eyeglasses)		
Contact Lens Materials	One pair of standard, soft daily wear; two boxes of planned replacement lenses or four boxes of disposables covered in full if from Davis Vision Formulary. Note: Number of lenses in box varies by brand. <i>Elective contact lenses outside of Davis Vision Formulary, \$150 allowance</i>	Covered up to \$100
Contact Lens Fitting Fee with Two Follow-up Visits	Covered in full after \$20 co-pay for Formulary contact lenses	Covered up to \$40
Medically Necessary Contact Lenses (with prior approval)	Covered in full	Covered up to \$225
Additional Features		
One-Year Eyeglass Breakage Warranty	Included on all spectacle lenses, Davis Vision Collection frames and retailer supplied frames	Not included
Lens 1-2-3! ® Membership	Included	N/A
Laser Vision Correction Discount	Up to 25 percent off the provider's usual and customary fees, or a 5 percent discount on any advertised special	Not covered
Low-Vision Coverage	Included	Not included

Dental Plan



Delta Dental's national PPO and Premier Networks allow access to providers who perform a range of covered services including orthodontia. Coverage varies according to services performed. The plan also includes two programs designed to encourage good oral health. The *Prevention First* program provides preventive care and diagnostic services that do not count against your annual maximum benefit. The *Healthy Smile, Healthy You* Program provides additional dental benefits for pregnant women and participants with diabetes and certain cardiac conditions. Additional information is available on FairfaxNet or contact Delta Member Services.

Plan Benefit Design		General Plan Information		
Annual Deductible	\$50	Limit of three per family per calendar year.		
Annual Benefit Maximum	\$2,000	Per enrollee, per calendar year. Preventive care expenses do not count toward the annual benefit maximum.		
Orthodontic Lifetime Maximum	\$2,000	Per eligible covered dependent child.		
Coverage	In-Network		Out-of-Network	Benefit Limitations
	PPO	Premier		
Diagnostic and Preventive Care	100%	100%	80%	Exempt from the deductible. No benefit waiting period.
Oral exams and cleanings				Twice each calendar year.
Fluoride applications				Twice each calendar year under age 19.
Bitewing/vertical bitewing X-rays				Once each calendar year, limited to posterior teeth.
Full mouth/panelpipse X-rays				Limit of one each seven years.
Space maintainers				Under the age of 14.
Sealants				Under the age of 19, with limitations.
Healthy Smile, Healthy You ® Program				Pregnant, diabetic and members with certain high-risk cardiac conditions are entitled to an additional cleaning and exam.
Basic Dental Care	90%	80%	80%	Deductible Applies. No benefit waiting period.
Amalgam (silver) and composite				Retreatment only after two years from initial treatment.
Stainless steel crowns				Limited to primary (baby) teeth for participants under age 14.
Denture repair and re-cementation of crowns, bridges and dentures				Cost limited to 1/2 the allowance of a new denture or prosthesis.
Simple extractions				
Other Basic Dental Care	60%	50%	50%	Deductible applies. No benefit waiting period.
Oral surgery				Impactions and other surgical procedures.
Endontic services/root canal therapy				Repeat treatment only after two years from initial root canal therapy treatment.
Periodontics services (scaling and root planing, soft tissue and bony surgery, including grafts.)				Limitations of two to three years apply based on services rendered.
Major Dental Care	60%	50%	50%	Deductible applies. No benefit waiting period.
Prosthodontics				Once every seven years, subject to age, other limitations.
Crowns				Once per tooth every seven years, subject to age, other limitations.
Implants				Subject to limitations.
TMJ non-surgical mouth guards				Subject to limitations.
Orthodontic Benefits	50%	50%	35%	Deductible applies. Only for dependents under 19.

Additional Coverage Information

Deferred Compensation

Retirees cannot continue to contribute to the program; however, the plan provides a number of features that help retirees manage their accounts to provide additional income. A wide range of investment options are available — each with a differing level of risk, returns and fees. Plan design features also include financial planning services and self-directed brokerage arrangements. For more information, see the Benefits Page on FairfaxNet or contact the on-site T. Rowe Price representative at 703-324-4995.

Continuous Coverage Requirement

The County requires retirees to have continuous coverage in Fairfax County Government (FCG) Life, Health and/or dental plans. After retirement, if you lose coverage, for any reason, there is no opportunity to re-elect coverage at a later date.

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

Changing Coverage

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

Moving Out of the Area

Fairfax County Government (FCG) understands that after your years of service to the County you may wish to spend your retirement elsewhere. All of the plans offered by FCG, with the exception of Kaiser Permanente, are nationwide. If you are covered by Kaiser Permanente and you move outside of their plan's service area, you must contact the Department of Human Resources and elect a new plan for which you are eligible. ***This action must be taken within 30 calendar days of your move out of Kaiser Permanente's service area.***

Coverage for Surviving Spouses

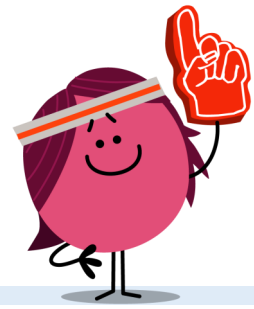
Surviving Spouses of deceased retirees may continue health and/or dental insurance coverage until they remarry. Surviving children may continue their coverage until they become ineligible because of age. If a retiree or dependent with coverage dies, please contact the Retirement Systems Office as soon as possible so that premiums can be adjusted.

Health Insurance Orders

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

	CIGNA OAP Co-Pay Plan		CIGNA OAP 90%
	In Network - National	Out of Network	In Network - National
Primary Care Physician (PCP)	\$25 PCP co-pay; then Plan pays 100%	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
Specialty Care	\$50 Specialist co-pay; then Plan pays 100%	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
Annual Deductible	\$0	\$250 Individual \$500 Family	\$200 Individual \$400 Family
Annual Out-of-Pocket Limit	\$2,500 Individual \$5,000 Family	\$5,250 Individual \$10,500 Family	\$2,000 Individual \$4,000 Family
Preventive Care – All Ages Routine Preventive Care Immunizations Mammogram, PAP, PSA Tests	Plan Pays 100%	Through age 17: Plan pays 70% co-insurance, no plan deductible Ages 18 and above: Plan pays 70% co-insurance after plan deductible is met	Plan Pays 100%
Inpatient Hospital Facility	\$200 per admission co-pay, then Plan pays 100% co-insurance	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
Outpatient Facility Services	\$50 per facility visit co-pay, then Plan pays 100% co-insurance	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
Outpatient Professional Services	Plan pays 100% co-insurance	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
Chiropractic Care	\$20 per visit co-pay; then Plan pays 100%	Plan pays 70% co-insurance after plan deductible is met. Maximum 12 visits per year	Plan pays 90% co-insurance after plan deductible is met
Hearing Aids	Plan pays 100% Maximum benefit is \$2,800 every 36 months	Plan pays 100% Maximum benefit is \$2,800 every 36 months	Plan pays 90% co-insurance no deductible Maximum benefit is \$2,800 every 36 months
Vision Therapy	Plan pays 100%	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
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%	\$150 per visit (co-pay waived if admitted); then Plan pays 100%
Urgent Care Facility	\$50 per visit (co-pay waived if admitted); then plan pays 100%	\$50 per visit (co-pay waived if admitted); then Plan pays 100%	\$50 per visit (co-pay waived if admitted); then Plan pays 100%
TMJ, Surgical and Non-Surgical	\$25 PCP or \$50 Specialist co-pay; then Plan pays 100%	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% 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	Plan pays 90% co-insurance after plan deductible is met
Annual Prescription Drug Deductible	\$50 Individual Deductible \$100 Family Deductible		
Annual Prescription Drug 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) 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 Home Delivery – Not Covered	Retail – 30 day supply \$7 co-pay Generic 20% Preferred Brand (max. \$50) 30% Non-preferred (max. \$100) 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)
	This plan is closed to new entrants		

Co-Insurance Plan	CIGNA OAP 80% Co-Insurance Plan		Kaiser Permanente
Out of Network	In-Network - National	Out of Network	In-Network Only - Local
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
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
\$400 Individual \$800 Family	\$350 Individual \$700 Family	\$700 Individual \$1,400 Family	\$0
\$4,000 Individual \$8,000 Family	\$2,500 Individual \$5,000 Family	\$5,000 Individual \$10,000 Family	\$3,500 Individual \$9,400 Family
Through age 17: Plan pays 70% co-insurance, no plan deductible Ages 18 and above: Plan pays 70% co-insurance after plan 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 plan deductible is met	No Charge
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
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
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
Plan pays 70% co-insurance after plan deductible is met. Maximum 12 visits per year	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met. Maximum 12 visits per year	\$15 co-pay; Annual limit 20 visits
Plan pays 90% co-insurance no deductible Maximum benefit is \$2,800 every 36 months	Plan pays 80% co-insurance no deductible Maximum benefit is \$2,800 every 36 months	Plan pays 80% co-insurance no deductible Maximum benefit is \$2,800 every 36 months	Covered in full to maximum. One hearing aid/ear every 36 months – maximum \$1,000
Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after deductible is met	Plan pays 60% co-insurance after plan deductible is met	
\$150 per visit (co-pay waived if admitted); then Plan pays 100%	\$150 per visit (co-pay waived if admitted); then Plan pays 100%	\$150 per visit (co-pay waived if admitted); then Plan pays 100%	\$150 per visit (co-pay waived if admitted other than for observation)
\$50 per visit (co-pay waived if admitted); then Plan pays 100%	\$50 per visit (co-pay waived if admitted); then Plan pays 100%	\$50 per visit (co-pay waived if admitted); then Plan pays 100%	\$10 visit
Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance	Plan pays 60% co-insurance	Not Covered
Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after deductible is met	Plan pays 60% co-insurance after plan deductible is met	Inpatient – covered in full when medically necessary Outpatient - \$10 Individual visit, \$5 Group
\$50 Individual Deductible \$100 Family Deductible			\$0
\$1,500 Individual \$3,000 Family			\$0
Retail – You pay 30% after Pharmacy Home Delivery – Not Covered	Retail – 30 day supply \$7 co-pay Generic 20% Preferred Brand (max. \$50) 30% Non-preferred (max. \$100) 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 Home Delivery – Not Covered	Kaiser Pharmacy – 30 day supply \$10 Generic \$20 Preferred brand drugs \$35 Non-preferred brand drugs Community Pharmacy – 30 day Supply \$20 Generic \$40 Preferred brand drugs \$55 Non-preferred brand drugs Mail Order – 90 day supply \$20 Generic \$40 Preferred brand drugs \$70 Non-preferred brand drugs



LiveWell with Fairfax County

Work hard. Play hard. Live well. Fairfax County's LiveWell program is here to help you and your family stay well during the work day, and beyond! Staying healthy doesn't have to be boring. Small steps lead to big rewards—physically, mentally, and financially. Check out all that LiveWell has to offer!

Questions? Email LiveWell@fairfaxcounty.gov.

Join a LiveWell Program

- Employee Fitness & Wellness Center
- Fairfax County RECreation Center Discounts
- Workshops and Webinars
- Weight Watchers Discounts: Online, on-site, and community meetings



Benefit Spotlight: Employee Fitness & Wellness Center

The Employee Fitness and Wellness Center offers a variety of strength and cardio equipment, over 20 group fitness classes per week, personal training, and fully equipped locker rooms, at great prices.

Call 703-324-5590 to learn more.

Attend a Special Event

- Flu Shot Clinics
- Health Fairs
- Wellness Expos
- Work-Out of the Darkness



Earn Rewards

MotivateMe gives eligible retirees enrolled in any of the County's medical plans the opportunity to earn up to \$200 per year for making healthy choices—seeing your doctor, getting a vision exam and dental check up, participating in LiveWell workshops, and more! Retirees receive rewards through their retirement check in February of the following year. Little things add up to big rewards!

Benefit Tip: Your annual preventive exam is required before you are credited with any rewards. Get yours early in the year to ensure all your rewards are earned and reported before the end of the year! Did you get your *Wellness Visit* through Medicare? That counts too. Submit documentation of your exam to the LiveWell/ Benefits Division.

MotivateMe



Let's Get Started!

- 1) Complete your annual preventive physical exam with your primary care physician. This step earns you \$100 in rewards and then allows you to earn other rewards throughout the year.
- 2) Activities will be tracked and logged through your health plan website. CIGNA members can track their points through mycigna.com. Kaiser members can track through kp.org/engage. Items marked with an * below must be self-reported to receive credit. You can track your activities as you go but you will not see credit for those activities until your Annual Physical has been processed and recorded to the program.

Goal Type	Description	Award Type	Amount
Complete your annual physical (preventive exam)	A preventive exam including lab work that's used to reinforce good health, and address potential or chronic programs. <i>Credit will not be visible or credited until claim has been processed</i>	Required One per Year	\$100
Complete a Health Assessment	A confidential questionnaire that asks about your health and well-being and provides a personalized report on your health status.	One per year	\$25
Complete Online Health Coaching: My Health Assistant Program	<u>Online Health Coaching Program topics:</u> Improve your Nutrition Exercise for Better Health Maintain a Positive Mood Work towards a Healthier Weight Manage our Stress Quit Tobacco – Six Month Program	Two per year	\$10
Telephonic Health Coaching	<u>Reach your health goals with a telephonic health coach:</u> Make progress towards a personal health goal Get help improving my lifestyle habits – Tobacco Get help improving my lifestyle habits – Weight Get help improving my lifestyle habits – Stress	Two per year	\$10
Get a Dental Exam*	Visit your dentist at least once (but we recommend twice) this year for your dental/oral examination.	Two per year	\$5
Get your annual vision screening* (preventive exam)	Visit your eye doctor for an annual vision exam.	One per year	\$5
Participate in a Wellness Workshop*	When participating in a LiveWell sponsored workshop you'll earn an award. This includes live, on-site, one-time or multi-week workshops.	Two per year	\$10
Attend a LiveWell Sponsored Webinar*	Throughout the year you'll be invited to attend an assortment of live, LiveWell sponsored webinars.	Three per year	\$10

Medicare and More

Retirees Eligible for Medicare

Retirees who become eligible for Medicare, due to age or disability, are required to apply for and maintain Medicare Part A and Part B at their earliest eligibility and submit a copy of their Medicare card to the Benefits Division to continue their coverage under the County's health plan.

It is recommended that you apply for Medicare at the earliest opportunity, 90 days before your eligible birth month or qualified disability date, to ensure your coverage is in effect on time. Retirees are not required to elect Medicare Part D. **Retirees who do not maintain Medicare Part A and Part B coverage will not be eligible for county medical coverage.**

Coordination with Medicare

Retirees who become eligible for Medicare due to age or disability are required to apply for and maintain Medicare Part A and Part B as soon as they are eligible. It is recommended that you apply for Medicare at the earliest opportunity (90 days before your eligible birth month, or qualified disability date to ensure your coverage is in effect on time.) If you have Medicare and coverage through one of the county's plans, each type of coverage is called a "payer." When there is more than one potential payer, there are coordination of benefits rules to decide who pays first. The first or "primary payer" pays what it owes on your bills first and then sends the rest to the second or "secondary payer." In some cases, there may also be a third payer.

Important Notes

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

Whether Medicare pays first depends on a number of things, including the situations listed in the following chart. However, please keep in mind that this chart doesn't cover every situation.

If...

Who Pays First

You have retiree insurance (insurance from former employment)	Medicare pays first.
You're 65 or older, have group health coverage through your or your spouse's current employer, and the employer has 20 or more employees	Your group health plan pays first.
You're 65 or older, have group health coverage through your or your spouse's current employer, and the employer has less than 20 employees	Medicare pays first.
You're under 65, disabled, have group health coverage through your or your spouse's current employer, and the employer has 100 or more employees	Your group health plan pays first.
You're under 65, disabled, have group health coverage through your or your spouse's current employer, and the employer has 100 or less employees	Medicare pays first.
You have Medicare because of End-Stage Renal Disease (ESRD) - permanent kidney failure requiring dialysis or a kidney transplant	Your group health plan pays first.

Contact Information

Contacts	Vendor	Phone	Web
Benefits/HR Central		703-324-3311	HRCentral@fairfaxcounty.gov
Cigna: OAP Plans	Cigna	800-244-6224	www.mycigna.com
Keisha Lewis	On-Site Rep	703-324-2446	keisha.lewis@cigna.com
Cigna HealthSpring	800-558-9562	Monday through Friday, 8 a.m. to 8 p.m.	
Kaiser HMO	Kaiser Permanente	301-468-6000	www.kaiserpermanente.org
Dental	Delta Dental of Virginia	800-237-6060	www.deltadentalva.com
Vision	Davis Vision	800-208-2112	www.davisvision.com, (client control code 4443)
Group Life/LTD	The Standard	703-324-3351	lonna.owens@standard.com
Deferred Compensation	T. Rowe Price	888-457-5770	www.rps.troweprice.com
Marie Canterbury	On-Site Rep	703-324-4995	Fairfax457@TRowePrice.com
Medicare	Medicare	800-633-4227	www.medicare.gov

Secondary, Supplemental, Gap and Advantage

- Once you are enrolled in Medicare, your county medical benefits become secondary. **Secondary Insurance** covers some items Medicare does not and can help offset the costs of some services but does not eliminate all out-of-pocket costs. **You will always be responsible for your co-pays, co-insurances and deductibles.** (See Coordination with Medicare on Page 10.)
- Medicare Advantage** plans are private insurance plans that contract with Medicare to provide benefits. Many offer extra coverage like vision, hearing or dental. This style plan is **not** offered by Fairfax County Government.
- Medigap or Medicare Supplemental Plans** are extra health insurance plans that help cover the out-of-pocket costs not covered by Medicare. The county's retiree medical plan is **not** a Medigap or Medicare Supplemental plan.

Retiree Subsidies

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

Employees who retired prior to July 1, 2003, are eligible for the greater of the amounts shown in the table and an amount calculated based on the subsidy structure that was in place prior to July 2003.

Monthly Subsidy for Retirees Ages 55+

Years of Service at Retirement	Subsidy Amount
5 - 9	\$40
10 - 14	\$75
15 - 19	\$165
20 - 24	\$200
25 or more*	\$230
*Also includes retirees of any age who are approved for a service-connected disability retirement and covered under a county health plan and police officers who retired with un-reduced benefits after 20 years of service.	



2018 Health, Vision and Dental Premiums for Retirees

Open Enrollment : October 2 - 27, 2017

\$\$\$Cigna OAP Co-Pay Plan (Plan Closed to New Entrants)	Total Monthly Premium Cost (w/out Subsidy)
Individual	\$871.33
Individual with Medicare	\$600.99
2 Individuals	\$1,699.11
2 Individuals - 1 w/Medicare; 1 w/o	\$1,464.56
2 Individuals with Medicare	\$1,188.26
Family	\$2,535.37
Family - 1 Medicare	\$2,388.32
Family - 2 Medicare	\$2,225.96
Family - 3 Medicare	\$2063.61
Cigna OAP 90% Coinsurance Plan	
Individual	\$715.02
Individual with Medicare	\$499.73
2 Individuals	\$1,405.27
2 Individuals - 1 w/Medicare; 1 w/o	\$1,215.58
2 Individuals with Medicare	\$999.48
Family	\$2,066.62
Family - 1 Medicare	\$1,928.50
Family - 2 Medicare	\$1,788.29
Family - 3 Medicare	\$1,648.09
Cigna OAP 80% Coinsurance Plan	
Individual	\$499.81
Individual with Medicare	\$345.91
2 Individuals	\$974.66
2 Individuals - 1 w/Medicare; 1 w/o	\$842.87
2 Individuals with Medicare	\$684.26
Family	\$1,454.47
Family - 1 Medicare	\$1,359.88
Family - 2 Medicare	\$1,252.19
Family - 3 Medicare	\$1,144.48
Kaiser Permanente HMO	
Individual	\$604.85
Individual with Medicare	\$308.10
2 Individuals	\$1,178.78
2 Individuals - 1 w/Medicare; 1 w/o	\$912.04
2 Individuals with Medicare	\$615.29
Family	\$1,753.61
Family - 1 Medicare	\$1,486.88
Family - 2 Medicare	\$1,220.14
Family - 3 Medicare	\$923.39
Delta Dental PPO	
Individual	\$41.46
2 Individuals	\$78.32
Family	\$129.08



To request this information in an alternate format, call 703-324-3311, TTY 711

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