

B BRONZE

	(<300 NA/AN) plans*				
	Cigna Connect Flex Bronze 8700	Cigna Connect Flex Bronze 7200	Cigna Connect Flex Bronze 7000 Rx Copay	Cigna Connect HSA Bronze 6500	Cigna Connect HSA Bronze 6500 Cigna Connect Flex Bronze 7000 Rx Copay Cigna Connect Flex Bronze 7200 Cigna Connect Flex Bronze 8700
MEDICAL	In-Network	In-Network	In-Network	In-Network	In-Network
Annual Deductible ¹ (individual/family)	\$8,700/\$17,400	\$7,200/\$14,400	\$7,000/\$14,000	\$6,500/\$13,000	\$0
Coinsurance ²	You pay 0% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 0%
Annual Out-Of-Pocket Max ³ (individual/family)	\$8,700/\$17,400	\$8,700/\$17,400	\$8,700/\$17,400	\$7,000/\$14,000	\$0
Physician Services (primary care/specialist)	You pay 0% after deductible	You pay \$40, deductible waived/ You pay \$80, deductible waived	You pay \$50, deductible waived/ You pay 40% 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 Services (facility/physician)	You pay 0% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 0%
Lab, X-ray and Ultrasound	You pay 0% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 0%
Emergency Room Services	You pay 0% after deductible	You pay 50% after deductible	You pay \$750 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 Preferred Generic	You pay 0% after deductible	You pay 50% after deductible	You pay \$10, deductible waived	You pay 30% after deductible	You pay 0%
Tier 2 - Retail Non-Preferred Generic	You pay 0% after deductible	You pay 50% after deductible	You pay \$35, deductible waived	You pay 30% after deductible	You pay 0%
Tier 3 - Retail Preferred Brands	You pay 0% after deductible	You pay 50% after deductible	You pay \$300, deductible waived	You pay 30% after deductible	You pay 0%
Tier 4 - Retail Non-Preferred Brands	You pay 0% after deductible	You pay 50% after deductible	You pay \$650, deductible waived	You pay 30% after deductible	You pay 0%
Tier 5 - Retail Specialty	You pay 0% after deductible	You pay 50% after deductible	You pay \$725, deductible waived	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%
Preferred Insulin	You pay no more than \$25	You pay no more than \$25	You pay no more than \$25	You pay no more than \$25	You pay \$0

Unless indicated above, all plans will be available on and off the marketplace. *Native American/Alaska Natives. **Off marketplace only.

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).

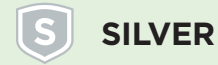
2. Coinsurance (Amount you pay for covered medical services).

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

4. Plans may vary. 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 Dedicated 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. **\$0 virtual care benefit for minor acute medical care not available for all plans. HSA plans and non-minor acute medical care may apply a copay, coinsurance or deductible. 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. For IL customers a primary care provider referral may be required for specialist virtual visits.





	Cigna Connect Flex Silver 5500 and Cigna Connect Silver 5500-A**	Cigna Connect 4800 + Acupuncture and Cigna Connect 4800-A + Acupuncture**	Cigna Connect Flex Silver 4500 Rx Copay and Cigna Connect Silver 4500-A**	Cigna Connect 4200 Enhanced Asthma COPD Care and Cigna Connect 4200-A Enhanced Asthma COPD Care**	Cigna Connect Flex Silver 3500 Rx Copay and Cigna Connect Silver 3500-A**
MEDICAL	In-Network	In-Network	In-Network	In-Network	In-Network
Annual Deductible¹ (individual/family)	\$5,500/\$11,000	\$4,800/\$9,600	\$4,500/\$9,000	\$4,200/\$8,400	\$3,500/\$7,000
Coinsurance²	You pay 25% after deductible	You pay 30% after deductible	You pay 30% after deductible	You pay 40% after deductible	You pay 30% after deductible
Annual Out-Of-Pocket Max³ (individual/family)	\$8,700/\$17,400	\$8,700/\$17,400	\$8,700/\$17,400	\$8,700/\$17,400	\$8,700/\$17,400
Physician Services (primary care/specialist)	You pay \$25, deductible waived/ You pay \$80, deductible waived	You pay \$15, deductible waived/ You pay 30% after deductible	You pay \$10, deductible waived/ You pay \$80, deductible waived	You pay \$15, deductible waived/ You pay \$65, deductible waived	You pay \$15, deductible waived/ You pay \$80, deductible waived
Preventive Care⁴	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
Inpatient Services (facility/physician)	You pay 25% after deductible	You pay 30% after deductible	You pay 30% after deductible	You pay 40% after deductible	You pay 30% after deductible
Lab, X-ray and Ultrasound	You pay 25% after deductible	You pay 30% after deductible	You pay 30% after deductible	You pay 40% after deductible	You pay 30% after deductible
Emergency Room Services	You pay \$600 after deductible	You pay \$500 after deductible	You pay 30% after deductible	You pay 40% after deductible	You pay 30% after deductible
Urgent Care	You pay \$50, deductible waived	You pay \$30, deductible waived	You pay \$50, deductible waived	You pay \$35, deductible waived	You pay \$50, deductible waived
Virtual Care⁵	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
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 Preferred Generic	You pay \$0, deductible waived	You pay \$3, deductible waived	You pay \$3, deductible waived	You pay \$3, deductible waived	You pay \$3, deductible waived
Tier 2 - Retail Non-Preferred Generic	You pay \$25, deductible waived	You pay \$15, deductible waived	You pay \$25, deductible waived	You pay \$20, deductible waived	You pay \$25, deductible waived
Tier 3 - Retail Preferred Brands	You pay \$80, deductible waived	You pay \$80, deductible waived	You pay \$75, deductible waived	You pay \$70 after deductible	You pay \$80, deductible waived
Tier 4 - Retail Non-Preferred Brands	You pay 50% after deductible	You pay 50% after deductible	You pay \$500, deductible waived	You pay 50% after deductible	You pay \$500, deductible waived
Tier 5 - Retail Specialty	You pay 50% after deductible	You pay 50% after deductible	You pay \$725, deductible waived	You pay 50% after deductible	You pay \$725, deductible waived
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
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
Preferred Insulin	You pay no more than \$25	You pay no more than \$25	You pay no more than \$25	You pay no more than \$25	You pay no more than \$25

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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. Plans may vary. 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 Dedicated 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. **\$0 virtual care benefit for minor acute medical care not available for all plans. HSA plans and non-minor acute medical care may apply a copay, coinsurance or deductible. 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. For IL customers a primary care provider referral may be required for specialist virtual visits.

SILVER

MEDICAL	Base Plan Name – Cigna Connect Flex Silver 5500			Base Plan Name – Cigna Connect 4800 + Acupuncture		
	Cigna Connect Flex Silver 5500 (200-250% FPL)	Cigna Connect Flex Silver 5500 (150-200% FPL)	Cigna Connect Flex Silver 5500 (100-150% FPL)	Cigna Connect 4800 + Acupuncture (200-250% FPL)	Cigna Connect 4800 + Acupuncture (150-200% FPL)	Cigna Connect 4800 + Acupuncture (100-150% FPL)
	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Annual Deductible¹ (individual/family)	\$3,000/\$6,000	\$600/\$1,200	\$0	\$2,900/\$5,800	\$500/\$1,000	\$0
Coinsurance²	You pay 25% after deductible	You pay 20% after deductible	You pay 5%	You pay 30% after deductible	You pay 25% after deductible	You pay 10%
Annual Out-Of-Pocket Max³ (individual/family)	\$6,950/\$13,900	\$2,900/\$5,800	\$2,900/\$5,800	\$6,950/\$13,900	\$2,900/\$5,800	\$2,200/\$4,400
Physician Services (primary care/specialist)	You pay \$25, deductible waived/ You pay \$80, deductible waived	You pay \$10, deductible waived/ You pay \$40, deductible waived	You pay \$0/You pay \$20	You pay \$5, deductible waived/ You pay 30% after deductible	You pay \$5, deductible waived/ You pay 25% after deductible	You pay \$0/You pay 10%
Preventive Care⁴	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 Services (facility/physician)	You pay 25% after deductible	You pay 20% after deductible	You pay 5%	You pay 30% after deductible	You pay 25% after deductible	You pay 10%
Lab, X-ray and Ultrasound	You pay 25% after deductible	You pay 20% after deductible	You pay 5%	You pay 30% after deductible	You pay 25% after deductible	You pay 10%
Emergency Room Services	You pay \$600 after deductible	You pay \$600 after deductible	You pay \$300	You pay \$500 after deductible	You pay \$400 after deductible	You pay \$250
Urgent Care	You pay \$50, deductible waived	You pay \$40, deductible waived	You pay \$25	You pay \$30, deductible waived	You pay \$30, deductible waived	You pay \$15
Virtual Care⁵	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 Preferred Generic	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0	You pay \$3, deductible waived	You pay \$3, deductible waived	You pay \$2
Tier 2 - Retail Non-Preferred Generic	You pay \$25, deductible waived	You pay \$20, deductible waived	You pay \$10	You pay \$15, deductible waived	You pay \$10, deductible waived	You pay \$10
Tier 3 - Retail Preferred Brands	You pay \$75, deductible waived	You pay \$75, deductible waived	You pay \$40	You pay \$60, deductible waived	You pay \$60, deductible waived	You pay \$40
Tier 4 - Retail Non-Preferred 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 40% after deductible	You pay 40%
Formulary Diabetic Supplies	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%
Metformin (non-insulin)	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%
Preferred Insulin	You pay no more than \$25	You pay no more than \$25	You pay no more than \$25	You pay no more than \$25	You pay no more than \$25	You pay no more than \$25

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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).

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 SILVER						
	Base Plan Name – Cigna Connect Flex Silver 4500 Rx Copay			Base Plan Name – Cigna Connect Flex Silver 3500 Rx Copay		
	Cigna Connect Flex Silver 4500 Rx Copay (200-250% FPL)	Cigna Connect Flex Silver 4500 Rx Copay (150-200% FPL)	Cigna Connect Flex Silver 4500 Rx Copay (100-150% FPL)	Cigna Connect Flex Silver 3500 Rx Copay (200-250% FPL)	Cigna Connect Flex Silver 3500 Rx Copay (150-200% FPL)	Cigna Connect Flex Silver 3500 Rx Copay (100-150% FPL)
MEDICAL	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Annual Deductible¹ (individual/family)	\$2,500/\$5,000	\$800/\$1,600	\$0	\$2,300/\$4,600	\$400/\$800	\$100/\$200
Coinsurance²	You pay 30% after deductible	You pay 10% after deductible	You pay 10%	You pay 25% after deductible	You pay 10% after deductible	You pay 5% after deductible
Annual Out-Of-Pocket Max³ (individual/family)	\$6,950/\$13,900	\$2,900/\$5,800	\$2,500/\$5,000	\$6,950/\$13,900	\$2,900/\$5,800	\$2,000/\$4,000
Physician Services (primary care/specialist)	You pay \$10, deductible waived/ You pay \$75, deductible waived	You pay \$10, deductible waived/ You pay \$40, deductible waived	You pay \$0/You pay \$15	You pay \$15, deductible waived/ You pay \$75, deductible waived	You pay \$10, deductible waived/ You pay \$40, deductible waived	You pay \$0, deductible waived/ You pay \$10, deductible waived
Preventive Care⁴	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%, deductible waived
Inpatient Services (facility/physician)	You pay 30% after deductible	You pay 10% after deductible	You pay 10%	You pay 25% after deductible	You pay 10% after deductible	You pay 5% after deductible
Lab, X-ray and Ultrasound	You pay 30% after deductible	You pay 10% after deductible	You pay 10%	You pay 25% after deductible	You pay 10% after deductible	You pay 5% after deductible
Emergency Room Services	You pay 30% after deductible	You pay 10% after deductible	You pay 10%	You pay 25% after deductible	You pay 10% after deductible	You pay 5% after deductible
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, deductible waived
Virtual Care⁵	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, 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 Preferred Generic	You pay \$3, deductible waived	You pay \$3, deductible waived	You pay \$0	You pay \$3, deductible waived	You pay \$3, deductible waived	You pay \$0, deductible waived
Tier 2 - Retail Non-Preferred Generic	You pay \$25, deductible waived	You pay \$20, deductible waived	You pay \$10	You pay \$25, deductible waived	You pay \$20, deductible waived	You pay \$10, deductible waived
Tier 3 - Retail Preferred Brands	You pay \$75, deductible waived	You pay \$75, deductible waived	You pay \$25	You pay \$80, deductible waived	You pay \$75, deductible waived	You pay \$30, deductible waived
Tier 4 - Retail Non-Preferred Brands	You pay \$500, deductible waived	You pay \$200, deductible waived	You pay \$200	You pay \$500, deductible waived	You pay \$200, deductible waived	You pay \$200, deductible waived
Tier 5 - Retail Specialty	You pay \$580, deductible waived	You pay \$250, deductible waived	You pay \$250	You pay \$580, deductible waived	You pay \$250, deductible waived	You pay \$250, deductible waived
Formulary Diabetic Supplies	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%, deductible waived
Metformin (non-insulin)	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%, deductible waived
Preferred Insulin	You pay no more than \$25	You pay no more than \$25	You pay no more than \$25	You pay no more than \$25	You pay no more than \$25	You pay no more than \$25

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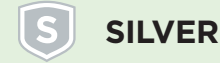
1. Annual Deductible (Individual/family deductible is satisfied when each member has reached their annual individual deductible or when the total annual family deductible amount has been reached by any combination of family members, includes medical and pharmacy).

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. Plans may vary. 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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	Base Plan Name – Cigna Connect 4200 Enhanced Asthma COPD Care			(<300 NA/AN) plans*
	Cigna Connect 4200 Enhanced Asthma COPD Care (200-250% FPL)	Cigna Connect 4200 Enhanced Asthma COPD Care (150-200% FPL)	Cigna Connect 4200 Enhanced Asthma COPD Care (100-150% FPL)	Cigna Connect Flex Silver 5500 Cigna Connect 4800 + Acupuncture Cigna Connect Flex Silver 4500 Rx Copay Cigna Connect 4200 Enhanced Asthma COPD Care Cigna Connect Flex Silver 3500 Rx Copay
MEDICAL	In-Network	In-Network	In-Network	In-Network
Annual Deductible¹ (individual/family)	\$3,000/\$6,000	\$600/\$1,200	\$50/\$100	\$0
Coinsurance²	You pay 30% after deductible	You pay 20% after deductible	You pay 5% after deductible	You pay 0%
Annual Out-Of-Pocket Max³ (individual/family)	\$6,950/\$13,900	\$2,900/\$5,800	\$1,800/\$3,600	\$0
Physician Services (primary care/specialist)	You pay \$15, deductible waived/ You pay \$65, deductible waived	You pay \$0, deductible waived/ You pay \$35, deductible waived	You pay \$0, deductible waived/ You pay \$30, deductible waived	You pay \$0
Preventive Care⁴	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%
Inpatient Services (facility/physician)	You pay 30% after deductible	You pay 20% after deductible	You pay 5% after deductible	You pay 0%
Lab, X-ray and Ultrasound	You pay 30% after deductible	You pay 20% after deductible	You pay 5% after deductible	You pay 0%
Emergency Room Services	You pay 30% after deductible	You pay 20% after deductible	You pay 5% after deductible	You pay 0%
Urgent Care	You pay \$35, deductible waived	You pay \$35, deductible waived	You pay \$15, 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 Preferred Generic	You pay \$3, deductible waived	You pay \$3, deductible waived	You pay \$0, deductible waived	You pay \$0
Tier 2 - Retail Non-Preferred Generic	You pay \$20, deductible waived	You pay \$15, deductible waived	You pay \$15, deductible waived	You pay \$0
Tier 3 - Retail Preferred Brands	You pay \$70 after deductible	You pay \$55 after deductible	You pay \$30 after deductible	You pay 0%
Tier 4 - Retail Non-Preferred Brands	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 0%
Tier 5 - Retail Specialty	You pay 40% after deductible	You pay 40% after deductible	You pay 40% 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%
Metformin (non-insulin)	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%
Preferred Insulin	You pay no more than \$25	You pay no more than \$25	You pay no more than \$25	You pay \$0

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

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4. Plans may vary. 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 Dedicated 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. \$0 virtual care benefit for minor acute medical care not available for all plans. HSA plans and non-minor acute medical care may apply a copay, coinsurance or deductible. 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. For IL customers a primary care provider referral may be required for specialist virtual visits.



	(<300 NA/AN) plan*		
	Cigna Connect Flex Gold 2250	Cigna Connect Flex Gold 900 Rx Copay	Cigna Connect Flex Gold 2250 Cigna Connect Flex Gold 900 Rx Copay
MEDICAL	In-Network	In-Network	In-Network
Annual Deductible ¹ (individual/family)	\$2,250/\$4,500	\$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)	\$8,700/\$17,400	\$7,900/\$15,800	\$0
Physician Services (primary care/specialist)	You pay \$10, deductible waived/You pay \$60, deductible waived	You pay \$10, 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 Services (facility/physician)	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 \$500 after deductible	You pay \$500 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 Preferred Generic	You pay \$3, deductible waived	You pay \$3, deductible waived	You pay \$0
Tier 2 - Retail Non-Preferred Generic	You pay \$10, deductible waived	You pay \$10, deductible waived	You pay \$0
Tier 3 - Retail Preferred Brands	You pay \$50, deductible waived	You pay \$55, deductible waived	You pay 0%
Tier 4 - Retail Non-Preferred Brands	You pay 50% after deductible	You pay \$500, deductible waived	You pay 0%
Tier 5 - Retail Specialty	You pay 50% after deductible	You pay \$650, deductible waived	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%
Preferred Insulin	You pay no more than \$25	You pay no more than \$25	You pay \$0

Unless indicated above, all plans will be available on and off the marketplace. *Native American/Alaska Natives. **Off marketplace only.

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. Plans may vary. 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 Dedicated 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. **\$0 virtual care benefit for minor acute medical care not available for all plans. HSA plans and non-minor acute medical care may apply a copay, coinsurance or deductible. 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. For IL customers a primary care provider referral may be required for specialist virtual visits.

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