



Retiree Benefits Handbook Plan Year 2024



Table of Contents

Important Information for the Year You Retire	1
Medical and Dental Coverage	1
Flexible Spending Accounts (FSA)	1
Long-Term Disability	2
Leave Benefits	2
Your Retirement Checks	2
457(b) & 403(b) Retirement Savings Plans	3
Health Care Benefits in Retirement	4
Eligibility	4
Changing Your Health Benefits	5
Cancelling or Re-entering the Plan	5
Status Changes or Qualifying Events	6
Medical Plan Subsidies	7
Medical and Pharmacy Benefits for Retirees and Dependents	9
Impact of Medicare Eligibility on FCPS Coverage	10
Becoming Eligible for Medicare	11
Medical and Pharmacy Benefits for Medicare-Eligible Participants	12
Dental Plans	14
Life Insurance for Retirees	15
Legislation Applicable to FCPS Health Plans	17
Glossary	23

This handbook is not intended to be a comprehensive reference and should be reviewed in conjunction with other FCPS benefits materials. In the event of any conflict between official benefit plan documents, benefit contracts, and this handbook, the official information will govern. FCPS reserves the right to modify and/or discontinue any of these plans.

Request for Accommodations: If you require an accommodation based on a qualified disability, please contact the Office of Equity & Employee Relations at least seven business days in advance of the event. Equity & Employee Relations is at 571-423-3070. Cancellation of sign language interpreters must be made at least three (3) days prior to the event.

Your Benefits Contacts

HEALTH CARE PLANS			
Aetna Dental (DPPO and DNO)	www.ih-aetna.com/fcps	877-238-6200	8 am–6 pm M–F
Non-Medicare eligible Retirees/Dependents:			
Cigna Open Access Plus (OAP)	www.cigna.com/fcps	877-501-7992	Available 24/7
CVS Caremark <i>Prescription drug plan for Cigna OAP members</i>	https://info.caremark.com/oe/fcps	888-217-4161	Available 24/7
Kaiser Permanente HMO	www.my.kp.org/fcps	800-777-7902	7:30 am–5:30 pm M–F
Medicare-eligible Retirees/Dependents:			
Aetna Medicare Advantage	www.fcps.aetnamedicare.com	855-524-6027	8 am–6 pm M–F
SilverScript <i>Prescription drug plan for Aetna Medicare Advantage members</i>	https://info.caremark.com/oe/fcps	877-321-2597	Available 24/7
Kaiser Medicare Advantage	www.my.kp.org/fcps/	888-777-5536	8 am–8 pm M–F
RETIREMENT OFFICES			
Educational Employees' Supplementary Retirement System of Fairfax County (ERFC)	www.fcps.edu , search "ERFC"	703-426-3900 844-758-3793	8 am–4:30 pm M–F
Virginia Retirement System (VRS)	www.varetire.org	888-827-3847 (VA-RETIR)	8:30 am–4 pm M–F
Fairfax County Employees' Retirement System (FCERS)	www.fairfaxcounty.gov/retirement/schools	703-279-8200 800-333-1633	8 am–4:30 pm M–F
457(b) & 403(b) RETIREMENT SAVINGS PLANS			
EMPOWER Retirement (457b/403b Plan)	www.fcps.empower-retirement.com	877-449-FCPS (3277)	9 am–8 pm M–F
Corebridge Financial (403b Plan)	www.corebridgefinancial.com/rs/fcps	800-445-7862	9 am–8 pm M–F
LIFE INSURANCE			
VRS Members – Securian Financial	www.varetire.org	800-441-2258	8:30 am–4 pm M–F
FCERS Members – MetLife	www.fcps.edu , search "Life Insurance"	866-492-6983	8 am–11 pm M–F
FEDERAL GOVERNMENT RESOURCES			
Centers for Medicare and Medicaid Services	www.cms.hhs.gov	800-Medicare (800-633-4227)	7 am–7 pm M–F
Social Security Administration	www.ssa.gov	800-772-1213	7 am–7 pm M–F
FCPS RESOURCES			
Office of Benefit Services	FCPS StaffConnect	571-423-3200, option 3	8 am–4:30 pm M–F
Human Resources (HR) Client Services	FCPS StaffConnect	571-423-3000 800-831-4331, extension 3000	8 am–4:30 pm M–F

Important Reminders for the Year You Retire

Medical and Dental Coverage

At the end of your career, FCPS provides eligible retirees a valuable benefit in the ability to retain coverage at retirement. Your ability to retain coverage can vary based on several factors including your date of employment or retirement. It's important to meet with your retirement counselor prior to retirement to discuss your eligibility to retain benefits upon retirement.

Generally speaking, your health care insurance coverage will continue in the active employee group:

- Through the end of August if your last day of employment is in June, July, or August.
- Through the last month of employment if you retire in any other month.

FCPS requires retirees and spouses/covered dependents who are eligible for Medicare to elect and maintain Medicare Parts A and B in order to maintain health coverage under an FCPS medical plan. This applies to retirees and spouses who will be turning age 65 as well as retirees, spouses, or covered dependents who are eligible for Medicare due to disability.

Premium Payment

As a retiree, you are responsible for the full premium (minus any FCPS subsidies) if you continue to participate in an FCPS health plan. When possible, FCPS deducts your health plan premiums from your ERFC or FCERS monthly pension payment. If your annuity is insufficient from which to deduct all medical and dental premiums, you will submit premium payments to OptumHealth Financial Services, Inc. ("Optum"). Optum will provide information on how and when to submit premium payments. You can choose to submit payments via automated clearing house (ACH) deduction, by check or by credit/debit card. View the [Retiree Premium Chart](#) on the FCPS website for current premium and subsidy amounts.

Address Changes

You must keep your address updated with ERFC/VRS and/or FCERS in order to receive mailings from the Office of Benefit Services after you retire. Contact information for both retirement agencies is on the "Your Benefits Contacts" page in this Handbook (page ii). If you no longer receive retirement benefits from one of those systems and you retained health insurance with FCPS, you must notify the Office of Benefit Services of any change in address.

Flexible Spending Accounts (FSA) at Retirement

If you participated in the FSA program, your FSA benefit plan(s) will end on the same schedule as your health insurance (see Medical and Dental Coverage section above). For expenses incurred in plan year 2024, you have until March 31, 2025, to submit claims for eligible expenses. Remember that FSA claims must be incurred before your date of retirement. Rollover provisions do not apply once retired.

Important Reminders for the Year You Retire (continued)

Long-Term Disability

Your eligibility for long-term disability benefits generally ends upon your retirement. However, if you are currently collecting a long-term disability benefit (LTD), contact MetLife to determine how your retirement benefit will impact your LTD benefit.

Leave Benefits

Annual Leave

The Office of Payroll Management automatically pays all funds due to you for unused annual leave approximately one to two pay periods after your last regular paycheck (typically applies only to 12-month employees).

Sick Leave

ERFC Legacy Plan & FCERS—Any unused sick leave accrued through your retirement date is applied as additional retirement service credit if you are a *vested* member of the *ERFC Legacy* plan or FCERS. No monetary payout occurs for unused sick leave.

ERFC 2001—Sick leave conversion does not apply to members of *ERFC 2001* (employees who were hired on or after July 1, 2001). *ERFC 2001* members do not receive service credit, nor do they receive a monetary payout for unused sick leave.

VRS-Only Members (Not Enrolled in ERFC)—VRS-only members do not receive additional service credit for unused sick leave. Instead, you are eligible for a sick leave payout at a rate of \$1.25 per hour of unused sick leave.



Your Retirement Checks

VRS, ERFC, and FCERS require you to sign up for direct deposit of your retirement benefits. Be sure to contact your retirement plan(s) if you change banks or account numbers.

Your retirement counselor will work with you in determining your retirement date and date of first payment. It is critical to supply your retirement office with all required documents to ensure your payments begin timely.

Retirement Office Contact Information

ERFC/VRS Members <i>(Full-time teachers, administrators, and operational staff)</i>	FCERS Members <i>(typically skilled trades workers, bus drivers, food service workers, custodians, and part-time instructional staff)</i>
Educational Employees' Supplementary Retirement System of Fairfax County (ERFC) <ul style="list-style-type: none">• www.fcps.edu, search "ERFC"• Email ERFCRetirement@fcps.edu• Call 703-426-3900, or 844-758-3793• Hours: 8 a.m. – 4:30 p.m., M – F	Fairfax County Employees' Retirement System (FCERS) <ul style="list-style-type: none">• www.fairfaxcounty.gov/retirement/schools• Email retirementquestions@fairfaxcounty.gov• Call 703-279-8200, or 800-333-1633• Hours: 8 a.m. – 4:30 p.m., M – F
Virginia Retirement System (VRS) <ul style="list-style-type: none">• www.varetire.org• Email member-info@varetire.org• Call 888-827-3847• Hours: 8:30 a.m. – 4 p.m., M – F	

Important Reminders for the Year You Retire (continued)

Tax-Deferred Retirement Savings Plans: 457(b) and 403(b)

When Contributions End

Contributions to the 403(b), 457(b), and Hybrid 457 plan end upon resignation or retirement. If you are considering re-employment with FCPS, please be aware of the following:

- Temporary, hourly employees are eligible to contribute to the 403(b) plan through payroll deduction. However, this is not an option for the 457(b) plan.
- **If you are retired and re-employ in a temporary hourly position, such as a substitute teacher, you may not be eligible to initiate a distribution, such as a rollover or cash withdrawal, from your FCPS 403(b) or 457(b) plan.** Because you are an active employee, various tax laws prohibit distributions from these plans, except when certain criteria are met.

Accessing Your Funds

- Contact your 403(b) and/or 457(b) investment provider for distribution options on your account. Vendor contact information can be found on the [FCPS website](#) (search keyword "403" or "457")
- If you are a 12-month employee and receive an annual leave payout, your tax-deferred contribution(s) will automatically be deducted from that payment unless you stop your contribution(s) prior to that payout.
- Federal tax law generally requires that plan participants receive an annual required minimum distribution (RMD) no later than April 1 of the year following the year you turn age 70½ or, in the year you retire from FCPS, whichever is later.

403(b) Distributions

TSA Consulting Group (TSACG) is the 403(b) third-party administrator for FCPS and serves as the clearinghouse for all 403(b) transactions. TSACG is responsible for evaluating and authorizing distribution and withdrawal transactions (to include cash withdrawals, rollovers, loans, and hardship withdrawals). You will initiate all distribution transactions through TSACG.

You may request distributions by completing the necessary forms obtained from your investment provider, attaching them to a Transaction Routing Request form, and submitting all completed documents to TSACG for evaluation and authorization. The Transaction Routing Request form can be found on the [TSACG website](#).

457(b) Distributions

You should contact EMPOWER Retirement for distribution information at 877-449-FCPS (3277) or on the [EMPOWER website](#).

Hybrid 457 Distributions

ICMA-RC is the Hybrid 457 third-party administrator for VRS. To request a distribution, you must submit the appropriate distribution form to ICMA-RC by mail or by fax. The form can be found on the [VRS website](#) under "Forms". A separate form is required for distributions from both the Hybrid 457 Deferred Compensation Plan and the Hybrid 401(a) Cash Match Plan. For more information on requesting a distribution, contact ICMA-RC toll-free at 877-327-5261, select Option 1, and ask to speak with an Investor Services Representative.

Health Care Benefits in Retirement

Eligibility

In order to retain FCPS health coverage as a retiree, you must first meet the following enrollment/tenure requirements:

Date of Hire/Retirement	Enrollment or Tenure Requirement
Retired prior to 1/1/19	Individuals who were covered by an FCPS medical or dental plan (or the DHO plan) at the time of retirement have met the enrollment/tenure requirement.
Actively employed as of 12/31/18	Covered for 60 or more continuous months at the time of retirement -or- Employed with FCPS for 15 or more years in a benefits eligible position at time of retirement
Hired on or after 1/1/19	Employed with FCPS for 15 or more years in a benefits eligible position at time of retirement

In addition to the above eligibility criteria, a retiree must meet the following eligibility requirements in order to retain health and/or dental coverage in retirement:

- Be covered by the FCPS health and/or dental plan immediately prior to retirement
 - For example, if you are retiring on July 1, 2024, you must be covered under the FCPS medical and dental plan on June 30, 2024.
 - If you are covered only under the medical plan, you are not eligible to retain dental coverage.
- Elect Medicare Parts A and B when first eligible. For most retirees that occurs at age 65 but may occur earlier due to disability.
- Meet the definition of 'retiree' (transition from active status to immediately drawing a pension check from one of the FCPS sponsored pension plans).

If you would like more information regarding retiree health eligibility, review the [Frequently Asked Questions about Retiree Health Eligibility](#) on the FCPS website.



Retiree Services

Have a question?

You can get your answer three ways:

1. Submit a ticket through [FCPS StaffConnect](#)
2. Visit us online at www.fcps.edu, search "Retirees".
3. Call HR Client Services at 571-423-3000 or 800-831-4331, ext. 8172.

Health Care Benefits in Retirement (continued)

Changing Your Health Benefits

If you retained health benefits as a retiree, you may add eligible dependents or change plans during open enrollment (usually held in the fall of each year) or if you experience a status change/qualifying event (see page 6). Changes made during open enrollment take effect January 1 of the following year.

As a retiree, you may cancel your health benefits or remove a dependent at any time. In most cases, the change will not take effect until the first of the month after the Office of Benefit Services receives your form.

Cancelling or Re-entering the FCPS Plan During Retirement

You will have one (1) opportunity to re-enter the plan provided you meet the re-entry right criteria shown below.

Re-entry Rights (Effective January 1, 2019)
<p>A covered retiree may drop FCPS coverage and re-enter the plan at a later date if <u>all</u> of the following criteria are met:</p> <ul style="list-style-type: none">• Enrolled in an FCPS medical and/or dental plan as of 12/31/18 (or at time of retirement, if after that date); <u>and</u>• Meets age/tenure requirements; <u>and</u>• Eligible for Medicare. If the retiree will also be covering dependents, all dependents must be eligible for Medicare; <u>and</u>• Applies for coverage within 30 days of a qualifying event or during Open Enrollment, <u>and</u>• Provides proof of other health/dental coverage for the preceding 12 consecutive months. <p>Retirees have only 1 re-entry right to the plan.</p>

If you meet the eligibility criteria to retain medical and/or dental coverage as a retiree and choose to cancel our coverage (either at time of retirement or after retirement), you may only re-enter the type of coverage (i.e. medical or dental) that was in effect at the time coverage was dropped.

Status Changes or Qualifying Events

You must notify the Office of Benefit Services within **30 calendar days** of a status change or qualifying event that affects you or your dependent(s) eligibility for coverage.

If you have a qualifying event and wish to change coverage, you must inform the Office of Benefit Services by completing and submitting the [Retiree Enrollment & Change Form \(HR-461\)](#), which is available on the FCPS website. Go to www.fcps.edu, search keyword “Retirees”; or call the FCPS Office of Benefit Services at 571-423-3200, option 3.

If you are requesting to add a dependent, you must also provide the required documentation demonstrating the dependent is eligible for coverage and the change in eligibility.

If you fail to notify FCPS within 30 calendar days, you may not add the dependent until Open Enrollment.

Additional documentation required to make changes to your benefits may include:

- Divorce decree (typically first and last pages)
- If adding your spouse/dependent children, letter from your spouse’s or dependent’s HR Department or insurance plan documenting a significant cost change or change in eligibility
- Court order requiring you to cover a child or an order requiring someone else to provide coverage for your dependent
- Copy of your Medicare card or Medicare/ Medicaid letter showing effective dates of coverage

Required Notification

You must notify the Office of Benefit Services within **30 calendar days** of the following qualifying events:

- You, your covered spouse, or covered dependent(s) becomes eligible for Medicare.
- You receive benefits as a surviving spouse and you remarry.
- You divorce.
- Your spouse or dependent dies.
- Loss of coverage for retirees with re-entry rights.

If you fail to notify the Office of Benefit Services by filing the appropriate forms, you may be responsible for any claims and/or premiums paid on behalf of any individual who ceased to be eligible for benefits under the policy.

Health Care Benefits in Retirement (continued)

Medical Plan Subsidies

If you are eligible and elect to continue FCPS medical coverage into retirement, FCPS pays a subsidy toward the cost of your medical coverage if you are age 55 or older (or if approved for disability retirement). This subsidy reduces the premium amount you pay for your FCPS medical coverage.

Educational Employees' Supplementary Retirement System

If you are a member of ERFC and age 55 or older, FCPS provides a \$100 per month subsidy toward your medical premium. The subsidy does not apply to dependent coverage nor to dental benefits. If you are under the age of 55 and receive disability retirement benefits, you also may receive the subsidy. FCPS applies the subsidy on the first day of the month following the month in which you turn age 55. The FCPS medical subsidy ends upon your death and does not transfer to surviving dependents.

Virginia Retirement System

VRS provides a monthly health credit to retirees with at least 15 years of service. You do not have to be enrolled in an FCPS health plan to receive this reimbursement. The Virginia General Assembly sets the subsidy amount (currently \$4 per year of VRS service). The VRS credit ends upon your death and does not transfer to any surviving dependents.

To receive the credit, you must complete a *Request for Health Insurance Credit* form (VRS-45) and submit it to VRS. The health insurance credit amount is reflected in your monthly VRS benefit and is not subject to federal or state taxes.



Surviving Spouse

If you are the surviving spouse of an FCPS employee, your eligibility to continue coverage under the FCPS plan will end upon remarriage. You must notify FCPS within 30 calendar days of the date you remarry.

VRS Years of Service	Monthly Health Credit
15	\$ 60
16	\$ 64
17	\$ 68
18	\$ 72
19	\$ 76
20	\$ 80
21	\$ 84
22	\$ 88
23	\$ 92
24	\$ 96
25	\$ 100
26	\$ 104
27	\$ 108
28	\$ 112
29	\$ 116
30	\$ 120
31	\$ 124
32	\$ 128
33	\$ 132
34	\$ 136
35	\$ 140

Health Care Benefits in Retirement (continued)

Fairfax County Employees' Retirement System

FCPS provides a subsidy to FCERS members based on years of service. FCPS applies the subsidy for FCERS retirees when you turn age 55. The FCPS subsidy ends upon your death and does not transfer to surviving dependents.

If you retired from FCERS *before* July 1, 2004, and you participated in an FCPS medical plan before that date, you receive at least \$100 per month in subsidy.

If you retired from FCERS on or *after* July 1, 2004, or if you enrolled in an FCPS medical plan on or after July 1, 2004, FCPS provides a subsidy based on your years of service according to the following schedule:

FCERS Subsidy (Retired and enrolled before July 1, 2004)		
Years of Service	Under Age 65	Age 65 & Over (Medicare)
Less than 15	\$100	\$100
15–19	\$125	\$100
20–24	\$150	\$150
25 or more	\$175	\$175

FCERS Subsidy (Retired or enrolled on or after July 1, 2004)		
Years of Service	Under Age 65	Age 65 & Over (Medicare)
5–9	\$ 25	\$ 15
10–14	\$ 50	\$ 25
15–19	\$125	\$100
20–24	\$150	\$150
25 or more	\$175	\$175

Health Care Benefits in Retirement (continued)

Medical and Pharmacy Benefits for Retirees and Dependents

Non-Medicare Eligible Retirees/Dependents

If you and your covered dependents are not yet eligible for Medicare, you may choose from three medical plans that include prescription and vision benefits:

- Cigna Open Access Plus (OAP) Plan
- Kaiser Permanente Signature HMO*
**Retirees who wish to enroll in Kaiser Permanente must reside within the plan's service area.*

These plans are the same plans available to active employees. See the [Employee Benefits Handbook](#) or the plan's *Summary Plan Description*, which describes the provisions and features of the plan, including levels of coverage, employee rights, and appeals procedures.

Cigna OAP Plan members continue to have prescription benefits through CVS Caremark. Details about your prescription coverage can be found in *Your Pharmacy Benefits Handbook*. To access this handbook or to get additional information about estimated medication costs, participating pharmacies, covered drugs and more, visit <http://info.caremark.com/fcps>.

Medicare-Eligible Retirees/Dependents

If you and your covered dependents are eligible for Medicare, you may choose from two medical plans that include prescription and vision benefits:

- Aetna Group Medicare Advantage
- Kaiser Permanente Medicare Advantage
**Please note that the Kaiser Permanente Medicare service area differs from the service area for non-Medicare participants. Retirees who wish to enroll in Kaiser Permanente Medicare Advantage must reside within the Kaiser Medicare service area.*

For Aetna Group Medicare Advantage members, prescription benefits are administered by SilverScript, a subsidiary of CVS Caremark.



Contact Information for Your Benefits Questions

Call the toll-free numbers below to:

- Clarify your benefits
- Ask service and cost questions
- Request a new/replacement ID card
- Obtain information about providers
- Make a complaint or file an appeal

Cigna Open Access Plus (OAP)

Medical: 877-501-7992

Vision (Cigna Vision: 877-501-7992

Aetna Medicare Advantage

855-524-6027

Kaiser Permanente Signature HMO

800-777-7902

Kaiser Permanente Medicare Advantage

888-777-5536

CVS Caremark

(Cigna OAP retirees)

888-217-4161

SilverScript

(Aetna Group Medicare Advantage retirees)

877-321-2597

Health Care Benefits in Retirement (continued)

Impact of Medicare Eligibility on Your FCPS Coverage

Cigna Open Access Plus (OAP) and Kaiser Permanente

- If you are enrolled in the FCPS Cigna Open Access Plus (OAP) plan, you will be enrolled in the Aetna Medicare Advantage plan and the SilverScript Medicare Part D plan. **You must have Medicare Parts A and B in effect.**
- You may not continue the Cigna OAP plan once you or one of your covered dependents are eligible for Medicare.
- If you do not wish to participate in the Aetna Medicare Advantage plan, you may elect to enroll in Kaiser Permanente Medicare Advantage plan (subject to service area restrictions described below).

Kaiser Permanente Medicare Advantage

- If you are enrolled with Kaiser Permanente, you must request enrollment in the Kaiser Permanente Medicare Advantage plan. Medicare's rules do not allow for automatic enrollment in the Medicare Advantage Plan. Contact the Office of Benefit Services for the appropriate forms.
- Enrollment in the Kaiser Permanente Medicare Advantage plan is subject to federal government guidelines that require residence in the plan's Medicare service area. You must live—and your Social Security address must be—in the Kaiser Permanente Medicare service area, which may be different than the Kaiser Permanente Service area. Therefore, submitting an application does not guarantee your enrollment in Kaiser's Medicare Advantage plan. You should contact Kaiser Permanente's customer service unit at 301-468-6000 to ensure that your residential zip code is in the service area.
- You will continue to access services through Kaiser Permanente in the same manner.

Medicare Rx (Medicare Part D)

Your FCPS prescription coverage—either with SilverScript (for Aetna Medicare Advantage members) or Kaiser Permanente Advantage—is currently more comprehensive than the minimum required coverage under Medicare Part D provisions and meets CMS creditable coverage requirements.

If you elect to participate in either the Aetna Medicare Advantage or Kaiser Permanente Medicare Advantage plans, you are automatically enrolled in prescription drug coverage. You are not required to enroll in a Medicare Rx plan. **Enrollment in a separate Medicare Part D plan will cause your FCPS coverage to be canceled.**

Important Reminders

90 Days Prior to Turning 65:

- Contact Social Security to initiate Medicare Parts A and B coverage.

60 Days Prior to Turning 65:

- Send a copy of your Medicare card to:

**FCPS Department of Financial Services,
Office of Benefit Services,
8115 Gatehouse Road, Suite 2700,
Falls Church, VA 22042**

Your enrollment cannot be processed retroactively. You must provide documentation of your Parts A and B effective date to prevent loss of coverage.

Health Care Benefits in Retirement (continued)

Becoming Eligible for Medicare

All FCPS retiree medical plans require retirees, spouses, and their dependents to enroll in Medicare Parts A and B when they become eligible for Medicare, including eligibility due to disability.

Medicare is a federal medical insurance program for people age 65 or older and those under age 65 when certified as disabled by Social Security. Find more information at www.medicare.gov.

You are typically eligible for Medicare on the first day of the month in which you turn 65. Contact Social Security three months before you turn 65 to initiate Medicare coverage. Disabled individuals may qualify prior to age 65.

Medicare Enrollment

Once you receive your Medicare card, make a copy and send it to:

FCPS, Department of Financial Services
Office of Benefit Services
8115 Gatehouse Road, Suite 2700
Falls Church, VA 22042

Your Medicare initial enrollment period begins 3 months before you turn 65 and ends 3 months after. If you miss this deadline, you must wait until the Medicare General Enrollment Period, held January 1 through March 31 each year. If you do not enroll during your initial enrollment period, you may incur a penalty that will increase your monthly Medicare premium.

Retirees who retained FCPS health coverage must elect Medicare even if you are working for another employer.

Exceptions to Medicare Enrollment and Coverage

If you are retired and covered by your spouse who continues to work for FCPS, you do not need to enroll in Medicare when you become eligible. As a dependent of an active employee, your FCPS coverage remains primary. Prior to your spouse's retirement, you should obtain a form from Medicare that FCPS will complete to verify your enrollment in the active plan.

– This rule applies only if your spouse is covered through FCPS as an active employee. If you or your spouse is retired and re-employed as a substitute teacher or a non-benefits-eligible employee, your benefits are provided as a retiree and you must elect Medicare coverage.

Note for Retirees Age 65 or Older Upon Retirement

You must ensure Medicare coverage is in effect no later than the 1st day of the month after you retire.

For example, if you retire on June 30, you must have Medicare Parts A and B in effect July 1.

Failure to have Medicare benefits in place may result in cancellation of coverage.

Health Care Benefits in Retirement (continued)

Medical and Pharmacy Benefits for Medicare-Eligible Retirees and Dependents

Aetna Group Medicare Advantage

Aetna Medicare Advantage is a preferred provider plan with an extended service area (ESA). This plan provides members the flexibility to see any provider as long as they are licensed, eligible to receive Medicare payments, and willing to accept the plan.

Plan Highlights

- Access to a nationwide network of providers - over 98% of providers used by FCPS retirees are in-network or accept the Aetna plan.
- No annual deductible that must be satisfied before benefits will pay.
- No copay or coinsurance for most services.
- Preventive care for checkups, screenings, vaccines, and more, is covered at 100% when provided in network.
- Access to the Aetna SilverSneakers fitness program
- Hearing aid benefits (maximum \$1,500 reimbursement every 36 months)
- Care advocates and nurse case managers to help manage chronic or serious health conditions
- Pharmacy benefits provided through SilverScript, a subsidiary of CVS Caremark.
- Vision benefits are provided through Aetna Vision Preferred, in partnership with the EyeMed vision network.

To find network providers and review benefits available under the plan, visit the [Aetna Medicare Advantage website](#) or call Member Services at 855-524-6027.

SilverScript

SilverScript, a subsidiary of CVS Caremark, is the pharmacy benefit manager for Medicare retirees who are enrolled in the Aetna Group Medicare Advantage Plan. Under SilverScript, copays and coinsurance levels are the same as the CVS Caremark plan. However, there are some differences in the formulary, so you should check your medications to ensure coverage. Medicare retirees should refer to the SilverScript plan documents, which can be found on the CVS/SilverScript website: <https://info.caremark.com/oe/fcps>.



Health Care Benefits in Retirement (continued)

Kaiser Permanente Medicare Advantage

The Kaiser Permanente Medicare Advantage plan provides the same services as the non-Medicare plan with some enhancements. **This plan is available to Medicare-eligible retirees/dependents who reside within the Kaiser Permanente Medicare service area.** This service area is different than the regular plan service area.

Kaiser Medicare Advantage Prescription Drug Plan

Kaiser Permanente Medicare Advantage manages its own retail and mail service pharmacy plan and uses a drug formulary—a list of preferred medications and drugs that its health care professionals use to prescribe. Prescription refills may be requested through the member website, as well as through *EZ Refill*, a 24-hour refill line.

Kaiser Permanente Medicare Advantage Copayments	
Note: Both brand and generic drugs have the same copayments under the Medicare Advantage plan.	
Kaiser Pharmacy (up to a 60-day supply)	\$ 15
Retail Pharmacy (up to a 60-day supply)	\$ 25
Mail Order (90-day supply for maintenance medications; 60-day supply for non-maintenance medications)	\$ 10

Refer to the [Kaiser Permanente website](#) to view the plan's *Evidence of Coverage*, which describes the provisions and features of the plan, including levels of coverage, employee rights, and appeals procedures.

Health Care Benefits in Retirement (continued)

Dental Plans

FCPS offers you a choice of two dental plans: Aetna Dental Preferred Provider Organization (DPPO) or Aetna Dental Network Only (DNO). You can elect dental benefits separately from medical benefits if you meet the eligibility criteria on page 4. The dental plans available to retirees are the same plans available to active employees. See the [Employee Benefits Handbook](#) or the plan's *Summary Plan Description*, which describes the provisions and features of the plan, including levels of coverage, employee rights, and appeals procedures.



To get help with your dental benefits:

Call Aetna Dental Customer Service at 877-238-6200 to:

- Ask questions to clarify your benefits
- Ask questions about services and costs
- Request an identification card if you have not received one or if you need a replacement
- Obtain information about providers
- Make a complaint or file an appeal

Life Insurance for Retirees

Life Insurance for VRS Members

If you are a member of VRS, your basic group life insurance benefit continues at no cost to you, provided you meet the age and service requirements for normal retirement or have been approved for disability retirement.

Securian Financial, the VRS group life insurance provider, bases the amount of your basic group life insurance on your annual salary at the time of your retirement. If you have 20 or more years of service, your life insurance at retirement will be equal to twice the highest annual salary you earned during your career. Your basic life insurance begins to reduce January 1 of the first full year after retirement at a rate of 25 percent per year, until it is valued at 25 percent of your coverage amount at retirement.

If you were covered continuously under the optional life plan during the 60 months immediately preceding your retirement, you may continue a portion of your optional group life insurance coverage for yourself, your spouse, and your eligible dependents into retirement. You must elect optional coverage within 31 days of terminating service in a VRS-covered position, and you will make payment directly to Securian Financial. Optional and dependent life insurance amounts reduce 25% each year upon attainment of ages 65, 70, and 75. Optional and dependent life coverage ends at age 80.

VRS members continue to have access to accelerated death benefits for life insurance. Accidental death and dismemberment benefits end upon retirement.



Life Insurance for Retirees (continued)

Life Insurance for FCERS Members

If you retired from FCPS employment under the Fairfax County Employees Retirement System (FCERS), your basic life insurance benefit continues at no cost to you after retirement. Upon retirement or when you turn age 65 (whichever is earlier), your life insurance coverage will reduce to 65 percent. Coverage will reduce again to 50 percent when you reach age 70. Reductions will occur on the first of the month following or coinciding with retirement, or when you reach specified ages.

FCERS members may continue optional coverage provided that coverage was in effect for at least 60 months immediately preceding your retirement. Optional life follows the same reduction schedule as the basic coverage. Premium amounts adjust accordingly.

FCERS members continue to have access to accelerated death benefits for life insurance. Accidental death and dismemberment benefits end upon retirement.

Changing Beneficiaries

If you are a VRS participant, you should notify VRS if you want to change beneficiaries. If you are a member of FCERS, contact the FCPS Office of Benefit Services to change beneficiaries. Read [Updating or Changing Your Beneficiaries](#) on the FCPS website for more information.

FCERS Optional Life and AD&D Rates	
Employee Age	New Premium (per \$1,000 of coverage)
< 30	\$0.04
30-34	\$0.06
35-39	\$0.07
40-44	\$0.08
45-49	\$0.13
50-54	\$0.21
55-59	\$0.41
60-64	\$0.64
65-69	\$1.25
70-74	\$2.39
75-79	\$2.39
80-84	\$5.28
85-89	\$8.94
90-94	\$26.01
95 +	\$41.62

Continuation Coverage

When you retire, you are eligible to continue most of your life insurance coverage. You may convert any portion of your basic and/or optional life insurance that did not continue as a retiree to an individual plan. You must request this coverage within 31 days of the date your group coverage ends.

FCERS members should contact the FCPS Office of Benefit Services at 571-423-3200 to request a conversion form.

VRS/ERFC members should contact Securian Financial at 800-441-2258.

Legislation Applicable to FCPS Health Plans

Your FCPS benefits comply with all federal mandates that govern public sector benefit plans. To obtain more information about the requirements of these legislative acts, please refer to the following:

FCPS Policy Regarding Use of Social Security Numbers for Health Coverage Enrollment

Patient Protection and Affordable Care Act

Reporting requirements of the Patient Protection and Affordable Care Act require employers to file an annual report with the IRS that includes Social Security numbers (SSNs) for all individuals, including spouses, and dependent children enrolled in employer-sponsored medical plans (IRC Section 6055). FCPS will request the SSN for all covered dependents in order to comply with this Act.

Medicare, Medicaid and SCHIP Extension Act of 2007

Medicare, Medicaid and SCHIP Extension Act of 2007, 42 U.S.C. 1395y (b) (7) & (8), mandates employers to submit SSNs of all medical plan enrollees who are age 45 and over or are Medicare eligible regardless of age to the Center for Medicare and Medicaid Services.

COBRA—Maintaining Health Coverage for You or Your Family

COBRA continuation coverage is a way to extend your plan coverage when it would otherwise end due to a status change or qualifying event (see list below). FCPS must offer COBRA continuation coverage to each qualified beneficiary who will lose coverage under the plan due to a qualifying event. Depending on the type of qualifying event, you, your spouse, and your dependent children may be qualified beneficiaries.

Generally, each COBRA-qualified beneficiary may be required to pay the entire cost of COBRA continuation coverage, not to exceed 102 percent of the cost to the group health plan (150 percent in the case of an extension of COBRA continuation coverage due to a disability).

The following explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. This is only a summary of your COBRA continuation coverage rights.

You become a qualified beneficiary if you lose your coverage under the plan because:

- Your employment status changes to a non-benefits eligible position
- You lose eligibility due to reduction in hours during the preceding measurement period (12-month period during which an employee's average weekly hours worked will be measured to determine eligibility for coverage)
- Your employment ends for any reason other than gross misconduct

Legislation Applicable to FCPS Health Plans (continued)

Your eligible dependent(s) (spouse and/or dependent children) become qualified beneficiaries when they lose coverage under the plan if any of the following qualifying events occurs:

- Your employment status changes to a non-benefits eligible position
- You lose eligibility due to reduction in hours during the preceding measurement period (12-month period during which an employee's average weekly hours worked will be measured to determine eligibility for coverage).
- Your employment ends for any reason other than your gross misconduct
- You and your spouse divorce
- Your child loses eligibility for coverage under the plan as a "dependent child"
- You die

How long does COBRA coverage last?

When the qualifying event is your death, your divorce, or your child loses eligibility as a dependent child, COBRA continuation coverage lasts for up to 36 months.

When the qualifying event is the end of employment or a change in your employment status, COBRA continuation coverage lasts for up to 18 months, (or 29 months if you have a ruling from the Social Security Administration that you became disabled prior to or within the first 60 days of COBRA coverage). In the event of a disability, you must send a copy of the Social Security ruling letter to the FCPS Office of Benefit Services within 60 days of receipt but prior to the expiration of the 18-month period of COBRA coverage.

The plan will offer COBRA continuation coverage to qualified beneficiaries only after the plan administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of your employment or a change in your employment status, the plan administrator is automatically notified.

For the other qualifying events (your divorce or your child loses eligibility for coverage as a dependent child), you must notify the plan administrator. The plan requires you to notify the plan administrator within 60 days of the date the qualified beneficiary loses coverage due to the qualifying event.

You must send written notice to the FCPS Office of Benefit Services. In addition, you must provide documentation supporting the event. Once the plan administrator receives notice that a qualifying event has occurred, FCPS will offer COBRA continuation coverage to each of the qualified beneficiaries. For each qualified beneficiary who elects COBRA, coverage will begin on the date that plan coverage would otherwise have been lost.

If you have questions about your COBRA continuation coverage, contact the plan administrator or the nearest regional or district office of the U.S. Dept. of Labor's Employee Benefits Security Administration (EBSA).

Addresses and phone numbers of regional and district EBSA offices are available through EBSA's website at www.dol.gov/ebsa.

The plan administrator may be contacted at FCPS, Office of Benefit Services, 8115 Gatehouse Road, Suite 2700, Falls Church, VA, 22042, or by phone at 571-423-3200.

Legislation Applicable to FCPS Health Plans (continued)

Important Notice from Fairfax County Public Schools (FCPS) About Your Prescription Drug Coverage and Medicare Notice of Creditable Coverage

Please read this notice carefully as it has information about your current prescription drug coverage with FCPS 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. Information about where to get help making these decisions is at the end of this notice.

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. FCPS has determined that the prescription drug coverage offered by the FCPS plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and, therefore, is considered Creditable Coverage.

Because your existing coverage is Creditable Coverage, you may keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will be eligible for a 2-month Special Enrollment Period (SEP) to join a Medicare drug plan.

If you decide to join a Medicare drug plan, your FCPS coverage will be affected. (This notice contains more information about what happens to your current coverage if you join a Medicare drug plan.)

If you decide to enroll in the Medicare prescription drug plan, you will be dropped from your current medical and prescription drug plan through FCPS. Once coverage is cancelled, you may not reenroll at a later date.

You should also know that if you drop or lose your current coverage with FCPS and don't 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 percent of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without coverage, your premium may consistently be at least 19 percent 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 November to join.

Legislation Applicable to FCPS Health Plans (continued)

Important Notice from Fairfax County Public Schools (FCPS) About Your Prescription Drug Coverage and Medicare Notice of Creditable Coverage (continued)

For more information about this notice or your current prescription drug coverage:

Call the Office of Benefit Services at 571-423-3200. **NOTE:** You will receive this notice each year. You will also receive it before the next period during which you can join a Medicare drug plan and if this coverage through FCPS changes. You may also request a copy of this notice at any time.

For 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 will receive 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 800-MEDICARE (800-633-4227). TTY users should call 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 800-772-1213 (TTY 800-325-0778).

Legislation Applicable to FCPS Health Plans (continued)

Medicaid website: www.coverva.org/programs_premium_assistance.cfm

Medicaid Phone: 1-800-432-5924

CHIP website: www.coverva.org/programs_premium_assistance.cfm

CHIP phone: 1-866-873-2647

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, contact your state Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply.

Women's Health & Cancer Rights Act

If you had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided (per consultation with the attending physician and the patient), for:

- All stages of reconstruction of the breast on which the mastectomy is performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Protheses and treatment of physical complications of the mastectomy, including lymphedema.

These benefits are provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan.

Mastectomy Benefits

Benefits provided in connection with a mastectomy are subject to the plans' regular deductibles and copayments. For more information, refer to the Summary Plan Documents for each of the medical plan providers, available on www.fcps.edu, click on Employees, and look for Benefits under Retirees.

Newborns' & Mothers' Health Protection Act

The Newborns' and Mothers' Health Protection Act of 1996 provides protections on the length of time mothers and their newborn infants may stay in the hospital following childbirth. Generally, group health plans and health insurers may not restrict benefits for a hospital stay in connection with childbirth to less than 48 hours (or 96 hours following a cesarean section). The law allows an attending provider, in consultation with the mother, to authorize an earlier discharge. To ensure that the exception does not result in early discharges that might harm the health of the mother or newborn, a group health plan or health insurer may not reduce the compensation of the attending providers because they provide care to a covered individual in accordance to the Act, nor provide incentives to induce the attending providers to provide care in a manner inconsistent with the Act.

Legislation Applicable to FCPS Health Plans (continued)

Mental Health Parity & Addiction Equity Act

The Mental Health Parity and Addiction Equity Act of 2008 prohibits group health plans that offer mental health and substance use disorder benefits from creating more restrictive financial requirements or treatment limitations for mental health and substance use disorder services than those offered for medical and surgical benefits. Plan participants may not be required to pay more in deductibles, copayments, coinsurance, and out-of-pocket expenses for mental health and substance abuse benefits than those imposed by the plan's medical/surgical benefits.

The law also requires that health plans not impose any limits on the frequency of treatment, the number of visits, the days of coverage, or other similar limits for mental health/substance abuse benefits that are more restrictive than those imposed on medical/surgical benefits. If a health plan offers out-of-network medical/surgical benefits, it also must offer out-of-network mental health/substance abuse benefits.

Genetic Information Nondiscrimination Act (GINA)

GINA prohibits 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.

Health Insurance Portability & Accountability Act

HIPAA privacy and security rules legally obligate group health plan to:

- Maintain the privacy of your medical information.
- Provide you with a Notice of the health plan's privacy practices with respect to your medical information and to abide by the terms of the Notice.

The Health Information Technology for Economic and Clinical Health (HITECH) Act expanded and strengthened the privacy and security provisions of HIPAA. Effective September 2009, covered entities must notify affected members and the U.S. Dept. of Health and Human Services following a breach of unsecured protected health information.

FCPS Office of Equity & Employee Relations is responsible for overseeing HIPAA compliance for FCPS. An individual may make a complaint in writing to the privacy office or a designee in the Office of Equity & Employee Relations. For more information, go to www.fcps.edu and search "HIPAA".

Medicaid & the Children's Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children & Families

If you or your children are eligible for Medicaid or CHIP and you're 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 and you live in Virginia, you can contact the Virginia Medicaid or CHIP office to find out if premium assistance is available.

Glossary & Acronyms

Copay/Copayment—The flat dollar amount you pay for certain health care services and supplies.

Deductible—The amount you pay before your plan pays benefits. This usually applies to out-of-network benefits.

DMO—Dental Maintenance Organization—A dental plan that uses a network of participating dental providers to provide services. The plan generally has no deductibles and fixed copayments for most services.

DPPO—Dental Preferred Provider Organization—A dental plan that contracts with primary and specialty care dentists to provide comprehensive dental services. The plan also provides benefits for out of network services at a reduced rate.

Dependent Child—Your biological child, legally adopted child (or one for whom you have legal guardianship or legal custody), a child who has been placed for adoption with you, or a legally recognized stepchild or foster child who is under age 26. A child over age 26 who depends on you for support due to a handicap or disability that occurred prior to age 26 and who has been approved by the health plan as disabled, is also a dependent child.

Family—You and two or more dependents.

Formulary—A list of preferred drugs selected by pharmacy managers based on effectiveness and cost.

HMO—Health Maintenance Organization—An organized health care delivery system that emphasizes preventive care.

In-Network—Care you receive in accordance with plan rules from a health care provider who participates in the network of health care providers for your plan.

Lifetime Maximum—A limit on the amount that can be paid from a plan or the number of times a plan will pay for a specified procedure.

Minifamily—You and one dependent (either your spouse or dependent child).

Network—A group of providers contracted to provide service to health plan members.

Open Enrollment—A period of time in the fall when you may change health plans or add a dependent for the next calendar year.

Out-of-Network—Services received in accordance with plan rules from a health care provider who is not an in-network provider for your plan.

Out-of-Pocket—The amount of money you pay in addition to your premium payments. This is usually the sum coinsurance amounts that you pay for health care. Copayments and deductibles are not included in your out-of-pocket expenses.

Premium—The amount of money paid to fund insurance benefits.

PCP—Primary Care Physician—A physician who specializes in general, internal medicine, or pediatrics and coordinates medical care and may provide referrals for specialty care.

Spouse—A person to whom you are legally married.

Status Change or Qualifying Event—An event that changes your eligibility status or that of your dependents. These events include the birth or adoption of a child, marriage, divorce, death of a spouse or child, a change in the marital status of a dependent under the age of 26, a dependent turning age 26 or a change in a dependent's employment status.

Fairfax County Public Schools
Dr. Michelle Reid, Superintendent

Office of the Superintendent
Marty Smith, Chief Operating Officer

Department of Human Resources
Sherry Wilson, Assistant Superintendent

Office of Benefit Services
Lisa Edmonds, Director

Department of Financial Services
Office of Benefit Services
Gatehouse Administration Center
8115 Gatehouse Road, Suite 2700
Falls Church, VA 22042
Fairfax County Public Schools

Revised April 2024