





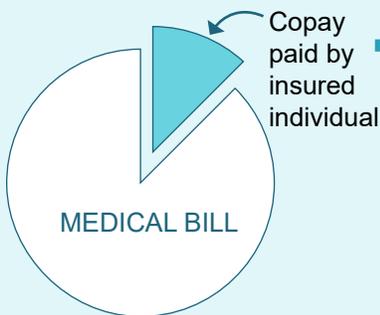


# Get the Most of Your Health Plan!

## Understanding Your Health Insurance Costs

When choosing the right health insurance plan for your specific needs and budget, it's important to consider all the options available to you. Start by reviewing the 2022 Premium Charts on pages 6-7 to see the amount you pay for your health insurance each month. While FCPS health plans all offer comprehensive coverage, keep in mind that health plans can differ in which providers you can see and how much you may need to pay beyond your premium. Knowing the terms used in talking about health insurance will help you feel more comfortable when choosing a plan. Please take a moment to review the terms below.

### What is a **Copay**?



A fixed amount you pay for a covered health care service (like a doctor's visit, hospital outpatient visit, or prescription drugs).

*For example, you might pay a \$20 copay for primary care visits and a \$40 copay for specialty care visits.*

Please note: the Aetna Medicare Advantage Plan does not have copays for most services.

### What is a **Deductible**?



The amount you pay for covered health care services before your insurance starts to pay.

*For example, a plan with a \$250 deductible would mean that you pay the first \$250 of covered services yourself. All FCPS health plans cover certain preventive services without charging you a copay or coinsurance, even if you haven't yet met your yearly deductible.*

Please note: the Aetna Medicare Advantage, Kaiser Permanente Signature HMO, and Kaiser Medicare Advantage plans do not deductibles.

### What is **Coinsurance**?



The percentage of a covered in-network health care service you pay. This often applies after you've paid your deductible.

*For example, if the health insurance plan's allowed amount for an office visit is \$100 and you've met your deductible, your 10% coinsurance payment would be \$10. The health insurance plan pays the rest.*

### **Out-of-pocket maximum**



The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copays, and coinsurance, your health plan pays 100% of the costs of covered benefits.

The out-of-pocket limit doesn't include your monthly premiums. It also doesn't include anything you may spend for services your plan doesn't cover.



# Your Open Enrollment Resources

FCPS encourages you to utilize the many available resources to aid you in making important benefits decisions. These resources include the FCPS and vendor websites, member service centers, and **virtual** support from FCPS staff and benefits vendors during Open Enrollment

## FCPS Resources



Visit our website

[www.fcps.edu](http://www.fcps.edu)

(Search keyword "Benefits")



Send us an email

[HRConnection@fcps.edu](mailto:HRConnection@fcps.edu)



Speak with a representative

Benefit Services: 571-423-3200

Hours: 8 a.m. - 4:30 p.m., Mon. - Fri.

## Virtual Open Houses

The Office of Benefit Services (OBS) will be hosting *virtual* sessions to discuss 2022 benefits for retirees. Chat with benefit vendors and OBS staff to get answers to your questions. Virtual informational sessions will be held on:

- **Friday, October 15**, 1 - 3 p.m.
- **Wednesday, October 20**, 1 - 3 p.m.
- **Thursday, October 28**, 1 - 3 p.m.
- **Tuesday, November 2**, 1 - 3 p.m.

### How to Sign Up for a Virtual Open House

To register for a virtual open house, visit the [Retiree Open Enrollment website \(www.fcps.edu\)](http://www.fcps.edu), search "open enrollment". Click on the session link posted for the open house you would like to attend.

You will be asked to create an account using your preferred email and password. Then, you will complete registration for the event by entering your name and employment status. A confirmation email with the session link will be sent to the email address you provided.

## Accessing the Open House Event

On the day of the event, you will use the session link that was emailed to you to access the virtual open house "lobby". You can move around the lobby and choose to enter "booths". When you enter a booth, you have the opportunity to review posted materials and/or chat one-on-one with a representative. View the sample lobby below, so you know what to expect!

The image shows a Brazen login page on the left with fields for Email Address and Password, and a 'LOG IN' button. A blue arrow points from the login page to a 'Lobby' screen on the right. The lobby contains four booths, each with a logo and an 'ENTER' button:

- Benefit Services**: Enter to learn more about your FCPS benefits and engage in 1-on-1 chats with Benefits staff.
- Aetna/Innovation Health**: Enter to learn more about the Aetna/Innovation Health Plan and engage in 1-on-1 chats with AIH staff.
- CareFirst**: Enter to learn more about the CareFirst BlueChoice Advantage Plan and engage in 1-on-1 chats with CareFirst staff.
- Kaiser Permanente**: Enter to learn more about the Kaiser Permanente Signature HMO and engage in 1-on-1 chats with Kaiser Permanente staff.

Please note: Retirees are encouraged to pre-register before the day of the event to ensure they can access.

## 2022 Dental Rates for ERFC and FCERS Retirees

Aetna DPPO			Aetna DNO	
Coverage Level	Pre-65 Retirees/ Dependents	Age 65 and Older Retirees/ Dependents <sup>1</sup>	Coverage Level	All Age Groups
	Monthly Total Rate	Monthly Total Rate		Monthly Total Rate
Individual	\$53.62	\$61.08	Individual	\$21.25
Retiree + 1	\$91.14	\$103.82	Retiree + 1	\$36.15
Family	\$129.24	\$147.21	Family	\$51.14

## 2022 Medical Rates for ERFC Retirees

(Subsidy applies to age 55 and older)

Medical Plan	Monthly Total Rate	ERFC Subsidy Applies to Age 55 & Older	Monthly Total Rate Minus Subsidy
<b>Aetna/Innovation Health</b> (Non Medicare retirees)			
<b>Aetna Group Medicare Advantage PPO</b> (Medicare eligible retirees)			
Individual	\$884.77	\$100.00	\$784.77
Retiree+1 (no Medicare)	\$1,769.53	\$100.00	\$1,669.53
Family	\$2,211.91	\$100.00	\$2,111.91
Medicare Individual	\$410.71	\$100.00	\$310.71
Double Medicare	\$821.42	\$100.00	\$721.42
1 Medicare + 1 Individual	\$1,295.48	\$100.00	\$1,195.48
1 Medicare + 2 Individuals	\$2,180.25	\$100.00	\$2,080.25
Family (one or more has Medicare)	\$2,211.90	\$100.00	\$2,111.90
<b>CareFirst BlueChoice Advantage</b> (Available to all retirees not eligible for Medicare)			
Individual	\$661.16	\$100.00	\$561.16
Retiree + 1 (no Medicare)	\$1,322.33	\$100.00	\$1,222.33
Family	\$1,652.93	\$100.00	\$1,552.93
<b>Kaiser Permanente HMO</b> (Non Medicare retirees who live in the local KP HMO service area)			
<b>Kaiser Permanente Medicare Advantage</b> (Medicare retirees who live in the local KPMA service area)			
Individual	\$706.60	\$100.00	\$606.60
Retiree+1 (no Medicare)	\$1,413.20	\$100.00	\$1,313.20
Family	\$1,766.51	\$100.00	\$1,666.51
Medicare Individual	\$251.22	\$100.00	\$151.22
Double Medicare	\$502.44	\$100.00	\$402.44
1 Medicare + 1 Individual	\$957.82	\$100.00	\$857.82
1 Medicare + 2 Individuals	\$1,664.42	\$100.00	\$1,564.42
Family (one or more has Medicare)	\$1,766.51	\$100.00	\$1,666.51

<sup>1</sup> The pre-65 premium is assessed if all covered individuals are under 65 or not covered by Medicare. The Age 65 and Older premium is assessed if one or more individuals are age 65 or older (or covered by Medicare).

## 2022 Medical Rates for FCERS Retirees

(Subsidy applies to age 55 and older)

Your medical rate will be the monthly total rate for your plan and coverage MINUS a subsidy based on your years of service (see *Retiree Benefits Handbook*).

Medical Plan	Monthly Total Rate	\$ 15 Subsidy	\$ 25 Subsidy	\$ 50 Subsidy	\$ 100 Subsidy	\$ 125 Subsidy	\$ 150 Subsidy	\$ 175 Subsidy
<b>Aetna/Innovation Health</b> (Non Medicare retirees)								
<b>Aetna Group Medicare Advantage PPO</b> (Medicare eligible retirees)								
Individual	\$884.77	\$869.77	\$859.77	\$834.77	\$784.77	\$759.77	\$734.77	\$709.77
Retiree+1 (no Medicare)	\$1,769.53	\$1,754.53	\$1,744.53	\$1,719.53	\$1,669.53	\$1,644.53	\$1,619.53	\$1,594.53
Family	\$2,211.91	\$2,196.91	\$2,186.91	\$2,161.91	\$2,111.91	\$2,086.91	\$2,061.91	\$2,036.91
Medicare Individual	\$410.71	\$395.71	\$385.71	\$360.71	\$310.71	\$285.71	\$260.71	\$235.71
Double Medicare	\$821.42	\$806.42	\$796.42	\$771.42	\$721.42	\$696.42	\$671.42	\$646.42
1 Medicare + 1 Ind.	\$1,295.48	\$1,280.48	\$1,270.48	\$1,245.48	\$1,195.48	\$1,170.48	\$1,145.48	\$1,120.48
1 Medicare + 2 Ind.	\$2,180.25	\$2,165.25	\$2,155.25	\$2,130.25	\$2,080.25	\$2,055.25	\$2,030.25	\$2,005.25
Family (w/Medicare)	\$2,211.90	\$2,196.90	\$2,186.90	\$2,161.90	\$2,111.90	\$2,086.90	\$2,061.90	\$2,036.90

### CareFirst BlueChoice Advantage

(Available to all retirees/dependents not eligible for Medicare)

Individual	\$661.16	\$646.16	\$636.16	\$611.16	\$561.16	\$536.16	\$511.16	\$486.16
Retiree+1 (no Medicare)	\$1,322.33	\$1,307.33	\$1,297.33	\$1,272.33	\$1,222.33	\$1,197.33	\$1,172.33	\$1,147.33
Family	\$1,652.93	\$1,637.93	\$1,627.93	\$1,602.93	\$1,552.93	\$1,527.93	\$1,502.93	\$1,477.93

### Kaiser Permanente HMO

(Non Medicare retirees who live in the local KP HMO service area)

### Kaiser Permanente Medicare Advantage

(Medicare retirees who live in the local KPMA service area)

Individual	\$706.60	\$691.60	\$681.60	\$656.60	\$606.60	\$581.60	\$556.60	\$531.60
Retiree+1 (no Medicare)	\$1,413.20	\$1,398.20	\$1,388.20	\$1,363.20	\$1,313.20	\$1,288.20	\$1,263.20	\$1,238.20
Family	\$1,766.51	\$1,751.51	\$1,741.51	\$1,716.51	\$1,666.51	\$1,641.51	\$1,616.51	\$1,591.51
Medicare Individual	\$251.22	\$236.22	\$226.22	\$201.22	\$151.22	\$126.22	\$101.22	\$76.22
Double Medicare	\$502.44	\$487.44	\$477.44	\$452.44	\$402.44	\$377.44	\$352.44	\$327.44
1 Medicare + 1 Ind.	\$957.82	\$942.82	\$932.82	\$907.82	\$857.82	\$832.82	\$807.82	\$782.82
1 Medicare + 2 Ind.	\$1,664.42	\$1,649.42	\$1,639.42	\$1,614.42	\$1,564.42	\$1,539.42	\$1,514.42	\$1,489.42
Family (w/Medicare)	\$1,766.51	\$1,751.51	\$1,741.51	\$1,716.51	\$1,666.51	\$1,641.51	\$1,616.51	\$1,591.51

#### Key to Coverage Level Rates

**Individual:** You (the individual)

**Retiree + 1 (no Medicare):** You + 1 dependent; no one has Medicare coverage.

**Family (Retiree + 2 or more):** You + 2 or more dependents; no one has Medicare

**Medicare Individual:** You (the individual) have Medicare coverage.

**Double Medicare:** You + 1 dependent. Both you and your dependent have Medicare coverage.

**1 Medicare + 1 Individual:** You + 1 dependent. One individual has Medicare coverage and one individual does not.

**1 Medicare + 2 Individuals:** You + 2 dependents. One individual has Medicare coverage and two individuals do not.

**Family (with Medicare):** You + 3 or more dependents. One or more dependents have Medicare.

# Your Open Enrollment Checklist

## Before Open Enrollment:

- Review your pre-open enrollment statement to ensure your plan and covered dependent(s) information is correct.
- If you will be requesting coverage for your spouse and/or dependent children who are not currently enrolled, begin gathering legal documentation needed to add them to the plan.
- If you are a direct bill participant (i.e. paying premiums to Optum), look for updated mailings from Optum. If you are paying premiums using your bank's bill pay service, make sure to update your premiums before January.

## During Open Enrollment:

- Review this Benefits Briefing carefully as you consider your plan choices.
- Take advantage of the many open enrollment resources available to you. Attend a virtual FCPS or vendor session, review information on both the FCPS and benefit vendor websites, or contact the Department of Human Resources.
- If you wish to change your plan or covered dependent(s), complete Form HR-461 and return to the Office of Benefit Services no later than November 5. The form can be found online at [www.fcps.edu](http://www.fcps.edu), search keywords "Retiree benefits forms"
- You do not need to take action if you are not making any coverage changes.**

## After Open Enrollment:

- If you changed plans during Open Enrollment, look for new ID cards in late December.

### Retirees adding their spouse or dependent children, please note –

- FCPS requests your spouse/dependent child(ren)'s SSN for reporting health plan enrollment to the IRS.
- If you are requesting coverage for your spouse and/or dependent children not currently enrolled, you must supply the appropriate legal documents to support eligibility for coverage under the plan. Documents are not required for dependents currently covered by the plan.

*Your dependent's coverage cannot be made effective until the Office of Benefit Services receives appropriate legal documentation.*

### Eligible for Medicare? Retirees and Dependents Required to Enroll When First Eligible

- 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.**
- Retirees who retained FCPS health coverage must elect Medicare when eligible even if they are working for another employer.



# Important Reminders

## Health and Dental Premium Payment Reminders

While most retirees have their medical and dental premiums deducted from their retirement checks, some retirees pay via 'direct bill'. Optum Financial Services ("Optum") is FCPS' billing partner for retirees who do not have their insurance premiums deducted from their retirement checks.

Sometimes a retiree's annuity will reduce to a level that will not support medical and dental deductions. If that occurs, be sure to open and read all communications from Optum as it may contain your premium invoice or other important information about establishing your payment account.

Optum offers safe and convenient payment options! If you're a retiree who pays premiums via direct bill, you are able to pay for your benefits by:

1. Setting up monthly recurring Automated Clearing House (ACH) debits (i.e., automatic deductions from your bank account); or
2. Making payments by check; or
3. Making payments by debit or credit card.

Remember, premiums are due the first of each month for that month's coverage. For example, premiums for December coverage are due December 1<sup>st</sup>. Setting up an automatic, recurring payment is an easy way to ensure your payment is received on time.

Visit Optum's website: [adminservices.optumhealthfinancial.com](https://adminservices.optumhealthfinancial.com) to view your account information or set up new payment options. *As a reminder, only those retirees paying by direct bill will have an account with Optum.*



## Designate VRS Beneficiaries Online

Virginia Retirement System (VRS) members can now designate beneficiaries online for their Defined Benefit member contributions and VRS Basic and Optional Group Life Insurance. Any changes made to your beneficiaries online will override and revoke previous designations.

*If you submitted a (VRS-2) paper form before July 1, 2021, VRS cannot display that information in your myVRS online account. Beneficiaries designated on the paper form will remain in effect until you update your designations online.*

If you do not designate beneficiaries, then the order of precedence established by law will be followed. VRS members may update their beneficiaries by logging into their VRS account, then select the "Manage My Retirement" tab and then "Manage Beneficiaries" from the drop-down list.

As a reminder, major life events such as marriage, birth/adoption of children, or divorce may warrant review or updates to your beneficiary designations. Keep in mind you may have different beneficiaries designated for your life insurance, retirement plan, and deferred compensation benefits. If you are unsure if your beneficiaries are up to date we recommend you place new designations on file. Instructions for updating your beneficiaries can be found on the FCPS website ([www.fcps.edu](http://www.fcps.edu), search keyword "beneficiary").

## FCPS Plans Comply with Non-Discrimination Provisions of the Affordable Care Act

FCPS health plans comply with applicable Federal civil rights laws, including Section 1557 of the Affordable Care Act (Nondiscrimination in Health Programs and Activities). In compliance with the Act, FCPS health plans do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

FCPS health plans also prohibit denial of health care or health coverage based on an individual's sex, including discrimination based on pregnancy, gender identity, and sex stereotyping.

The Plan also provides important protections for individuals with disabilities and enhances language assistance for people with limited English proficiency. Each tagline listed below reads, "If you speak [native language], language assistance services, free of charge, are available to you. Call 571-423-3200."

AMHARIC (አማርኛ)

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ARABIC (العربية)

انتباه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية، مجاناً، متاحة لك. اتصل على 3200-423-571

BENGALI (বাংলা)

দৃষ্টি আকর্ষণ: আপনি বাংলা, ভাষা সহায়তা সেবা, নিখরচা কথা বলতে পারেন, আপনার জন্য উপলব্ধ। 571-423-3200 কল।

CHINESE (繁體中文)

注意: 如果你说中文, 语言援助服务是免费的, 你可以。致电571-423-3200。

FRENCH (Français)

ATTENTION: Si vous parlez Français, des services d'assistance linguistique, gratuits, sont à votre disposition. Composez le 571-423-3200.

GERMAN (Deutsch)

ACHTUNG: Wenn Sie Deutschsprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Rufen Sie 571-423-3200 an.

HINDI (हिंदी)

ध्यान दें: यदि आप हिंदीबोलते हैं, भाषा सहायता सेवाएं, नि: शुल्क, आप के लिए उपलब्ध हैं। कॉल 571-423-3200।

IBO (Igbo asusu)

Ntị : Ọ bụrụ na ị na-ekwu okwu n'ala Igbo, asụsụ aka ọrụ, n'efu, dị ka gị. Akpọ 571-423-3200.

KOREAN (한국어)

주의: 한국어를 구사하는 경우, 무료로 언어 지원 서비스를 이용할 수 있습니다. 571-423-3200으로 전화하십시오.

KRU (Bàsòò-wùdù-po-nyò)

Dè dẹ nià kẹ dyédé gbo: Ọ jù ké m̀ Bàsòò-wùdù-po-nyò jù ní, níí, à wuḍu kà kò dọ̀ po-poò béin m̀ gbo kpáa. Dá 571-423-3200.

PERSIAN FARSI (فارسی)

توجه: اگر شما به زبان فارسی صحبت می‌کنند، خدمات کمک به زبان، رایگان، در دسترس شما هستند. با شماره 571-423-3200 تماس بگیرید.

RUSSIAN (Русский)

ВНИМАНИЕ: Если вы говорите по-русски, вам доступны бесплатные услуги языковой помощи. Звоните 571-423-3200.

SPANISH (Español)

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame a 571-423-3200.

TAGALOG (Tagalog)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 571-423-3200.

URDU (اُردُو)

توجه: اگر آپ اردو بولتے ہیں تو زبان کی معاونت کی خدمات، مفت، آپ کو دستیاب ہیں۔ 3200-423-571 پر کال کریں۔

VIETNAMESE (Tiếng Việt)

Chú ý: Nếu bạn nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ, miễn phí, có sẵn cho bạn. Gọi 571-423-3200.

YORUBA (èdè Yorùbá)

AKIYESI: Bi o ba nso èdè Yorùbú ọfẹ ni iranlọwọ lori èdè wa fun yin o. E pe ẹrọ-ibanisọrọ yi 571-423-3200.

# Your Benefits and the Law

## Medicare Prescription Drug (Medicare D) Plan

All FCPS medical plans include prescription drug coverage that is currently more comprehensive than the Medicare prescription drug plan. For more information, see “Important Notice from Fairfax County Public Schools about Your Prescription Drug Coverage and Medicare” in the Retiree Benefits Handbook.

## Summary of Benefits and Coverage

An updated Summary of Benefits and Coverage or Evidence of Coverage for each medical plan is available on each medical vendor’s website.

You can find these documents here:

- Aetna/Innovation Health: [www.ih-aetna.com/fcps](http://www.ih-aetna.com/fcps)
- Aetna Medicare Advantage: [www.aetnamedicare.com/fcps/en/index.html](http://www.aetnamedicare.com/fcps/en/index.html)
- CareFirst: [www.carefirst.com/fcps](http://www.carefirst.com/fcps)
- Kaiser Permanente and KP Medicare: [my.kp.org/fcps](http://my.kp.org/fcps)

## Women’s Health and Cancer Rights Act

If you have 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 (in a manner determined in consultation with the attending physician and the patient) for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits are subject to the same deductible and coinsurance applicable to other medical and surgical benefits provided under the plan. Refer to the summary plan documents available on each vendor's website for more information.

## Medicaid & the Children’s Health Insurance Program (CHIP) Offer Premium Assistance for Health Coverage for Children and Families

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children are not eligible for Medicaid or CHIP, you will not 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](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in State offering premium assistance, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office at 1-877-KIDS NOW or visit [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you are not already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

If you have questions about enrolling in your employer plan, contact:

- Department of Labor: [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272)
- Medicaid: [www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm) or call 800-432-5924
- CHIP: [www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm) or call 855-242-8282.

**Department of Human Resources**

Office of Benefit Services

Gatehouse Administration Center, Suite 2700

8115 Gatehouse Road, Falls Church, Virginia, 22042-1203

## *FCPS Open Enrollment Information*

### **Retiree Open Enrollment: October 11 - November 5**

Please read thoroughly to learn more about:

- ✓ Benefit plan updates for 2022;
- ✓ 2022 medical and dental premiums; and
- ✓ Ways to stay healthy in 2022.

Visit [www.fcps.edu](http://www.fcps.edu) and search “Retiree Open Enrollment” for more details.

*Not making changes to your plan?*

No action required during Open Enrollment.

*Questions?*

Contact the FCPS Office of Benefit Services by calling 1-571-423-3200 or emailing [HRConnection@fcps.edu](mailto:HRConnection@fcps.edu).