

Retiree Update

Retiree Plan Open Enrollment November 1 - November 30, 2023

Open Enrollment is November 1-30, 2023, and this year it's more important than ever.

What's Different About This Year

This year is an active open enrollment which means you must take action to enroll this year. **If you don't enroll, you'll default into no coverage. If you don't participate in active open enrollment, you and your family members will not have health insurance for plan year 2024.** The deadline to elect your 2024 benefits is November 30.

You can enroll online through the new retiree self service online portal from November 1 through November 30, 2023. Follow the instructions in this newsletter to enroll.

If you have questions or need additional information about the Retiree Health Plans, make a virtual appointment to talk with our CIGNA Care Advocate, call the Benefits Help Line at 703-777-0517 or email benefits@loudoun.gov. If you need information on how a claim was paid, please email LCG.inquiries@cigna.com.

Open Enrollment Meetings

In person Meetings are held at Government Center

Town Hall Meetings

November 1, 2023 | Noon - 1:30 p.m. | Board Room
1:30-3:30 p.m. | Vendor Meet and Greet | Dulles Room
November 8, 2023 | Noon - 1:30 p.m. | Board Room (Retiree Focused)
November 15, 2023 | Noon - 2 p.m. | Virtual

Enrollment Assistance

November 1, 2023 | 1 p.m. - 3 p.m. | Dulles Room
November 8, 2023 | 1:30 p.m. - 3:30 p.m. | Dulles Room
November 30, 2023 | 8:30 a.m. - 5:00 p.m. | Dulles Room

Visit [Loudoun.gov/retiree](https://loudoun.gov/retiree) for more information and for virtual meeting link.

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What's New for Plan Year 2024?

The Loudoun County Group Health Plan is a self-insured plan. Contributions from employees, retirees and the County are deposited into the County's self-insurance fund to pay expenses such as medical, prescription drug, dental and vision care claims incurred by those enrolled in the plan and the associated administrative costs. Rates are driven primarily by medical spending and anticipated medical trend.

View the complete details of the approved board item for the health plan at loudoun.gov/meetings select July 5, 2023 and September 19, 2023.

A summary of the changes:

- At the July 5, 2023, Board of Supervisors Business Meeting, the Board voted to replace the current Cigna Point of Service (POS) network of medical providers with the Cigna Open Access Plus (OAP) network of medical providers while maintaining the same plan design and structure as the current POS plan. This means that beginning on January 1, 2024, there will be a new plan, Cigna OAP High. The Cigna OAP High medical plan option will provide the same coverage levels (e.g., copays, deductibles, coinsurances, out-of-pocket maximums) as the current POS plan. This change allows:
 - Bigger network = more opportunities to receive in-network care. We've expanded your care network. This means that some providers were previously out-of-network are now in-network!
 - Enhanced support for finding care. Struggle to find an in-network provider? A covered treatment? The right way to manage a condition or recovery plan? We've expanded healthcare case management services to provide you personalized help to manage conditions or recovery at the right time.
- Cigna has updated its vision network and Post-65 retirees enrolled in the Medicare Surround Plan will be receiving new cards. Learn more about the network change on page 6.
 - Frequency for eye exams and eye hardware will be on an annual calendar-year basis rather than one every 12 months.



Flexible Benefits Administrators (FBA) will send health premium letters to retirees impacted by plan and rate changes in December. All health plan premium payments and billing correspondence should be directed to:

FBA / Retiree Division
P.O. Drawer 2070
Virginia Beach, VA 23450
Fax: 757-431-1155
Email: retireedivision@flex-admin.com



Post 65 Medicare eligible retirees can expect a mailing from Cigna with their Plan Year 2024 plan summaries for the Cigna Medicare Surround Plan in December.

Flu Shot Clinics

The Centers for Disease Control and Prevention (CDC) recommends annual influenza vaccination for everyone 6 months and older with any licensed age-appropriate flu vaccine. Read more about the CDC recommendations on how to fight the flu at [cdc.gov/flu/](https://www.cdc.gov/flu/)

If you are unable to make a county sponsored clinic, you can get your flu shot at [in-network pharmacies nationwide](#) or your doctor's office.

Schedule

Elections & Voter Registration - October 4 | 9 a.m. to 1 p.m.

- 750 Miller Drive, Suite 150, Leesburg; Conference Room

Government Center - October 5 & October 16 | 9 a.m. to 1 p.m.

- 1 Harrison Street, Leesburg; Dulles Room

Tech 10 Building - October 11 | 9 a.m. to 11 a.m.

- 46000 Center Oak Plaza, Sterling; 2nd Floor Break Room

Shenandoah Building - October 12 | 9 a.m. to 1 p.m.

- 102 Heritage Way NE, Leesburg; Shenandoah Room

Drive-Thru Clinic: 11 a.m. to 3 p.m.

Philip Bolen Park - October 25

- 42405 Claudia Dr, Leesburg

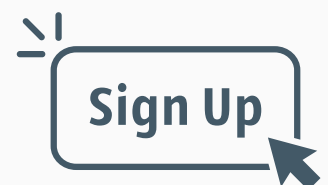


**Schedule an appointment at
loudoun.gov/retiree
or scan the QR code with your
phone:**



Join Wellness Events

Retirees are invited to participate in county wellness activities. Stay up-to-date with events by subscribing to receive updates online at loudoun.gov/retiree.



The new Open Access Plus High Plan is a part of the Cigna OAP Network. This plan along with the existing Cigna Open Access Plus and the Cigna Health Reimbursement Arrangement offers significant savings for you and your family. **Learn more about the benefits of the Cigna Open Access Plus Network.**

THE CARE YOU NEED. THE SAVINGS YOU WANT.

Get both with the Open Access Plus plan from Cigna.



Offering flexible access to thousands of providers – plus programs and services to support your whole health needs – the Open Access Plus (OAP) plan is designed to make it easier for you to get the quality care you need and the savings you want.

Here's how it works.

› In-network savings

You have the freedom to use any provider or facility of your choice, whether they are in the Cigna OAP network or out of the network. Just know that staying in-network will help keep your costs down and avoid any additional paperwork.

› No-referral specialist care

A primary care provider (PCP) is recommended, but not required. If you need to see a specialist for any reason, you don't need a referral to see an in-network health care provider. If you choose an out-of-network specialist, your care will be covered at the out-of-network level and you may be responsible for any preauthorizations needed.

› Care coordination

Our robust medical management program provides you and your family a valuable resource for one-on-one support and guidance to the right programs and services.

› Hospital stays

In an emergency, you have coverage. However, requests for nonemergency hospital stays (other than maternity stays) and some types of outpatient care must have prior authorization or be preauthorized. This lets Cigna determine if the services are covered by your plan.

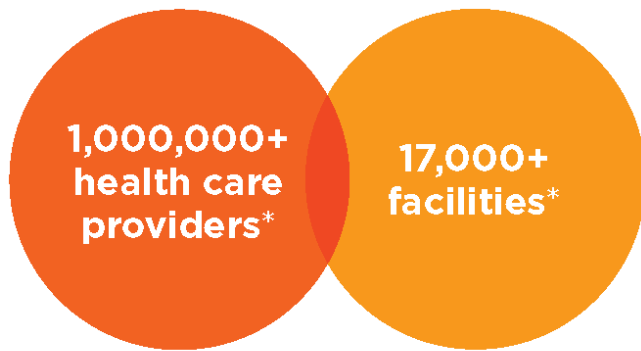
If your provider is in the Cigna OAP network, he or she will arrange for prior authorization. If you use an out-of-network provider, you must make the arrangements.

› Out-of-pocket costs

Depending on your plan, you may have to pay an annual amount (deductible) before your plan begins to pay for covered health care costs. You may also need to pay a copay and/or coinsurance (a portion of the covered charge) for covered services. Then, your plan pays the rest. Once you reach an annual limit on your payments (out-of-pocket maximum), the health plan pays your covered health care costs at 100% for the rest of your plan year.

If you receive out-of-network care, your costs will be higher. Out-of-network providers and facilities may also bill you for charges that are not covered by the plan. Charges not covered by the plan do not contribute to your deductible or out-of-pocket limits.

**Great care anywhere.
Where you live, work or travel**



Added convenience and support

› **Virtual Care**

Connect 24/7 with board-certified providers and pediatricians for minor medical conditions. You can also schedule online appointments for licensed counselors or psychiatrists for behavioral or mental health conditions. You and your covered family members can get care from anywhere via video or phone.**

› **Cigna Health Information Line**

With the Cigna Health Information Line, clinicians are just a phone call away – 24/7, and at no extra cost. They can help you understand health issues you might be experiencing, and help you to make informed decisions – whether it's reviewing home treatment options, following up on a provider's appointment, or choosing and finding the right care in the right setting.

› **Live, 24/7/365 customer service**

Customer service representatives are here for you where and when you need us – over the phone, via chat at **myCigna.com** or on the myCigna® App.

› **The myCigna website and app**

On **myCigna.com** and the myCigna App, you have easy access to personalized tools to help you take control of your health and your health care spending. From your computer or mobile device, you can:

- Manage and track claims
- See cost estimates for medical procedures
- Compare quality information for providers and hospitals
- Track your account balances and deductibles
- Use the easy health and wellness tools
- Print a temporary ID card



Want to check if your provider is in the Cigna OAP network before you enroll?

Just go to [Cigna.com](https://www.cigna.com) and click on “Find a Provider, Dentist or Facility” and then click on “Plans through your employer or school” to search the provider directory.



* Based on Cigna internal provider data for OAP service area as of 2/2020. Subject to change.

** Not all plans include coverage for behavioral services. Check your plan documents for details. Cigna provides access to virtual care through national telehealth providers as part of your plan. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers. This service is separate from your health plan's network and may not be available in all areas. A primary care provider referral is not required for this service. In general, to be covered by your plan, services must be medically necessary and used for the diagnosis or treatment of a covered condition. Not all prescription drugs are covered. Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. See your plan materials for costs and details of coverage, including other telehealth/telemedicine benefits that may be available under your specific health plan.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents.



Cigna Healthcare's Vision Network

**More access.
More savings.**

PEOPLE ARE BUSY – WE GET IT.

That's why we work hard to provide vision benefits that are easy to use, flexible and convenient. And that includes making sure customers have choices when it comes to how they access vision care services.

The Cigna HealthcareSM Vision Network* includes many retail providers that offer evening and weekend hours. This makes getting important vision care services a little easier for people with busy schedules. Some providers even have onsite labs so employees can get their glasses in about an hour, or the same day.

With options that include independent providers, as well as large national retail providers and online providers, your employees can get the care they need when and how they need it.



POPULAR RETAIL PROVIDERS**



ONLINE PROVIDERS**



MORE RETAIL PROVIDERS**

3 Guys Optical	EYEXAM of California	Quantum Vision
Abba Eye Care	Gulf Coast Optometry	Rx Optical
All About Eyes	Heartland Vision	Schaeffer Eye Center
Bard Optical	Henry Ford OptimEyes	SEE, Inc.
Clarkson Eyecare	International Eyecare Center	Shopko Optical
Crown Optical	Marion Eye Centers & Optical	Site for Sore Eyes
Dr. Travel Family Eye Care	Meijer Optical	Southwestern Eye Center
Drs. May & Hettler	Midwest Eye Consultants	Sterling Vision Care
Eye Association of New Mexico	Midwest Vision Centers	SVS Vision
Eye Boutique	MyEyeDr.	Texas State Optical
Eyecare Associates	Nationwide Vision Centers	The Eye Doctors
Eyecarecenter	Northeastern Eye Institute	Today's Vision
Eyeglass World	Oakley Store	Vista Optical
Eyemart Express	One Hour Optical	Wing Eyecare
Eyes on Missouri	Ossip Otometry	Wisconsin Vision
Eyetique		



Explore the new Cigna
Healthcare Vision Network

To see participating providers, view our network directory. You can search by location or name, and you can even search for online providers.

[Cigna Healthcare Vision Directory](#)

LEARN MORE

To learn more about vision solutions from Cigna Healthcare, contact your Cigna Healthcare representative.

*The information included in this document refers to network data and information for Cigna Healthcare Vision products sold on or after September 1, 2022.

**Listing is not all-inclusive, and is subject to change.

Product availability may vary by location and plan type and is subject to change. All group vision insurance policies and vision benefit plans contain exclusions and limitations. For costs and details of coverage, contact a Cigna Healthcare representative.

Cigna Healthcare Vision plans are only available to employers who also offer a Cigna Healthcare group medical or dental product to their employees. All Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company (Bloomfield, CT), or their affiliates. Policy forms: OK – HP-APP-1 et al., OR – HP-POL38 02-13, TN – HP-POL43/HG-CER1V1 et al. (CHLIC); GSA-COVER, et al. (CHG-TN).

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Restore the sounds of your life

And still hear the jingle in your pocket



Did you know?

1 in 9 Americans has hearing loss, and left untreated, it may profoundly impact your quality of life.

Your hearing program

Cigna Healthy Rewards^{®†} has teamed up with Amplifon to make high quality hearing care easy to access and affordable, including complementary aftercare services:*



Risk-free trial – find your right fit by trying your hearing aids for 60 days



Battery support – battery supply or charging station to keep you powered



Savings – save an average of 64 % off of retail hearing aid prices



Warranty – 3 year coverage for loss, repairs, or damage

For help with hearing care or to learn more, call or visit:

www.amplifonusa.com/healthyrewards
877-822-7095

amplifon Hearing Health Care.

OFFERED THROUGH  **Cigna**®

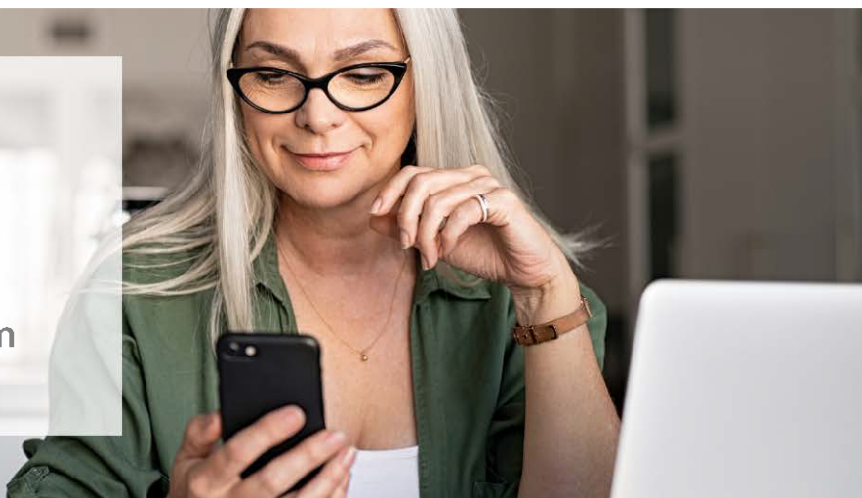
***Risk-free trial** - 100% money back guarantee if not completely satisfied, no return or restocking fees. **Batteries** - Maximum of 80 cells/year per year for five years or until the purchase of a new device, whichever comes first, or one standard charger at no additional cost. **Warranty** - Exclusions and limitations may apply. Contact Client Services (1-844-267-5436) for details.

†Hearing services are administered by Amplifon Hearing Health Care, Corp. Amplifon Hearing Health Care is solely responsible for the administration of hearing health care services, and its own financial and contractual obligations. Cigna and Amplifon are independent, unaffiliated companies. The Healthy Rewards discount program is separate from your medical benefits. If your plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. A discount program is NOT insurance and you must pay the entire discounted charge. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. Participating providers are independent contractors solely responsible for any care, products, or services provided. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, and HMO or service company subsidiaries of Cigna Health Corporation. "Cigna" and "Healthy Rewards" are registered service marks of Cigna Intellectual Property, Inc.

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Delta Dental — Virtual Visits

delivered by TeleDentistry.com



We give you another reason to smile! Members of Delta Dental of Virginia have 24/7/365 access to a dentist through Delta Dental — Virtual Visits when your dentist is not available.*

It's safe.

Teledentistry is a safe and effective way to receive care and avoid the emergency room. You can use Delta Dental — Virtual Visits when you:

- have a dental emergency and do not have a dentist,
- need access to a dentist after hours,
- or need to consult a dentist without leaving home or while traveling.

The teledentistry service is included in your existing dental plan* and counts as an oral examination.

Follow these steps to get started

Step 1: Visit DeltaDentalVA.com and click on Delta Dental — Virtual Visits to create an online account.

Step 2: Fill out required online forms.

Step 3: Take photos of the problem area.

Step 4: Connect with a TeleDentistry.com dentist and begin your consultation.

It's easy.

You can conveniently access the teledentistry service by a smartphone, tablet or computer with audiovisual capabilities. Or you may call a dedicated phone number at **866-256-2101**.

TeleDentistry.com dentists provide the initial consultation and can write prescriptions** when appropriate. Members will then be referred to a Delta Dental network dentist for further diagnosis and treatment.

After the initial consultation

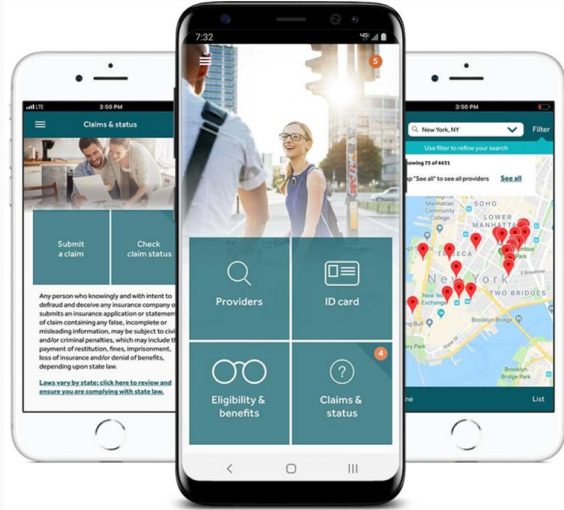
The TeleDentistry.com dentist will email consultation notes to your Delta Dental network dentist for further treatment. If you have not established care with a Delta Dental dentist, TeleDentistry.com will refer you to an in-network dentist.

Need more help? Call the Delta Dental — Virtual Visits dedicated phone number, available 24/7/365 at 866-256-2101.

*TeleDentistry.com services are only available to current Delta Dental of Virginia members. A TeleDentistry.com consultation counts as a problem-focused exam (D0140) under your dental plan. **e-prescriptions are not available internationally through TeleDentistry.com.

Mobile Apps

Manage your health in the palm of your hands using mobile apps available through Cigna, Express Scripts, Davis Vision and Delta Dental



Find these apps on the AppStore and Google Play.



Update Your Contact Information



Make sure we have your most current contact information. When you move or change your phone number, please call us at 703-777-0517 or email eligibility@loudoun.gov.

Share your email address with us to get updated health plan information and other important updates. Stay informed by visiting loudoun.gov/retiree for news updates.

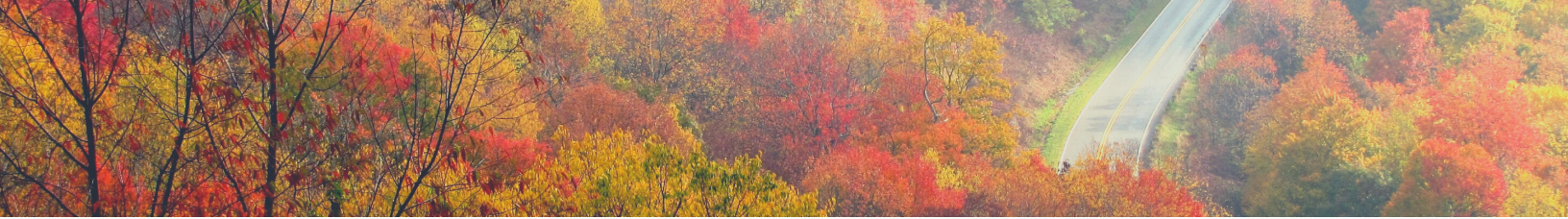
Please update your emergency contact information as soon as possible if anything has change in the last 12 months.

Legally Required Notices

Find all legally required notices on loudoun.gov/retiree, including:

- Women's Health and Cancer Rights Act Notice
- Medicaid & the Children's Health Insurance Program (CHIP)
- Notice of Privacy Practices for Protected Health Information
- Creditable Coverage Notice





Important Notice

From Loudoun County Government About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Loudoun County Government 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. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

Important Points

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

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

When Can You Join A Medicare Drug Plan?

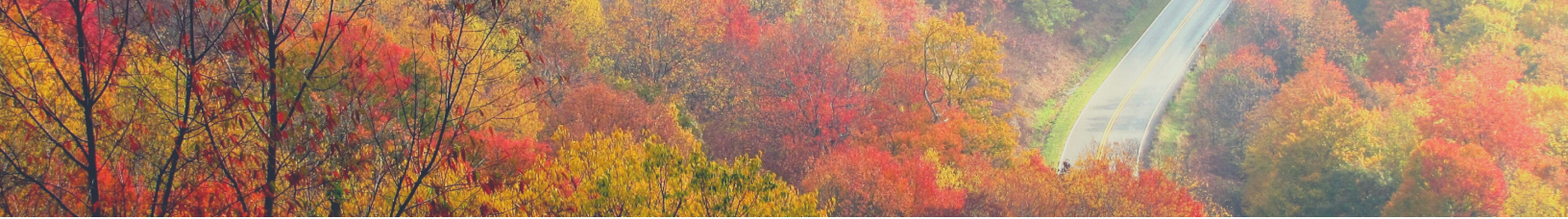
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you do decide to join a Medicare drug plan, your current Loudoun County Government coverage will end for you and all your covered dependents. Be aware that you and your dependents cannot get this coverage back. Although your medical, dental and vision coverages will remain the same, prescription drug coverage will no longer be available to you under the Loudoun County Group Health Plan. You may be entitled to a premium reduction if this occurs. Please contact us for more information.

If You Do NOT Join...

If you do not enroll in a Medicare drug plan, your prescription drug coverage under the Loudoun County Group Health Plan will continue.



When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the Loudoun County Group Health Plan 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% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% 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 October to join.

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

- Department of Human Resources, Benefits Division
Loudoun County, Virginia
1 Harrison St. SE, 4th Floor, P.O. Box 7000, Leesburg, VA 20177-7000
- Call the Loudoun County Benefits Help Line at 703-777-0517.

For more information about your options under Medicare prescription drug coverage:

More detailed information about Medicare plans that offer prescription drug coverage is available in the "Medicare & You" handbook. You'll get 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 [medicare.gov](https://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 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

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 [socialsecurity.gov](https://www.socialsecurity.gov) or call them at 1-800-772-1213 (TTY 1-800-325-0778).

You will receive this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Loudoun County Government changes. You also may request a copy of this notice at any time.

REMEMBER: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

October 6, 2023: Loudoun County Department of Human Resources — Benefits Division



Approaching age 65 in 2024? Think Ahead about Medicare

If you or your spouse will turn age 65 in 2024, you will want to become familiar with how Medicare enrollment rules could affect you. Understanding how Medicare enrollment works will help you avoid late enrollment or unintended gaps in health care coverage.

Enroll in Medicare Part A and Part B on time.

Contact Social Security three (3) months before you become entitled to Medicare to start the enrollment process. Medicare has a late enrollment penalty for people who don't sign up for Part B when initially eligible.

Understand when your coverage will start.

The effective date of your Medicare coverage is tied to the month you turn age 65 and when you sign up for Medicare Part A and Part B. Missing Medicare's Initial Enrollment Period could mean you won't have Medicare coverage until the next General Enrollment Period, potentially leaving you without Medicare coverage for several months. This can also affect your coverage under the County-sponsored Plan.

How to Get Help

- Call Social Security at 1-800-772-1213 or visit ssa.gov/medicare/apply.html for information about your Medicare eligibility and to sign up for Part A and/or Part B.
- Visit medicare.gov for general information or enroll online in less than 10 minutes.
- Call the Loudoun County Benefits Help Line at 703-777-0517 for questions about how Medicare enrollment coordinates with your County-sponsored retiree coverage.

Some Medicare Basics

- Medicare is administered by the Centers for Medicare & Medicaid Services (CMS). The Social Security Administration works with CMS to enroll people in Medicare.
- Medicare covers certain medical services and supplies in hospitals, doctors' offices, and other health care settings. Your Cigna Medicare Surround Plan helps provide coverage for services and supplies that are not covered by Medicare.

Important Reminders

Loudoun County requires you and your Medicare eligible dependents to enroll in both Medicare Part A and Part B, if entitled, when you first become eligible to qualify for enrollment in the Cigna Medicare Surround Plan and CIGNA Rx Medicare.

About three (3) months prior to becoming Medicare eligible, you will receive a letter notifying you of your eligibility and advising you to provide a copy of your Medicare Part A and Part B card to Loudoun County Benefits once you receive it.

Upon receiving a copy of your Medicare ID card, your coverage under the County's Plan will be transitioned to CIGNA Medicare Surround and CIGNA Rx Medicare. The CIGNA Medicare Surround Plan will coordinate with your coverage under Medicare. You must provide proof of enrollment to the Loudoun County Benefits Division 45 days prior to your Medicare coverage effective date, otherwise you may become responsible for expenses Medicare doesn't pay. It takes a minimum of 30 days to transition your coverage which includes notification to CMS. Your coverage effective date will be the first day of the following month.

Medicare coverage does not include prescription drug benefits. However, it is important that you do not enroll in a Medicare Part D Prescription Drug Plan. Your prescription drug benefits are included under the County's Plan through CIGNA Rx Medicare, a Medicare Prescription Drug Plan that contracts with the federal government.

Once your coverage has transitioned to CIGNA Medicare Surround and CIGNA Rx Medicare, you will receive new ID cards for both your medical and prescription drug coverage. It is important that you present your new ID cards along with your Medicare card when you receive care to ensure that your claims are filed correctly.

Medicare Enrollment Is Required

Retirees, spouses & dependent children who are eligible for Medicare Parts "A" & "B" and disability retirees must enroll for Medicare coverage at the time you become eligible.

Pre-65 Group Health Plan Comparison - Plan Year 2024

Description of Service	Cigna Open Access Plus High		Cigna Open Access Plus		CIGNA Choice HRA	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Employer-funded HRA	None	None	None	None	\$1,000/single \$2,000/family	\$1,000/single \$2,000/family
Annual Deductible ¹	None	\$1,500/person \$4,500/family	\$250/person \$750/family	\$1,500/person \$4,500/family	\$1,600/person \$3,200/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	No	No	No	No	No	No
Physician Services ¹ after deductible ³ actual charge if less						
Convenience Care Clinic	\$20 copay	20% ¹	\$20 copay	30% ¹	10% ¹	30% ¹
Physician Office Visit	\$20 copay	20% ¹	\$20 copay	30% ¹	10% ¹	30% ¹
Specialist Office Visit	\$35 copay	20% ¹	\$35 copay	30% ¹	10% ¹	30% ¹
Telehealth Services	\$20 copay	N/A	\$20 copay	N/A	10% ¹	N/A
Maternity Care Services	\$20/\$35 copay 1 st visit	20% ¹	\$20/\$35 copay	30% ¹	10% ¹	30% ¹
Lab Work & X– Rays	Covered in Full	20% ¹	10% ¹	30% ¹	10% ¹	30% ¹
Allergy Injections	\$20/\$35 copay	20% ^{1,3}	\$20/\$35 copay	30% ^{1,3}	10% ¹	30% ¹
Preventive Care Benefits ¹ after deductible						
Physician Office Visit	Covered in Full	20% ¹	Covered in Full	30% ¹	Covered in Full	30% ¹
Well Baby/Child Care	Covered in Full	20% ¹	Covered in Full	30% ¹	Covered in Full	30% ¹
Immunizations	Covered in Full	20% ¹	Covered in Full	30% ¹	Covered in Full	30% ¹
Emergency Services ¹ after deductible ² applies to in-network OOP maximum						
Urgent Care Centers	\$35 copay ²		\$35 copay ²		10% ¹	10% ¹
Emergency Room	\$150 per visit ²		\$150 per visit ²		10% ¹	10% ¹
Hospital Inpatient & Outpatient ¹ after deductible						
Semi-Private Room	\$100 copay	\$200 copay then 20% ¹	\$100 copay then 10% ¹	\$200 copay then 30% ¹	10% ¹	30% ¹
Professional Services	Covered in Full	20% ¹	10% ¹	30% ¹	10% ¹	30% ¹
Outpatient Surgical Procedures (Facility)	\$50 copay	\$100 copay then 20% ¹	\$50 copay then 10% ¹	\$100 copay then 30% ¹	10% ¹	30% ¹
Professional Fees	Covered in Full	20% ¹	10% ¹	30% ¹	10% ¹	30% ¹
Mental Health / Substance Abuse ¹ after deductible						
Inpatient Days	\$100 copay	\$200 copay then 20% ¹	\$100 copay then 10% ¹	\$200 copay then 30% ¹	10% ¹	30% ¹
Outpatient Visits	\$35 copay	20% ¹	\$35 copay	30% ¹	10% ¹	30% ¹
Express-Scripts Pharmacy Benefits – 30 day supply ¹ after deductible						
Generic	\$7	20% (of maximum allowable charges)	\$7	30% (of maximum allowable charges)	10% ¹	10% ¹
Brand Name Formulary	\$28	20% (of maximum allowable charges)	\$28	30% (of maximum allowable charges)	25% ¹	25% ¹
Non-Formulary Brand	\$50	20% (of maximum allowable charges)	\$50	30% (of maximum allowable charges)	40% ¹	40% ¹

Dental Benefits - Plan Year 2024

Plan Benefit	In-Network		Out-of-network	General Plan Information
	PPO	Premier		
Annual Deductible	\$50	\$50	\$50	Limit of 3 per family per calendar year.
Annual Benefit Maximum	\$2,000	\$2,000	\$2,000	Per enrollee, per calendar year.
Orthodontic Lifetime Maximum	\$1,500	\$1,500	\$1,500	Per enrollee, for subscriber and covered dependent
Description of Services				After deductible
Diagnostic & Preventive Care/Prevention First 2 Cleanings twice in a calendar year	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.
Basic Dental Care	80%	80%	60%	Fillings, stainless steel crown, oral surgery, denture repair and recommendation of crowns, endodontic services, periodontic services
Major Dental Care	80%	80%	50%	Prosthetics/dentures/bridges, crowns
Orthodontic Benefits	50%	50%	50%	
Right Start 4 Kids Dental Program	100%	100%	Not covered	Coverage for diagnostic, preventive, basic and major services, with no deductible

Davis Vision Benefits - Plan Year 2024 (pre-65 only)

Description of Service	In-Network			Out-of-network
Examination - <i>annual</i>	\$15 copay			Up to \$35 reimbursement
Frames - <i>annual</i>	Fashion \$0 copay	Designer \$0 copay	Premier \$25 copay	Up to \$25 Single Vision Up to \$40 Bifocals
	or \$130 retail allowance			
Lenses - <i>annual</i>	\$15 copay			Up to \$35 reimbursement
Contact Lenses - <i>annual</i>	\$15 copay (Davis Collection), or \$130 retail allowance			Up to \$35 exam Up to \$95 lenses

Plan Rates 2024

PRE-65 RETIREE GROUP HEALTH PLAN RATES January 1, 2024 – December 31, 2024						
	Open Access Plus High (OAPH)			Open Access Plus (OAP)		
	Retiree (monthly)	County (monthly)	Total (monthly)	Retiree (monthly)	County (monthly)	Total (monthly)
Retirees with 25+ yrs						
Individual	\$294.08	\$1,070.13	\$1,364.21	\$116.71	\$944.34	\$1,061.05
2 Individuals	\$777.60	\$1,814.39	\$2,591.99	\$393.13	\$1,622.87	\$2,016.00
3+ Individuals (Family)	\$1,555.19	\$2,332.80	\$3,887.99	\$1,058.39	\$1,965.61	\$3,024.00
Retirees: 20 – 24 yrs						
Individual	\$565.62	\$798.59	\$1,364.21	\$307.96	\$753.09	\$1,061.05
2 Individuals	\$1,321.91	\$1,270.08	\$2,591.99	\$798.84	\$1,217.16	\$2,016.00
3+ Individuals (Family)	\$2,255.04	\$1,632.95	\$3,887.99	\$1,549.80	\$1,474.20	\$3,024.00
Retirees with 15 – 19 yrs						
Individual	\$939.09	\$425.12	\$1,364.21	\$639.51	\$421.54	\$1,061.05
2 Individuals	\$1,858.83	\$733.16	\$2,591.99	\$1,289.79	\$726.21	\$2,016.00
3+ Individuals (Family)	\$2,954.87	\$933.12	\$3,887.99	\$2,141.15	\$882.85	\$3,024.00
Retirees with 10 – 14 yrs						
Individual	\$1,150.20	\$214.01	\$1,364.21	\$828.96	\$232.09	\$1,061.05
2 Individuals	\$2,222.87	\$369.12	\$2,591.99	\$1,615.68	\$400.32	\$2,016.00
3+ Individuals (Family)	\$3,415.87	\$472.12	\$3,887.99	\$2,538.14	\$485.86	\$3,024.00
	CIGNA Choice Health Reimbursement Arrangement (HRA)					
	Retiree (monthly)	County				
		(monthly)	HRA Monthly Contribution	HRA Annual Contribution	Total (monthly)	
Retirees with 25+ yrs						
Individual	\$66.84	\$541.83	\$83.33	\$1,000.00	\$692.01	
2 Individuals	\$201.04	\$949.27	\$166.67	\$2,000.00	\$1,316.98	
3+ Individuals (Family)	\$560.13	\$1,117.00	\$166.67	\$2,000.00	\$1,843.80	
Retirees: 20 – 24 yrs						
Individual	\$182.10	\$426.58	\$83.33	\$1,000.00	\$692.01	
2 Individuals	\$463.92	\$686.39	\$166.67	\$2,000.00	\$1,316.98	
3+ Individuals (Family)	\$1,135.20	\$541.93	\$166.67	\$2,000.00	\$1,843.80	
Retirees with 15 – 19 yrs						
Individual	\$383.81	\$224.87	\$83.33	\$1,000.00	\$692.01	
2 Individuals	\$802.84	\$347.47	\$166.67	\$2,000.00	\$1,316.98	
3+ Individuals (Family)	\$1,455.42	\$221.71	\$166.67	\$2,000.00	\$1,843.80	
Retirees with 10 – 14 yrs						
Individual	\$499.06	\$109.61	\$83.33	\$1,000.00	\$692.01	
2 Individuals	\$996.52	\$153.78	\$166.67	\$2,000.00	\$1,316.98	
3+ Individuals (Family)	\$1,542.32	\$134.81	\$166.67	\$2,000.00	\$1,843.80	
Pre-65 RETIREE DENTAL & VISION PLAN RATES January 1, 2024 – December 31, 2024						
	Retiree (monthly)	County (monthly)	Total (monthly)			
Retirees with 25+ yrs						
Individual	\$7.81	\$44.29	\$52.10			
2 Individuals	\$19.33	\$74.81	\$94.14			
3+ Individuals (Family)	\$32.57	\$97.71	\$130.28			
Retirees: 20 – 24 yrs						
Individual	\$18.89	\$33.21	\$52.10			
2 Individuals	\$41.42	\$52.72	\$94.14			
3+ Individuals (Family)	\$61.88	\$68.40	\$130.28			
Retirees with 15 – 19 yrs						
Individual	\$34.39	\$17.71	\$52.10			
2 Individuals	\$64.01	\$30.13	\$94.14			
3+ Individuals (Family)	\$91.21	\$39.07	\$130.28			
Retirees with 10 – 14 yrs						
Individual	\$43.25	\$8.85	\$52.10			
2 Individuals	\$79.09	\$15.05	\$94.14			
3+ Individuals (Family)	\$110.73	\$19.55	\$130.28			

Medicare Rates - Plan Year 2024

POST-65 MEDICARE ELIGIBLE RETIREE GROUP HEALTH PLAN RATES January 1, 2024 – December 31, 2024 Medicare Eligible Disability Retirees						
	Medicare Surround Plan (MSP) - medical, prescription drugs, vision			DENTAL PLAN ONLY		
	Retiree (monthly)	County (monthly)	Total (monthly)	Retiree (monthly)	County (monthly)	Total (monthly)
Retirees with 25+ yrs						
1 Medicare	\$74.93	\$394.50	\$469.43	\$5.48	\$49.49	\$54.97
2 Medicare	\$149.84	\$789.03	\$938.87	\$10.97	\$98.97	\$109.94
3 Medicare	\$224.77	\$1,183.53	\$1,408.30	\$16.46	\$148.45	\$164.91
Retirees: 20 – 24 yrs						
1 Medicare	\$107.03	\$362.40	\$469.43	\$8.24	\$46.73	\$54.97
2 Medicare	\$214.08	\$724.79	\$938.87	\$16.49	\$93.45	\$109.94
3 Medicare	\$321.11	\$1,087.19	\$1,408.30	\$24.73	\$140.18	\$164.91
Retirees with 15 – 19 yrs						
1 Medicare	\$330.94	\$138.49	\$469.43	\$35.73	\$19.24	\$54.97
2 Medicare	\$661.91	\$276.96	\$938.87	\$71.46	\$38.48	\$109.94
3 Medicare	\$992.86	\$415.45	\$1,408.31	\$107.20	\$57.71	\$164.91
Retirees with 10 – 14 yrs						
1 Medicare	\$407.06	\$62.37	\$469.43	\$46.72	\$8.25	\$54.97
2 Medicare	\$814.13	\$124.74	\$938.87	\$93.45	\$16.49	\$109.94
3 Medicare	\$1,221.19	\$187.11	\$1,408.30	\$140.17	\$24.74	\$164.91

Vision Benefit - Medicare Retirees

- \$15 co-pay—annual eye exam
- \$15 co-pay—spectacle lenses (per year)
- \$100—frame allowance (per year)
- \$130—contact lenses allowance

Focus on Wellness & Your Pocketbook!

The best way to keep your health care cost under control is to reduce your risk for serious medical conditions by getting your annual physical exam, taking your medications as prescribed and living a healthier lifestyle. All of the County's medical plans feature in-network preventative care benefits at no cost to you. Taking advantage of these benefits can help identify health risks before they become chronic conditions or lower the risk level if you already have an identified condition. Consult with your primary care provider to determine the medical screenings and immunizations that you should consider based upon your age, gender and family history. See preventive care services and tips below:

Virtual Health Services

Telehealth provides on-demand 24/7/365 access to cost-effective, quality non-urgent care through a national network of board certified physicians without leaving home or office for a wide range of minor conditions including prescriptions.

Regular Dental Checkups

Completing regular dental checkups can help to avoid chronic conditions. Research shows that some chronic conditions may increase an individual's risk of tooth decay and gum disease.

Preventive Care Services and Health Advocacy Programs

Preventive care and age appropriate screenings are important to early disease detection, result in minimizing invasive treatment and controlling costs. In-network Preventative Care is always covered at 100%.

Home Delivery Prescription Drugs

Research shows that 90-day fills increase medication adherence and reduce potential for resulting nonadherence events such as hospitalization.



Benefit Resources

For details about specific plan benefits and network providers, contact:

Cigna <ul style="list-style-type: none"> • Open Access Plus High (OAP High) • Open Access Plus (OAP) • Cigna Choice Health Reimbursement Arrangement • Cigna Medicare Surround Plan (includes vision coverage) 	<u>myCigna.com</u>	1-800-244-6224
Cigna Rx Medicare (PDP) Prescription coverage for Medicare-eligible retirees.	<u>CignaMedicare.com/group/MAresources</u>	1-800-558-9562
Davis Vision Routine eye exams & glasses for pre-65 retirees.	<u>davisvision.com</u>	1-800-999-5431
Delta Dental Routine dental care for all retirees enrolled in the plan.	<u>deltadentalva.com</u>	1-800-237-6060
Express Scripts Local retail & mail-order prescriptions for pre-65 retirees.	<u>express-scripts.com</u>	1-800-282-2881
Flexible Benefits Administrators (FBA) Retiree Billing Service for Health Plan premiums.	<u>flex-admin.com</u>	1-800-437-3539
MissionSquare Retirement <ul style="list-style-type: none"> • Retirees with an active 457(b) Deferred Compensation or IRA Roth Plan accounts. • Questions about Required Minimum Distributions (RMD). 	<u>missionsq.org</u> Do you know MissionSquare offers a variety of online & interactive financial tools?	1-800-669-7400
Securian Financial Group Term Life Insurance	<u>Optional Group Life Insurance varetire.org</u>	1-800-441-2258
Social Security Administration Medicare enrollment, Social Security retirement & disability benefits.	<u>ssa.gov</u>	1-800-772-1213
Virginia Retirement System (VRS) Pension plan benefits.	<u>varetire.org</u>	1-888-827-3847
Cigna Onsite Care Advocate Questions about your Cigna benefits or how a claim was paid? If so, contact your Cigna Care Advocate for inquiries and to schedule an appointment.		lcg.inquiries@cigna.com



It's Time to Act! Enrollment Is Required for 2024 Benefits

You must participate and elect your 2024 benefits or you will be defaulted to no coverage. This means any spouse, or child(ren) currently on your Loudoun County benefits will no longer have coverage. It also means you will not have coverage for yourself.

To ensure you have the right benefits for you and your family in 2024, enroll by November 30, 2023.

How to Enroll

Visit loudoun.gov/retiree for help and how to guides for Active Open Enrollment 2024 and to get started!



How much will my coverage cost in 2024?

1. Are you Medicare eligible or not?
2. Find your years of service on the premium chart (pages 16-17).
3. Select the number of individuals to be covered.
4. For pre & post families, add the premiums together.

Need Assistance? Contact Us



Benefits Help Line: 703-777-0517

Fax: 571-258-3212



Email: benefits@loudoun.gov



loudoun.gov/retiree