

# 2023 Monthly COBRA Premiums

Employees & Eligible Dependents		Retirees & Eligible Dependents	
<b>OAP 90% Co-Insurance Plan, managed by CIGNA with EyeMed Vision Care Program</b>			
Individual	\$1,018.55	Individual	\$1,018.56
Employee+Child(ren)	\$1,935.95	Two-Party	\$2,001.29
Employee+Spouse	\$2,136.73	Family	\$2,943.85
Family	\$3,055.21		
<b>OAP 80% Co-Insurance Plan, managed by CIGNA with EyeMed Vision Care Program</b>			
Individual	\$732.58	Individual	\$732.62
Employee+Childr(en)	\$1,392.64	Two-Party	\$1,428.52
Employee+Spouse	\$1,536.25	Family	\$2,131.83
Family	\$2,197.35		
<b>MyChoice CDHP, managed by CIGNA with EyeMed Vision Care Program</b>			
Individual	\$600.13	Individual	\$600.14
Employee+Child(ren)	\$1,140.93	Two-Party	\$1,169.99
Employee+Spouse	\$1,258.10	Family	\$1,746.18
Family	\$1,799.89		
<b>Kaiser Permanente HMO with EyeMed Vision Care Program</b>			
Individual	\$741.63	Individual	\$738.53
Employee+Child(ren)	\$1,409.83	Two-Party	\$1,439.05
Employee+Spouse	\$1,555.26	Family	\$2,141.01
Family	\$2,224.48		
<b>Delta Dental of Virginia</b>			
Individual	\$45.16	Individual	\$45.16
Two-Party	\$85.31	Two-Party	\$85.31
Family	\$140.59	Family	\$140.59

# 2023 COBRA Continuation of Coverage

## COBRA Continuation of Benefits

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires the county to offer employees and their families the opportunity to extend their medical and dental insurance coverage in certain instances where coverage would otherwise end.

The coverage offered under COBRA is identical to the coverage available to active employees and retirees. Once elected, coverage can be continued for a designated period based on the event triggering eligibility. If you lose coverage due to termination of employment or reduction in hours, your maximum continuation period is 18 months.

If coverage is lost due to separation from employment or loss of dependent status (i.e. aging off county plans) a COBRA Notice and enrollment details will be automatically generated and mailed to the address of record in FOCUS.

COBRA participants pay the full monthly premium (there is no county contribution) plus a 2% administrative fee. Premiums are paid via automatic deductions from a personal bank account and coverage is not effective until payment has been received. Failure to pay the full premium before the last day of the coverage month, will result in coverage cancellation with no option to re-enroll.

Review your personalized COBRA notice carefully for important enrollment and payment deadlines.



## COBRA & Flexible Spending Accounts

If you are participating in the Healthcare Flexible Spending Account (FSA) at the time of a COBRA qualifying event (such as termination, retirement, or reduction in hours), you may elect to continue contributing by completing the COBRA Election Form and submitting to the Benefits Division.

- Participants who are enrolled in a Healthcare Flexible Spending Account and terminate employment mid-year will have access to their full fund balance if,
  - *Services were performed prior to the date of their termination, or*
  - *Elect to continue funding account through COBRA to cover services after their date of termination.*
- If you elect to enroll in a Healthcare Flexible Spending Account through COBRA, contributions will be post-tax and include an additional 2% admin fee. There is no tax-advantage to contributing to a FSA through COBRA.
- COBRA participants who elect to contribute to an FSA will continue to have access to their online TASC account. Current MyCash Debit Cards will provide access to any funds in your MyCash account only. **Note:** The debit card cannot be used at the point-of-service or to access funds.
- FSA enrollment is only available for COBRA participants until the end of the plan year in which the qualifying event occurs and is not available for Dependent Care Accounts.



	CIGNA OAP MyChoice CDHP with HSA		CIGNA OAP 90% Co-Insurance Plan		CIGNA OAP 80% Co-Insurance Plan		Kaiser Permanente HMO
	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network - Local
Health Savings Account (HSA) Eligible	Health Savings Account (HSA) Eligible - No County Contribution		Plan Not Eligible for Health Savings Account (HSA)		Plan Not Eligible for Health Savings Account (HSA)		Plan Not Eligible for HSA
Annual Deductible	<b>\$1,750 Individual</b> <b>\$3,500 Family</b>	<b>\$3,500 Individual</b> <b>\$7,000 Family</b>	<b>\$350 Individual</b> <b>\$700 Family</b>	<b>\$700 Individual</b> <b>\$1,400 Family</b>	<b>\$500 Individual</b> <b>\$1,000 Family</b>	<b>\$1,000 Individual</b> <b>\$2,000 Family</b>	<b>\$0</b>
Annual Out-of-Pocket Limit	<b>\$6,000 Individual</b> <b>\$12,000 Family</b>	<b>\$12,000 Individual</b> <b>\$24,000 Family</b>	<b>\$2,500 Individual</b> <b>\$5,000 Family</b>	<b>\$5,000 Individual</b> <b>\$10,000 Family</b>	<b>\$3,000 Individual</b> <b>\$6,000 Family</b>	<b>\$6,000 Individual</b> <b>\$12,000 Family</b>	<b>\$3,500 Individual</b> <b>\$9,400 Family</b>
Preventive Care - All Ages	Plan Pays 100%	Through age 17: Plan pays 70% co-insurance, no plan deductible Ages 18 and above: Plan pays 70% co-insurance after deductible is met	Plan Pays 100%	Through age 17: Plan pays 70% co-insurance, no plan deductible Ages 18 and above: Plan pays 70% co-insurance after deductible is met	Plan Pays 100%	Through age 17: Plan pays 70% co-insurance, no plan deductible Ages 18 and above: Plan pays 60% co-insurance after deductible is met	No Charge
Routine Preventive Care, Immunizations, Mammogram, PAP, PSA Tests							
Primary Care Physician (PCP)	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	\$10 PCP co-pay No Charge for Children under 5
Specialty Care	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	\$10 PCP co-pay
Inpatient Hospital Facility	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	No Charge
Outpatient Hospital Facility	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	\$10 visit
Outpatient Professional Service	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	\$10 visit
Chiropractic Care	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met. Max 12 visits per year.	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met. Max 12 visits per year.	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met. Max 12 visits per year.	\$15 co-pay; Annual limit 20 visits
Hearing Aids	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Covered in full to maximum. One hearing aid/ear every 36 months-max \$1,000
	Max benefit is \$3,000 every 24 months	Max benefit is \$3,000 every 24 months	Max benefit is \$3,000 every 24 months	Max benefit is \$3,000 every 24 months	Max benefit is \$3,000 every 24 months	Max benefit is \$3,000 every 24 months	
Emergency Room	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	\$150 per visit (co-pay waived if admitted other than observation)
Urgent Care Facility	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	\$10 visit
Mental Health & Substance Abuse Treatment (In-Patient)	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	Inpatient - covered in full when medically necessary Outpatient - \$10 individual \$5 group
Annual Prescription Drug Deductible	<b>Medical and Prescription Drug deductible combined</b>		<b>\$75 Individual/\$150 Family</b>		<b>\$200 Individual/\$400 Family</b>		
Annual RX Out-of-Pocket Limit	<b>Medical and Prescription Drug limit combined</b>		<b>\$2,000 Individual/\$4,000 Family</b>		<b>\$2,500 Individual/\$5,000 Family</b>		
<b>All Cigna Plans:</b>  <ul style="list-style-type: none"> <li>Generic Preventive Medications are \$0 and any deductible is waived.</li> <li>A 90-day supply from a Retail Pharmacy is only available at a Cigna 90 Now participating Pharmacy.</li> <li>Most Diabetic Medications and Supplies are free for participants in all Cigna managed plans when the prescription is filled via home delivery pharmacy or at a retail pharmacy.</li> </ul>	<b>Retail – 30 day supply</b> Generic - \$10 Formulary/Preferred Brand - 20% (max \$55) Non-Formulary/Non-Preferred - 35% (max \$110) Specialty 35% (max \$110) <b>Home Delivery – 90 day supply</b> Generic Maintenance - \$0 Generic - \$20 Formulary/Preferred Brand - 20% (max \$110) Non-Formulary/Specialty - 35% (max \$220)	Retail – You pay 30% after deductible  Home Delivery – Not Covered	<b>Retail – 30 day supply</b> Generic - \$7 Formulary/Preferred Brand - 20% (max \$50) Non-Formulary/Non-Preferred - 30% (max \$100) <b>Home Delivery – 90 day supply</b> Generic Maintenance - \$0 Generic - \$14 Formulary/Preferred Brand - 20% (max \$100) Non-Formulary/Specialty - 30% (max \$200)	Retail – You pay 30% after Pharmacy deductible  Home Delivery – Not Covered	<b>Retail – 30 day supply</b> Generic - \$10 Formulary/Preferred Brand - 20% (max \$55) Non-Formulary/Non-Preferred - 35% (max \$110) Specialty 35% (max \$110) <b>Home Delivery – 90 day supply</b> Generic Maintenance - \$0 Generic - \$20 Formulary/Preferred Brand - 20% (max \$110) Non-Formulary/Specialty - 35% (max \$220)	Retail – You pay 30% after Pharmacy deductible  Home Delivery – Not Covered	<b>Kaiser Pharmacy – 30-day supply</b> Generic - \$10 Formulary/Preferred Brand - \$20 Non-Formulary/Non-Preferred - \$35  <b>Community Pharmacy – 30-day supply</b> Generic - \$20 Formulary/Preferred Brand - \$40 Non-Formulary/Non-Preferred - \$55  <b>Home Delivery – 90-day supply</b> Generic - \$20 Formulary/Preferred Brand - \$40 Non-Formulary/Non-Preferred - \$70

\* Out-of-Network payments are based on plan-allowed amounts for services, not as charged by provider and/or facility.

\*Review plan summaries for details on annual deductibles and service payments.