



## Medical Insurance

Plan Name	Plan Description	
<b>Cigna Open Access Plus Plan</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Employee/Family Deductible (CYD)	\$500/\$1,000	\$1,000/\$2,000
Coinsurance	20%	40%
Employee/Family Out-of-Pocket Limit	\$5,000/\$10,000	\$10,000/\$20,000
Office Visit/Specialist	\$20 Copay/\$30 Copay	40% After CYD
Urgent Care	20% After CYD	20% After CYD
Emergency Room	\$50 Copay + 20% After CYD	\$50 Copay + 20% After CYD
Prescription Drugs (Rx)	\$10/\$20/50% Coinsurance	50% Coinsurance(No Mail Order)

## Dental Insurance

Plan Name	Plan Description	
<b>Cigna Dental PPO Plan</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Calendar Year Benefit Maximum	\$1,550*	
Employee/Family Deductible (CYD)	\$25/\$100	\$25/\$100
Diagnostic & Preventive Services	Plan Pays: 100% Deductible Waived	Plan Pays: 75% Deductible Waived
Basic Restorative Services	Plan Pays: 80% After CYD	Plan Pays: 50% After CYD
Major Restorative Services	Plan Pays: 50% After CYD	Plan Pays: 40% After CYD
Orthodontia Services (Children Up to Age 25)	Plan Pays: 50%	Plan Pays: 40%
Orthodontia Lifetime Max	\$1,000	

\*When you or your family members receive any preventive care service during one plan year, the annual dollar maximum will increase in the following plan year. Please refer to your plan materials for additional information.

## Vision Insurance

Plan Name	Plan Description	
<b>The Standard Balanced Care Vision II Plan</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Eye Exam with Dilation	No Charge	Up to \$40 Reimbursement
Contact Lenses Exam (Evaluation, Fit & Follow Up)	Standard	Up to \$55 Copay
	Premium	10% Off Retail
Frequency	Eye Exam	12 Months
	Lenses	12 Months
	Contact Lenses	12 Months
	Frames	24 Months
Lenses	Single	No Charge
	Bifocal	No Charge
	Trifocal	No Charge
	Lenticular	No Charge
Frames	Up to \$150 Allowance	Up to \$45 Reimbursement
Contact Lenses (In Lieu of Eyeglasses)	Non-Elective (Medically Necessary)	No Charge
	Elective	Up to \$150 Allowance

# Government of the United States Virgin Islands

Benefits At-A-Glance | Plan Year: October 1, 2024 - September 30, 2025



## Additional Benefits

Plan Name	Carrier	Plan Description	
Employee Assistance Program (EAP)	Cigna	EAP offers employee and family member(s) up to five (5) confidential sessions with a specialist to provide counseling services on issues such as: <ul style="list-style-type: none"><li>• Child Care Resources</li><li>• Legal Resources</li><li>• Grief and Bereavement</li><li>• Stress Management</li><li>• Depression and Anxiety</li><li>• Work Related Issues</li><li>• Adult &amp; Elder Care Assistance</li><li>• Financial Resources</li><li>• Family and/or Marriage Issues</li><li>• Substance Abuse</li></ul>	
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance	The Standard	Basic Life Benefit: \$10,000 AD&D Benefit: \$10,000	
Voluntary Life and AD&D Insurance	The Standard	<b>Option A:</b> Employee may elect coverage in increments of one (1), two (2), three (3) or four (4) times their annual salary rounded to the next multiple of \$1,000, up to \$500,000 max. <b>Option B:</b> Employee may elect coverage in the amount of \$10,000, \$15,000, \$25,000, \$50,000, \$75,000, \$100,000 or \$150,000. <b>Spouse Benefit:</b> \$10,000 <b>Dependent Child(ren) Benefit (Birth through Age 25): \$5,000</b> <i>*Employee must participate in Voluntary Employee Life plan for dependent spouse and/or child(ren) to participate. Spouse coverage can not exceed 100% of the employee's combined Basic and Voluntary Life coverage amount.</i>	
Supplemental Insurance Plans	Cigna	Accidental Injury Insurance	Accident Injury coverage provides a benefit when a covered person suffers covered injuries or undergoes a broad range of medical treatments or care resulting from a covered accident. Benefit amounts are paid regardless of actual expenses incurred from the covered injury.
		Hospital Care Insurance	Hospital Care coverage provides a benefit when a covered person incurs a hospital stay resulting from a covered injury or illness.
		Critical Illness Plan	Critical Illness coverage provides a lump sum benefit when a covered person is diagnosed with a covered critical illness or event after coverage is in effect.



This Benefits At-A-Glance is merely a summary of employee benefits. For a full description, refer to the plan document. Where conflict exists between this summary and the plan document, the plan document controls. Government of the United States Virgin Islands reserves the right to amend, modify or terminate the plan at any time. This Benefits At-A-Glance should not be construed as a guarantee of employment.