**Government of the United States Virgin Islands**Benefits At-A-Glance | Plan Year: October 1, 2025 - September 30, 2026



## **Medical Insurance**

Plan Name	Plan Description		
Cigna Open Access Plus Plan	In-Network	Out-of-Network	
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% After CYD	50% Coinsurance (No Mail Order)	

#### **Dental Insurance**

Plan Name	Plan Description	
Cigna Dental PPO Plan	In-Network	Out-of-Network
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% After CYD	Plan Pays: 40% After CYD
Orthodontia Lifetime Max	\$1,000	

<sup>\*</sup>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		
The Standard Balanced Care Vision II Plan		In-Network	Out-of-Network	
Eye Exam with Dilation		No Charge	Up to \$40 Reimbursement	
Contact Lenses Exam	Standard	Up to \$55 Copay Not Covered		
(Evaluation, Fit & Follow Up)	Premium	10% Off Retail	Not Covered	
Frequency	Eye Exam	12 Months		
	Lenses	12 Months		
	Contact Lenses	12 Months		
	Frames	24 Months		
Lenses	Single	No Charge	Up to \$40 Reimbursement	
	Bifocal	No Charge	Up to \$60 Reimbursement	
	Trifocal	No Charge	Up to \$80 Reimbursement	
	Lenticular	No Charge	Up to \$80 Reimbursement	
Frames		Up to \$150 Allowance	Up to \$45 Reimbursement	
Contact Lenses (In Lieu of Eyeglasses)	Non-Elective (Medically Necessary)	No Charge	Up to \$210 Reimbursement	
	Elective	Up to \$150 Allowance	Up to \$150 Reimbursement	

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#### **Additional Benefits**

Plan Name	Carrier		Plan Description
Employee Assistance Program (EAP)	Cigna	EAP offers employee and family me provide counseling services on issu  Child Care Resources  Legal Resources  Grief and Bereavement  Stress Management  Depression and Anxiety	ember(s) up to five (5) confidential sessions with a specialist to es such as:  Work Related Issues Adult & Elder Care Assistance Financial Resources Family and/or Marriage Issues Substance Abuse
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	Option A: 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.  Option B: Employee may elect coverage in the amount of \$10,000, \$15,000, \$25,000, \$50,000, \$75,000, \$100,000 or \$150,000.  Spouse Benefit: \$10,000  Dependent Child(ren) Benefit (Live Birth through Age 26): \$5,000  *Employee must participate in Basic 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.	
Supplemental Benefits		Accidental Injury	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.
	Cigna	Hospital Care	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 providers 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.