

# Loudoun County Government Group Health Plan Comparison—2022

Description of Service	Cigna Point-of-Service		Cigna Open Access Plus		CIGNA Choice HSA/HRA	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Employer-funded HSA/HRA	None	None	None	None	\$1,000/single \$2,000/family	\$1,000/single \$2,000/family
Annual Deductible <sup>1</sup>	None	\$1,500/person \$4,500/family	\$250/person \$750/family	\$1,500/person \$4,500/family	\$1,500/person \$3,000/family	\$2,500/person \$5,000/family
Out-of-Pocket (OOP) Maximum	\$4,000/person \$8,000/family	\$5,000/person \$15,000/family	\$4,000/person \$8,000/family	\$5,000/person \$15,000/family	\$6,450/person \$12,900/family	\$6,450/person \$12,900/family
Referrals Required	Yes	No	No	No	No	No
<b>Physician Services</b>						
	<sup>1</sup> after deductible		<sup>3</sup> actual charge if less			
Convenience Care Clinic	\$20 copay	N/A	\$20 copay	N/A	10% <sup>1</sup>	30% <sup>1</sup>
Physician Office Visit	\$20 copay	20% <sup>1</sup>	\$20 copay	30% <sup>1</sup>	10% <sup>1</sup>	30% <sup>1</sup>
Specialist Office Visit	\$35 copay	20% <sup>1</sup>	\$35 copay	30% <sup>1</sup>	10% <sup>1</sup>	30% <sup>1</sup>
Telehealth Services	\$20 copay	N/A	\$20 copay	N/A	10% <sup>1</sup>	N/A
Maternity Care Services	\$20/\$35 copay <sup>1</sup> st visit	20% <sup>1</sup>	\$20/\$35 copay	30% <sup>1</sup>	10% <sup>1</sup>	30% <sup>1</sup>
Lab Work & X– Rays	Covered in Full	20% <sup>1</sup>	10% <sup>1</sup>	30% <sup>1</sup>	10% <sup>1</sup>	30% <sup>1</sup>
Allergy Injections	\$20/\$35 copay	20% <sup>1,3</sup>	\$20/\$35 copay	30% <sup>1,3</sup>	10% <sup>1</sup>	30% <sup>1</sup>
<b>Preventive Care Benefits</b>						
	<sup>1</sup> after deductible		<sup>2</sup> applies to in-network OOP maximum			
Physician Office Visit	Covered in Full	20% <sup>1</sup>	Covered in Full	30% <sup>1</sup>	Covered in Full	30% <sup>1</sup>
Well Baby/Child Care	Covered in Full	20% <sup>1</sup>	Covered in Full	30% <sup>1</sup>	Covered in Full	30% <sup>1</sup>
Immunizations	Covered in Full	20% <sup>1</sup>	Covered in Full	30% <sup>1</sup>	Covered in Full	30% <sup>1</sup>
<b>Emergency Services</b>						
	<sup>1</sup> after deductible		<sup>2</sup> applies to in-network OOP maximum			
Urgent Care Centers	\$35 copay <sup>2</sup>		\$35 copay <sup>2</sup>		10% <sup>1</sup>	10% <sup>1</sup>
Emergency Room	\$150 per visit <sup>2</sup>		\$150 per visit <sup>2</sup>		10% <sup>1</sup>	10% <sup>1</sup>
<b>Hospital Inpatient &amp; Outpatient</b>						
	<sup>1</sup> after deductible		<sup>2</sup> applies to in-network OOP maximum			
Semi-Private Room	\$100 copay	\$200 copay then 20% <sup>1</sup>	\$100 copay then 10% <sup>1</sup>	\$200 copay then 30% <sup>1</sup>	10% <sup>1</sup>	30% <sup>1</sup>
Professional Services	Covered in Full	20% <sup>1</sup>	10% <sup>1</sup>	30% <sup>1</sup>	10% <sup>1</sup>	30% <sup>1</sup>
Outpatient Surgical Procedures (Facility)	\$50 copay	\$100 copay then 20% <sup>1</sup>	\$50 copay then 10% <sup>1</sup>	\$100 copay then 30% <sup>1</sup>	10% <sup>1</sup>	30% <sup>1</sup>
Professional Fees	Covered in Full	20% <sup>1</sup>	10% <sup>1</sup>	30% <sup>1</sup>	10% <sup>1</sup>	30% <sup>1</sup>
<b>Mental Health / Substance Abuse</b>						
	<sup>1</sup> after deductible		<sup>2</sup> applies to in-network OOP maximum			
Inpatient Days	\$100 copay	\$200 copay then 20% <sup>1</sup>	\$100 copay then 10% <sup>1</sup>	\$200 copay then 30% <sup>1</sup>	10% <sup>1</sup>	30% <sup>1</sup>
Outpatient Visits	\$35 copay	20% <sup>1</sup>	\$35 copay	30% <sup>1</sup>	10% <sup>1</sup>	30% <sup>1</sup>
<b>Express-Scripts</b>						
	<sup>1</sup> after deductible		<sup>2</sup> applies to in-network OOP maximum			
<b>Pharmacy Benefits – 30 day supply</b>						
Generic	\$7	20% (of maximum allowable charges)	\$7	30% (of maximum allowable charges)	10% <sup>1</sup>	10% <sup>1</sup>
Brand Name Formulary	\$28	20% (of maximum allowable charges)	\$28	30% (of maximum allowable charges)	25% <sup>1</sup>	25% <sup>1</sup>
Non-Formulary Brand	\$50	20% (of maximum allowable charges)	\$50	30% (of maximum allowable charges)	40% <sup>1</sup>	40% <sup>1</sup>

**Questions?**

**Contact Benefits Help Line at 703-777-0517 or [benefits@loudoun.gov](mailto:benefits@loudoun.gov).**

<b>Dental Benefits</b>				
Description of Service	In-Network		Out-of-Network	General Plan Information
	PPO	Premier		
<b>Annual Deductible</b>	\$50	\$50	\$50	Limit of 3 per family per calendar year
<b>Annual Benefit Maximum</b>	\$1,500	\$1,500	\$1,500	Per enrollee, per calendar year
<b>Orthodontic Lifetime Maximum</b>	\$1,500	\$1,500	\$1,500	Per enrollee, for subscriber and covered dependent
<b>Diagnostic &amp; Preventive Care / Prevention First</b> <i>–Cleanings twice in a calendar year</i>	100%	100%	80%	Oral exams and cleanings, fluoride applications, bitewing x-rays, space maintainers, sealants . *These services are exempt from the deductible and annual maximum)
<b>Basic Dental Care</b> <i>(after deductible)</i>	80%	80%	60%	Fillings, stainless steel crown, oral surgery, denture repair and recementation of crowns, endodontic services, periodontal services
<b>Major Dental Care</b> <i>(after deductible)</i>	80%	80%	50%	Prosthodontics / dentures/ bridges, crowns
<b>Orthodontic Benefits</b>	50%	50%	50%	
<b>Vision Benefits</b>				
Description of Service	In-Network			Out-of-Network
<b>Examination - Once per 12 months</b>	\$15 copay			Up to \$35 reimbursement
<b>Lenses - Once per 12 months</b>	Fashion \$0 copay	Designer \$0 copay	Premier \$25 copay	Up to \$25 — Single Vision Up to \$40 — Bifocals
<b>Materials - Once per 12 months</b>	\$130 wholesale allowance			Up to \$35 reimbursement
<b>Contact Lenses - Once per 12 months</b>	\$15 exam plus \$130 max allowance			Up to \$35 exam Up to \$95 lenses
<b>Contact Lenses (Medically Necessary) -Once per 12 months</b>	Covered in full after \$15 copay			Up to \$210

*This summary is for informational purposes only and should not be construed as a final representation of benefit coverage. In case of any conflict between this summary and the County's official summary plan description, provisions of the summary plan description will govern. Refer to the county intranet located at Pay & Benefits Portal / Benefits & Wellness / Health Plan Benefits.*