

B BRONZE

	Cigna Connect Flex Bronze 8550	Cigna Connect Flex Bronze 7000 Rx Copay	Cigna Connect Flex Bronze 6900	Cigna Connect HSA Bronze 6500	Cigna Connect HSA Bronze 6500 NA/AN <300 Cigna Connect Flex Bronze 7000 Rx Copay NA/AN <300 Cigna Connect Flex Bronze 6900 NA/AN <300 Cigna Connect Flex Bronze 8550 NA/AN <300
MEDICAL	In-Network	In-Network	In-Network	In-Network	In-Network
Annual Deductible ¹ individual/family	\$8,550/\$17,100	\$7,000/\$14,000	\$6,900/\$13,800	\$6,500/\$13,000	\$0
Coinsurance ²	You pay 0% after deductible	You pay 40% after deductible	You pay 50% after deductible	You pay 30% after deductible	You pay 0%
Annual out-of-pocket max ³ individual/family	\$8,550/\$17,100	\$8,550/\$17,100	\$8,550/\$17,100	\$7,000/\$14,000	\$0
Physician services (primary care/specialist)	You pay 0% after deductible	You pay \$50, deductible waived, 40% after deductible	You pay \$50, deductible waived, 50% after deductible	You pay 30% after deductible	You pay 0%
Preventive Care ⁴	You pay 0%, deductible waived	You pay \$0, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%
Inpatient facility and physician services	You pay 0% after deductible	You pay 40% after deductible	You pay 50% after deductible	You pay 30% after deductible	You pay 0%
Lab, X-ray and Ultrasound	You pay 0% after deductible	You pay 40% after deductible	You pay 50% after deductible	You pay 30% after deductible	You pay 0%
Emergency Room Services	You pay 0% after deductible	You pay \$750 after deductible	You pay 50% after deductible	You pay 30% after deductible	You pay 0%
Urgent Care	You pay 0% after deductible	You pay \$60, deductible waived	You pay \$60, deductible waived	You pay 30% after deductible	You pay 0%
Virtual Care ⁵	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0 after deductible	You pay \$0
RX DRUGS - Tier 1, 2, 3 and 4: Up to a 30-day supply at participating pharmacy or up to a 90-day supply at 90-day retail pharmacy. Tier 5: Up to a 30-day supply at participating pharmacy.					
Tier 1 - Retail pref. generic	You pay 0% after deductible	You pay \$10, deductible waived for each 30 day supply	You pay 50% after deductible	You pay 30% after deductible	You pay 0%
Tier 2 - Retail non-pref. generic	You pay 0% after deductible	You pay \$35, deductible waived for each 30 day supply	You pay 50% after deductible	You pay 30% after deductible	You pay 0%
Tier 3 - Retail pref. brands	You pay 0% after deductible	You pay \$250, deductible waived for each 30 day supply	You pay 50% after deductible	You pay 30% after deductible	You pay 0%
Tier 4 - Retail non-pref. brands	You pay 0% after deductible	You pay \$600, deductible waived for each 30 day supply	You pay 50% after deductible	You pay 30% after deductible	You pay 0%
Tier 5 - Retail specialty	You pay 0% after deductible	You pay \$675, deductible waived for each 30 day supply	You pay 50% after deductible	You pay 30% after deductible	You pay 0%
Formulary Diabetic Supplies	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0% after deductible	You pay 0%
Metformin (non-insulin)	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0% after deductible	You pay 0%

Unless indicated above, all plans will be available on and off marketplace.

This summary section contains highlights only. Out-of-network services are not covered under these plans. Eligible out-of-network emergency services are covered at the in-network benefit level as defined in plan documents. Full benefit information, including plan benefit exclusions and limitations, are available here: <https://www.cigna.com/individuals-families/policy>.

1. Annual Deductible (Individual/family deductible is satisfied when each member has reached their annual individual deductible or when the total annual family deductible amount has been reached by any combination of family members, includes medical and pharmacy).

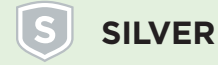
2. Coinsurance (Amount you pay for covered medical services).

3. Annual Out-of-Pocket Maximum (Individual/family copays, deductibles, coinsurance and pharmacy charges apply to the out-of-pocket maximum).

4. Includes eligible in-network preventive care services. Some preventive care services may not be covered, including most immunizations for travel. Reference plan documents for a list of covered and non-covered preventive care services.

5. Cigna provides access to virtual care through a national telehealth provider, MDLive located on myCigna, as part of your health 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 or under all plan types. **Virtual care does not guarantee that a prescription will be written.** Refer to plan documents for complete description of virtual care services and costs, including other telehealth/telemedicine benefits. A primary care provider referral is not required for this service.





	Cigna Connect Flex Silver 5000 and Cigna Connect Silver 5000-A	Cigna Connect Flex Silver 4000 and Cigna Connect Silver 4000-A	Cigna Connect Flex Silver 3000 Rx Copay and Cigna Connect Silver 3000-A
MEDICAL	In-Network	In-Network	In-Network
Annual Deductible ¹ individual/family	\$5,000/\$10,000	\$4,000/\$8,000	\$3,000/\$6,000
Coinsurance ²	You pay 20% after deductible	You pay 25% after deductible	You pay 30% after deductible
Annual out-of-pocket max ³ individual/family	\$8,550/\$17,100	\$8,550/\$17,100	\$8,550/\$17,100
Physician services (primary care/specialist)	You pay \$25, deductible waived/You pay 20% after deductible.	You pay \$25, deductible waived/You pay 25% after deductible.	You pay \$30, deductible waived/You pay 30% after deductible.
Preventive Care ⁴	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived
Inpatient facility and physician services	You pay 20% after deductible	You pay 25% after deductible	You pay 30% after deductible
Lab, X-ray and Ultrasound	You pay 20% after deductible	You pay 25% after deductible	You pay 30% after deductible
Emergency Room Services	You pay \$600 after deductible	You pay 25% after deductible	You pay 30% after deductible
Urgent Care	You pay \$50, deductible waived	You pay \$50, deductible waived	You pay \$50, deductible waived
Virtual Care ⁵	You pay \$0, deductible waived	You pay \$0 deductible waived	You pay \$0 deductible waived

RX DRUGS – Tier 1, 2, 3 and 4: Up to a 30-day supply at participating pharmacy or up to a 90-day supply at 90-day retail pharmacy. **Tier 5:** Up to a 30-day supply at participating pharmacy.

Tier 1 - Retail pref. generic	You pay \$8, deductible waived for each 30 day supply	You pay \$8, deductible waived for each 30 day supply	You pay \$8, deductible waived for each 30 day supply
Tier 2 - Retail non-pref. generic	You pay \$20, deductible waived for each 30 day supply	You pay \$25, deductible waived for each 30 day supply	You pay \$30, deductible waived for each 30 day supply
Tier 3 - Retail pref. brands	You pay \$70, deductible waived for each 30 day supply	You pay \$70, deductible waived for each 30 day supply	You pay \$75, deductible waived for each 30 day supply
Tier 4 - Retail non-pref. brands	You pay 50% after deductible	You pay 50% after deductible	You pay \$500, deductible waived for each 30 day supply
Tier 5 - Retail specialty	You pay 40% after deductible	You pay 40% after deductible	You pay \$725, deductible waived for each 30 day supply
Formulary Diabetic Supplies	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived
Metformin (non-insulin)	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived

Unless indicated above, all plans will be available on and off marketplace.

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1. Annual Deductible (Individual/family deductible is satisfied when each member has reached their annual individual deductible or when the total annual family deductible amount has been reached by any combination of family members, includes medical and pharmacy).

2. Coinsurance (Amount you pay for covered medical services).

3. Annual Out-of-Pocket Maximum (Individual/family copays, deductibles, coinsurance and pharmacy charges apply to the out-of-pocket maximum).

4. Includes eligible in-network preventive care services. Some preventive care services may not be covered, including most immunizations for travel. Reference plan documents for a list of covered and non-covered preventive care services.

5. Cigna provides access to virtual care through a national telehealth provider, MDLive located on myCigna, as part of your health 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 or under all plan types. **Virtual care does not guarantee that a prescription will be written.** Refer to plan documents for complete description of virtual care services and costs, including other telehealth/telemedicine benefits. A primary care provider referral is not required for this service.

 SILVER

	Cigna Connect Flex Silver 5000 (200-250% FPL)	Cigna Connect Flex Silver 5000 (150-200% FPL)	Cigna Connect Flex Silver 5000 (100-150% FPL)	Cigna Connect Flex Silver 4000 (200-250% FPL)	Cigna Connect Flex Silver 4000 (150-200% FPL)	Cigna Connect Flex Silver 4000 (100-150% FPL)
MEDICAL	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Annual Deductible ¹ individual/family	\$2,600/\$5,200	\$450/\$900	\$0	\$2,800/\$5,600	\$800/\$1,600	\$0
Coinsurance ²	You pay 20% after deductible	You pay 20% after deductible	You pay 5%	You pay 25% after deductible	You pay 10% after deductible	You pay 10%
Annual out-of-pocket max ³ individual/family	\$6,800/\$13,600	\$2,850/\$5,700	\$2,850/\$5,700	\$6,800/\$13,600	\$2,850/\$5,700	\$2,850/\$5,700
Physician services (primary care/specialist)	You pay \$25, deductible waived/You pay 20% after deductible.	You pay \$0, deductible waived/You pay 20% after deductible.	You pay \$0/You pay 5%	You pay \$25, deductible waived/You pay 25% after deductible.	You pay \$20, deductible waived/You pay 10% after deductible.	You pay \$0/You pay 10%
Preventive Care ⁴	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%
Inpatient facility and physician services	You pay 20% after deductible	You pay 20% after deductible	You pay 5%	You pay 25% after deductible	You pay 10% after deductible	You pay 10%
Lab, X-ray and Ultrasound	You pay 20% after deductible	You pay 20% after deductible	You pay 5%	You pay 25% after deductible	You pay 10% after deductible	You pay 10%
Emergency Room Services	You pay \$600 after deductible	You pay \$500 after deductible	You pay \$300	You pay 25% after deductible	You pay 10% after deductible	You pay 10%
Urgent Care	You pay \$50, deductible waived	You pay \$40, deductible waived	You pay \$25	You pay \$50, deductible waived	You pay \$40, deductible waived	You pay \$25
Virtual Care ⁵	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0
RX DRUGS - Tier 1, 2, 3 and 4: Up to a 30-day supply at participating pharmacy or up to a 90-day supply at 90-day retail pharmacy. Tier 5: Up to a 30-day supply at participating pharmacy.						
Tier 1 - Retail pref. generic	You pay \$8, deductible waived for each 30 day supply	You pay \$0, deductible waived for each 30 day supply	You pay \$0 for each 30 day supply	You pay \$8, deductible waived for each 30 day supply	You pay \$0, deductible waived for each 30 day supply	You pay \$0 for each 30 day supply
Tier 2 - Retail non-pref. generic	You pay \$20, deductible waived for each 30 day supply	You pay \$10, deductible waived for each 30 day supply	You pay \$10 for each 30 day supply	You pay \$25, deductible waived for each 30 day supply	You pay \$10, deductible waived for each 30 day supply	You pay \$10 for each 30 day supply
Tier 3 - Retail pref. brands	You pay \$65, deductible waived for each 30 day supply	You pay \$60, deductible waived for each 30 day supply	You pay \$40 for each 30 day supply	You pay \$65, deductible waived for each 30 day supply	You pay \$60, deductible waived for each 30 day supply	You pay \$30 for each 30 day supply
Tier 4 - Retail non-pref. brands	You pay 50% after deductible	You pay 50% after deductible	You pay 50%	You pay 50% after deductible	You pay 50% after deductible	You pay 50%
Tier 5 - Retail specialty	You pay 40% after deductible	You pay 40% after deductible	You pay 40%	You pay 40% after deductible	You pay 30% after deductible	You pay 40%
Formulary Diabetic Supplies	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%
Metformin (non-insulin)	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%

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This summary section contains highlights only. Out-of-network services are not covered under these plans. Eligible out-of-network emergency services are covered at the in-network benefit level as defined in plan documents. Full benefit information, including plan benefit exclusions and limitations, are available here: <https://www.cigna.com/individuals-families/policy>.


1. Annual Deductible (Individual/family deductible is satisfied when each member has reached their annual individual deductible or when the total annual family deductible amount has been reached by any combination of family members, includes medical and pharmacy).

2. Coinsurance (Amount you pay for covered medical services).

3. Annual Out-of-Pocket Maximum (Individual/family copays, deductibles, coinsurance and pharmacy charges apply to the out-of-pocket maximum).

4. Includes eligible in-network preventive care services. Some preventive care services may not be covered, including most immunizations for travel. Reference plan documents for a list of covered and non-covered preventive care services.

5. Cigna provides access to virtual care through a national telehealth provider, MDLive located on myCigna, as part of your health 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 or under all plan types. **Virtual care does not guarantee that a prescription will be written.** Refer to plan documents for complete description of virtual care services and costs, including other telehealth/telemedicine benefits. A primary care provider referral is not required for this service.

 SILVER

	Cigna Connect Flex Silver 3000 Rx Copay (200-250% FPL)	Cigna Connect Flex Silver 3000 Rx Copay (150-200% FPL)	Cigna Connect Flex Silver 3000 Rx Copay (100-150% FPL)	Cigna Connect Flex Silver 5000 NA/AN <300 Cigna Connect Flex Silver 4000 NA/AN <300 Cigna Connect Flex Silver 3000 Rx Copay NA/AN <300
MEDICAL	In-Network	In-Network	In-Network	In-Network
Annual Deductible¹ individual/family	\$2,500/\$5,000	\$700/\$1,400	\$125/\$250	\$0
Coinsurance²	You pay 25% after deductible	You pay 10% after deductible	You pay 5% after deductible	You pay 0% after deductible
Annual out-of-pocket max³ individual/family	\$6,800/\$13,600	\$2,850/\$5700	\$2,850/\$5700	\$0
Physician services (primary care/specialist)	You pay \$25, deductible waived/You pay 25% after deductible.	You pay \$20, deductible waived/You pay 10% after deductible.	You pay \$0, deductible waived/You pay 5% after deductible	You pay \$0
Preventive Care⁴	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%
Inpatient facility and physician services	You pay 25% after deductible	You pay 10% after deductible	You pay 5% after deductible	You pay 0%
Lab, X-ray and Ultrasound	You pay 25% after deductible	You pay 10% after deductible	You pay 5% after deductible	You pay 0%
Emergency Room Services	You pay 25% after deductible	You pay 10% after deductible	You pay 5% after deductible	You pay 0%
Urgent Care	You pay \$50, deductible waived	You pay \$40, deductible waived	You pay \$25, deductible waived	You pay 0%
Virtual Care⁵	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0
RX DRUGS – Tier 1, 2, 3 and 4: Up to a 30-day supply at participating pharmacy or up to a 90-day supply at 90-day retail pharmacy. Tier 5: Up to a 30-day supply at participating pharmacy.				
Tier 1 - Retail pref. generic	You pay \$8, deductible waived for each 30 day supply	You pay \$5, deductible waived for each 30 day supply	You pay \$5, deductible waived for each 30 day supply	You pay 0%
Tier 2 - Retail non-pref. generic	You pay \$25, deductible waived for each 30 day supply	You pay \$10, deductible waived for each 30 day supply	You pay \$10, deductible waived for each 30 day supply	You pay 0%
Tier 3 - Retail pref. brands	You pay \$70, deductible waived for each 30 day supply	You pay \$60, deductible waived for each 30 day supply	You pay \$40, deductible waived for each 30 day supply	You pay 0%
Tier 4 - Retail non-pref. brands	You pay \$500, deductible waived for each 30 day supply	You pay \$350, deductible waived for each 30 day supply	You pay \$200, deductible waived for each 30 day supply	You pay 0%
Tier 5 - Retail specialty	You pay \$725, deductible waived for each 30 day supply	You pay \$725, deductible waived for each 30 day supply	You pay \$300, deductible waived for each 30 day supply	You pay 0%
Formulary Diabetic Supplies	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%
Metformin (non-insulin)	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%

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1. Annual Deductible (Individual/family deductible is satisfied when each member has reached their annual individual deductible or when the total annual family deductible amount has been reached by any combination of family members, includes medical and pharmacy).

2. Coinsurance (Amount you pay for covered medical services).

3. Annual Out-of-Pocket Maximum (Individual/family copays, deductibles, coinsurance and pharmacy charges apply to the out-of-pocket maximum).

4. Includes eligible in-network preventive care services. Some preventive care services may not be covered, including most immunizations for travel. Reference plan documents for a list of covered and non-covered preventive care services.

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	Cigna Connect Flex Gold 2000	Cigna Connect Flex Gold 900 Rx Copay	Cigna Connect Flex Gold 900 Rx Copay NA/AN <300
MEDICAL	In-Network	In-Network	In-Network
Annual Deductible ¹ individual/family	\$2,000/\$4,000	\$900/\$1,800	\$0
Coinsurance ²	You pay 30% after deductible	You pay 20% after deductible	You pay 0%
Annual out-of-pocket max ³ individual/family	\$8,550/\$17,100	\$7,800/\$15,600	\$0
Physician services (primary care/specialist)	You pay \$20, deductible waived/You pay \$60, deductible waived	You pay \$20, deductible waived/You pay \$60, deductible waived	You pay \$0
Preventive Care ⁴	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%
Inpatient facility and physician services	You pay 30% after deductible	You pay 20% after deductible	You pay 0%
Lab, X-ray and Ultrasound	You pay 30% after deductible	You pay 20% after deductible	You pay 0%
Emergency Room Services	You pay \$600 after deductible	You pay \$600 after deductible	You pay 0%
Urgent Care	You pay \$40, deductible waived	You pay \$40, deductible waived	You pay 0%
Virtual Care ⁵	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0
RX DRUGS – Tier 1, 2, 3 and 4: Up to a 30-day supply at participating pharmacy or up to a 90-day supply at 90-day retail pharmacy. Tier 5: Up to a 30-day supply at participating pharmacy.			
Tier 1 - Retail pref. generic	You pay \$5, deductible waived for a 30 day supply	You pay \$5, deductible waived for a 30 day supply	You pay 0%
Tier 2 - Retail non-pref. generic	You pay \$10, deductible waived for a 30 day supply	You pay \$10, deductible waived for a 30 day supply	You pay 0%
Tier 3 - Retail pref. brands	You pay \$50, deductible waived for a 30 day supply	You pay \$50, deductible waived for a 30 day supply	You pay 0%
Tier 4 - Retail non-pref. brands	You pay 50% after deductible	You pay \$500, deductible waived for a 30 day supply	You pay 0%
Tier 5 - Retail specialty	You pay 40% after deductible	You pay \$650, deductible waived for a 30 day supply	You pay 0%
Formulary Diabetic Supplies	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%
Metformin (non-insulin)	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%

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1. Annual Deductible (Individual/family deductible is satisfied when each member has reached their annual individual deductible or when the total annual family deductible amount has been reached by any combination of family members, includes medical and pharmacy).

2. Coinsurance (Amount you pay for covered medical services).

3. Annual Out-of-Pocket Maximum (Individual/family copays, deductibles, coinsurance and pharmacy charges apply to the out-of-pocket maximum).

4. Includes eligible in-network preventive care services. Some preventive care services may not be covered, including most immunizations for travel. Reference plan documents for a list of covered and non-covered preventive care services.

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