



2023 CIGNA IFP HEALTH PLANS

CIGNA CONNECT PLANS - Colorado

Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Teller, Weld

Cigna Connect/Bronze

Cigna Connect Flex Bronze 7200	2
Cigna Connect Flex Bronze 7250 Rx Copay	2
Cigna Connect Flex Bronze 9100	2
Cigna Connect Flex Bronze 0	2
Cigna Connect Colorado Option Bronze	3
Cigna Connect 7600 Enhanced Asthma COPD Care	3
Cigna Connect HSA Bronze 6500	3

Cigna Connect/Silver

Cigna Connect Flex Silver 3500 Rx Copay	4
Cigna Connect Flex Silver 3500 Rx Copay (200-250% FPL)	4
Cigna Connect Flex Silver 3500 Rx Copay (150-200% FPL)	4
Cigna Connect Flex Silver 3500 Rx Copay (100-150% FPL)	4
Cigna Connect Flex Silver 4100	5
Cigna Connect Flex Silver 4100 (200-250% FPL)	5

Cigna Connect Flex Silver 4100 (150-200% FPL)	5
Cigna Connect Flex Silver 4100 (100-150% FPL)	5
Cigna Connect Flex Silver 5500	6
Cigna Connect Flex Silver 5500 (200-250% FPL)	6
Cigna Connect Flex Silver 5500 (150-200% FPL)	6
Cigna Connect Flex Silver 5500 (100-150% FPL)	6
Cigna Connect Colorado Option Silver	7
Cigna Connect Colorado Option Silver 73% AV	7
Cigna Connect Colorado Option Silver 87% AV	7
Cigna Connect Colorado Option Silver 94% AV	7
Cigna Connect 4200 Enhanced Asthma COPD Care	8
Cigna Connect 4200 Enhanced Asthma COPD Care (200-250% FPL)	8
Cigna Connect 4200 Enhanced Asthma COPD Care (150- 200% FPL)	8
Cigna Connect 4200 Enhanced Asthma COPD Care (100- 150% FPL)	8

Cigna Connect/Gold

Cigna Connect Flex Gold 2250	9
Cigna Connect Flex Gold 2600	9
Cigna Connect Flex Gold 900 Rx Copay	9
Cigna Connect Colorado Option Gold	9
Cigna Connect 2100 Enhanced Asthma COPD Care	9

Cigna Connect Off-Marketplace Only/Silver

Cigna Connect Silver 3500-A	10
Cigna Connect Silver 4100-A	10
Cigna Connect Silver 5500-A	10
Cigna Connect Colorado Option Silver Off Exchange	10
Cigna Connect Colorado Option Silver Enhanced Off Exchange	10
Cigna Connect 4200-A Enhanced Asthma COPD Care	10





BRONZE	Cigna Connect Flex Bronze 7200	Cigna Connect Flex Bronze 7250 Rx Copay	Cigna Connect Flex Bronze 9100	Cigna Connect Flex Bronze 0
	In-Network	In-Network	In-Network	In-Network
MEDICAL				
Annual Deductible¹ (individual/family)	\$7,200/\$14,400	\$7,250/\$14,500	\$9,100/\$18,200	Medical: \$0/\$0 Rx: \$4,950/\$9,900
Coinsurance²	You pay 50% after deductible	You pay 40% after deductible	You pay 0% after deductible	You pay 50%
Annual Out-Of-Pocket Max³ (individual/family)	\$9,100/\$18,200	\$9,100/\$18,200	\$9,100/\$18,200	\$9,100/\$18,200
Physician Services (primary care/specialist)	You pay \$40, deductible waived/You pay \$90, deductible waived	You pay \$40, deductible waived/You pay 40% after deductible	You pay 0% after deductible/You pay 0% after deductible	You pay \$50/You pay \$110
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 50% after deductible	You pay 40% after deductible	You pay 0% after deductible	You pay \$2,500 per day for the first 3 days, then 0%/You pay 50%
Lab	You pay \$45, deductible waived	You pay 40% after deductible	You pay 0% after deductible	You pay \$50
X-ray and Ultrasound	You pay 50% after deductible	You pay 40% after deductible	You pay 0% after deductible	You pay 50%
Emergency Room Services	You pay 50% after deductible	You pay \$750 after deductible	You pay 0% after deductible	You pay \$1,200
Urgent Care	You pay \$60, deductible waived	You pay \$60, deductible waived	You pay 0% after deductible	You pay \$50
Virtual Urgent Acute Care⁵	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0
Dedicated Virtual Primary Care Visits	You pay \$40, deductible waived	You pay \$40, deductible waived	You pay 0% after deductible	You pay \$50
Prescription Medications - Tier 1, 2, 3 and 4: Up to a 30-day supply at any participating retail pharmacy or up to a 90-day supply at any participating 90-day retail pharmacy. Tier 5: Up to a 30-day supply at any participating retail pharmacy or up to a 30-day supply at any participating 90-day retail pharmacy.				
Tier 1 - Preventive	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived
Tier 2 - Generic	You pay 50% after deductible	You pay \$35, deductible waived	You pay 0% after deductible	You pay \$35, deductible waived
Tier 3 - Preferred Brand	You pay 50% after deductible	You pay \$300, deductible waived	You pay 0% after deductible	You pay \$200, deductible waived
Tier 4 - Non-Preferred Brand	You pay 50% after deductible	You pay \$650, deductible waived	You pay 0% after deductible	You pay 50% after Rx deductible
Tier 5 - Specialty and Other High Cost Drugs	You pay 50% after deductible	You pay \$725, deductible waived	You pay 0% after deductible	You pay 50% after Rx deductible
Formulary Diabetic Supplies, including Metformin (non-insulin)	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



BRONZE	Cigna Connect Colorado Option Bronze	Cigna Connect 7600 Enhanced Asthma COPD Care	Cigna Connect HSA Bronze 6500
	In-Network	In-Network	In-Network
MEDICAL			
Annual Deductible¹ (individual/family)	\$7,000/\$14,000	\$7,600/\$15,200	\$6,500/\$13,000
Coinsurance²	You pay 50% after deductible	You pay 50% after deductible	You pay 30% after deductible
Annual Out-Of-Pocket Max³ (individual/family)	\$9,100/\$18,200	\$9,100/\$18,200	\$7,050/\$14,100
Physician Services (primary care/specialist)	You pay \$0 for first 3, thereafter Ded/\$50/ You pay 50% after deductible	You pay \$50, deductible waived/ You pay \$80, deductible waived	You pay 30% after deductible/ You pay 30% after deductible
Preventive Care⁴	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Inpatient Services (facility/physician)	You pay 50% after deductible	You pay 50% after deductible	You pay 30% after deductible
Lab	You pay 50% after deductible	You pay \$50, deductible waived	You pay 30% after deductible
X-ray and Ultrasound	You pay 50% after deductible	You pay 50% after deductible	You pay 30% after deductible
Emergency Room Services	You pay 50% after deductible	You pay 50% after deductible	You pay 30% after deductible
Urgent Care	You pay 50% after deductible	You pay \$60, deductible waived	You pay 30% after deductible
Virtual Urgent Acute Care⁵	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0 after deductible
Dedicated Virtual Primary Care Visits	You pay \$0 for first 3, thereafter Ded/\$50	You pay \$50, deductible waived	You pay 30% after deductible
Prescription Medications – Tier 1, 2, 3 and 4: Up to a 30-day supply at any participating retail pharmacy or up to a 90-day supply at any participating 90-day retail pharmacy.			
Tier 5: Up to a 30-day supply at any participating retail pharmacy or up to a 30-day supply at any participating 90-day retail pharmacy.			
Tier 1 - Preventive	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived
Tier 2 - Generic	You pay \$30, deductible waived	You pay 50% after deductible	You pay 30% after deductible
Tier 3 - Preferred Brand	You pay \$200, deductible waived	You pay 50% after deductible	You pay 30% after deductible
Tier 4 - Non-Preferred Brand	You pay \$350, deductible waived	You pay 50% after deductible	You pay 30% after deductible
Tier 5 - Specialty and Other High Cost Drugs	You pay \$700, deductible waived	You pay 50% after deductible	You pay 30% after deductible
Formulary Diabetic Supplies, including Metformin (non-insulin)	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0% after deductible
Preferred Insulin	You pay no more than \$25	You pay no more than \$25	You pay no more than \$25



S SILVER	Base Plan Name – Cigna Connect Flex Silver 3500 Rx Copay			
	Cigna Connect Flex Silver 3500 Rx Copay	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
Annual Deductible¹ (individual/family)	\$3,500/\$7,000	\$3,000/\$6,000	\$800/\$1,600	\$125/\$250
Coinsurance²	You pay 35% after deductible	You pay 35% after deductible	You pay 10% after deductible	You pay 5% after deductible
Annual Out-Of-Pocket Max³ (individual/family)	\$9,100/\$18,200	\$7,250/\$14,500	\$3,000/\$6,000	\$2,000/\$4,000
Physician Services (primary care/specialist)	You pay \$0, deductible waived/ You pay \$90, deductible waived	You pay \$0, deductible waived/ You pay \$90, deductible waived	You pay \$0, 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, deductible waived	You pay \$0, deductible waived
Inpatient Services (facility/physician)	You pay 35% after deductible	You pay 35% after deductible	You pay 10% after deductible	You pay 5% after deductible
Lab	You pay 35% after deductible	You pay 35% after deductible	You pay 10% after deductible	You pay 5% after deductible
X-ray and Ultrasound	You pay 35% after deductible	You pay 35% after deductible	You pay 10% after deductible	You pay 5% after deductible
Emergency Room Services	You pay 35% after deductible	You pay 35% after deductible	You pay 10% after deductible	You pay 5% after deductible
Urgent Care	You pay \$50, deductible waived	You pay \$50, deductible waived	You pay \$40, deductible waived	You pay \$25, deductible waived
Virtual Urgent Acute Care⁵	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Dedicated Virtual Primary Care Visits	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Prescription Medications – Tier 1, 2, 3 and 4: Up to a 30-day supply at any participating retail pharmacy or up to a 90-day supply at any participating 90-day retail pharmacy.				
Tier 5: Up to a 30-day supply at any participating retail pharmacy or up to a 30-day supply at any participating 90-day retail pharmacy.				
Tier 1 - Preventive	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived
Tier 2 - Generic	You pay \$25, deductible waived	You pay \$25, deductible waived	You pay \$20, deductible waived	You pay \$10, deductible waived
Tier 3 - Preferred Brand	You pay \$90, deductible waived	You pay \$90, deductible waived	You pay \$75, deductible waived	You pay \$30, deductible waived
Tier 4 - Non-Preferred Brand	You pay \$500, deductible waived	You pay \$500, deductible waived	You pay \$200, deductible waived	You pay \$200, deductible waived
Tier 5 - Specialty and Other High Cost Drugs	You pay \$725, deductible waived	You pay \$580, deductible waived	You pay \$250, deductible waived	You pay \$225, deductible waived
Formulary Diabetic Supplies, including Metformin (non-insulin)	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



	Base Plan Name – Cigna Connect Flex Silver 4100			
	Cigna Connect Flex Silver 4100	Cigna Connect Flex Silver 4100 (200-250% FPL)	Cigna Connect Flex Silver 4100 (150-200% FPL)	Cigna Connect Flex Silver 4100 (100-150% FPL)
MEDICAL	In-Network	In-Network	In-Network	In-Network
Annual Deductible ¹ (individual/family)	\$4,100/\$8,200	\$3,250/\$6,500	\$800/\$1,600	\$0/\$0
Coinsurance ²	You pay 35% after deductible	You pay 35% after deductible	You pay 10% after deductible	You pay 10%
Annual Out-Of-Pocket Max ³ (individual/family)	\$9,100/\$18,200	\$7,250/\$14,500	\$3,000/\$6,000	\$2,100/\$4,200
Physician Services (primary care/specialist)	You pay \$10, deductible waived/ You pay \$80, deductible waived	You pay \$10, deductible waived/ You pay \$75, deductible waived	You pay \$0, deductible waived/ You pay \$40, deductible waived	You pay \$0/You pay \$10
Preventive Care ⁴	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0
Inpatient Services (facility/physician)	You pay 35% after deductible	You pay 35% after deductible	You pay 10% after deductible	You pay 10%
Lab	You pay 35% after deductible	You pay 35% after deductible	You pay 10% after deductible	You pay 10%
X-ray and Ultrasound	You pay 35% after deductible	You pay 35% after deductible	You pay 10% after deductible	You pay 10%
Emergency Room Services	You pay 35% after deductible	You pay 35% after deductible	You pay 10% after deductible	You pay 10%
Urgent Care	You pay \$50, deductible waived	You pay \$50, deductible waived	You pay \$40, deductible waived	You pay \$25
Virtual Urgent Acute Care ⁵	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0
Dedicated Virtual Primary Care Visits	You pay \$10, deductible waived	You pay \$10, deductible waived	You pay \$0, deductible waived	You pay \$0
Prescription Medications – Tier 1, 2, 3 and 4: Up to a 30-day supply at any participating retail pharmacy or up to a 90-day supply at any participating 90-day retail pharmacy. Tier 5: Up to a 30-day supply at any participating retail pharmacy or up to a 30-day supply at any participating 90-day retail pharmacy.				
Tier 1 - Preventive	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%
Tier 2 - Generic	You pay \$25, deductible waived	You pay \$25, deductible waived	You pay \$20, deductible waived	You pay \$10
Tier 3 - Preferred Brand	You pay \$80, deductible waived	You pay \$80, deductible waived	You pay \$75, deductible waived	You pay \$25
Tier 4 - Non-Preferred Brand	You pay \$500, deductible waived	You pay \$500, deductible waived	You pay \$200, deductible waived	You pay \$200
Tier 5 - Specialty and Other High Cost Drugs	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 40%
Formulary Diabetic Supplies, including 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 no more than \$25




	Base Plan Name – Cigna Connect Flex Silver 5500			
	Cigna Connect Flex Silver 5500	Cigna Connect Flex Silver 5500 (200-250% FPL)	Cigna Connect Flex Silver 5500 (150-200% FPL)	Cigna Connect Flex Silver 5500 (100-150% FPL)
MEDICAL	In-Network	In-Network	In-Network	In-Network
Annual Deductible¹ (individual/family)	\$5,500/\$11,000	\$4,000/\$8,000	\$600/\$1,200	\$0/\$0
Coinsurance²	You pay 25% after deductible	You pay 25% after deductible	You pay 20% after deductible	You pay 5%
Annual Out-Of-Pocket Max³ (individual/family)	\$9,100/\$18,200	\$7,250/\$14,500	\$3,000/\$6,000	\$3,000/\$6,000
Physician Services (primary care/specialist)	You pay \$0, deductible waived/ You pay \$90, deductible waived	You pay \$0, deductible waived/ You pay \$90, deductible waived	You pay \$0, deductible waived/ You pay \$35, deductible waived	You pay \$0/You pay \$10
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 25% after deductible	You pay 25% after deductible	You pay 20% after deductible	You pay 5%
Lab	You pay 25% after deductible	You pay 25% after deductible	You pay 20% after deductible	You pay 5%
X-ray and Ultrasound	You pay 25% after deductible	You pay 25% after deductible	You pay 20% after deductible	You pay 5%
Emergency Room Services	You pay \$600 after deductible	You pay \$600 after deductible	You pay \$550 after deductible	You pay \$200
Urgent Care	You pay \$50, deductible waived	You pay \$50, deductible waived	You pay \$40, deductible waived	You pay \$15
Virtual Urgent Acute Care⁵	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0
Dedicated Virtual Primary Care Visits	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0
Prescription Medications – Tier 1, 2, 3 and 4: Up to a 30-day supply at any participating retail pharmacy or up to a 90-day supply at any participating 90-day retail pharmacy. Tier 5: Up to a 30-day supply at any participating retail pharmacy or up to a 30-day supply at any participating 90-day retail pharmacy.				
Tier 1 - Preventive	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%
Tier 2 - Generic	You pay \$25, deductible waived	You pay \$25, deductible waived	You pay \$20, deductible waived	You pay \$5
Tier 3 - Preferred Brand	You pay \$90, deductible waived	You pay \$90, deductible waived	You pay \$75, deductible waived	You pay \$40
Tier 4 - Non-Preferred Brand	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50%
Tier 5 - Specialty and Other High Cost Drugs	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 40%
Formulary Diabetic Supplies, including 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 no more than \$25



	Base Plan Name – Cigna Connect Colorado Option Silver			
	Cigna Connect Colorado Option Silver	Cigna Connect Colorado Option Silver 73% AV	Cigna Connect Colorado Option Silver 87% AV	Cigna Connect Colorado Option Silver 94% AV
MEDICAL	In-Network	In-Network	In-Network	In-Network
Annual Deductible¹ (individual/family)	\$5,000/\$10,000	\$3,500/\$7,000	\$800/\$1,600	\$100/\$200
Coinsurance²	You pay 40% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 20% after deductible
Annual Out-Of-Pocket Max³ (individual/family)	\$8,550/\$17,100	\$7,250/\$14,500	\$2,800/\$5,600	\$1,000/\$2,000
Physician Services (primary care/specialist)	You pay \$0, deductible waived/ You pay \$80, deductible waived	You pay \$0, deductible waived/ You pay \$80, deductible waived	You pay \$0, deductible waived/ You pay \$60, deductible waived	You pay \$0, deductible waived/ You pay \$40, deductible waived
Preventive Care⁴	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 40% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 20% after deductible
Lab	You pay 40% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 20% after deductible
X-ray and Ultrasound	You pay 40% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 20% after deductible
Emergency Room Services	You pay 40% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 20% after deductible
Urgent Care	You pay \$80, deductible waived	You pay \$80, deductible waived	You pay \$60, deductible waived	You pay \$40, deductible waived
Virtual Urgent Acute Care⁵	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Dedicated Virtual Primary Care Visits	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Prescription Medications – Tier 1, 2, 3 and 4: Up to a 30-day supply at any participating retail pharmacy or up to a 90-day supply at any participating 90-day retail pharmacy. Tier 5: Up to a 30-day supply at any participating retail pharmacy or up to a 30-day supply at any participating 90-day retail pharmacy.				
Tier 1 - Preventive	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived
Tier 2 - Generic	You pay \$20, deductible waived	You pay \$20, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Tier 3 - Preferred Brand	You pay \$125, deductible waived	You pay \$125, deductible waived	You pay \$60, deductible waived	You pay \$20, deductible waived
Tier 4 - Non-Preferred Brand	You pay \$300, deductible waived	You pay \$300, deductible waived	You pay \$120, deductible waived	You pay \$40, deductible waived
Tier 5 - Specialty and Other High Cost Drugs	You pay \$650, deductible waived	You pay \$600, deductible waived	You pay \$180, deductible waived	You pay \$60, deductible waived
Formulary Diabetic Supplies, including Metformin (non-insulin)	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



	Base Plan Name – Cigna Connect 4200 Enhanced Asthma COPD Care			
	Cigna Connect 4200 Enhanced Asthma COPD Care	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)
MEDICAL	In-Network	In-Network	In-Network	In-Network
Annual Deductible¹ (individual/family)	\$4,200/\$8,400	\$3,550/\$7,100	\$750/\$1,500	\$50/\$100
Coinsurance²	You pay 40% after deductible	You pay 35% after deductible	You pay 20% after deductible	You pay 5% after deductible
Annual Out-Of-Pocket Max³ (individual/family)	\$9,100/\$18,200	\$7,250/\$14,500	\$3,000/\$6,000	\$1,650/\$3,300
Physician Services (primary care/specialist)	You pay \$10, deductible waived/ You pay \$75, deductible waived	You pay \$10, deductible waived/ You pay \$75, deductible waived	You pay \$0, deductible waived/ You pay \$35, deductible waived	You pay \$0, deductible waived/ You pay \$15, deductible waived
Preventive Care⁴	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 40% after deductible	You pay 35% after deductible	You pay 20% after deductible	You pay 5% after deductible
Lab	You pay 40% after deductible	You pay 35% after deductible	You pay 20% after deductible	You pay 5% after deductible
X-ray and Ultrasound	You pay 40% after deductible	You pay 35% after deductible	You pay 20% after deductible	You pay 5% after deductible
Emergency Room Services	You pay 40% after deductible	You pay 35% after deductible	You pay 20% after deductible	You pay 5% after deductible
Urgent Care	You pay \$35, deductible waived	You pay \$35, deductible waived	You pay \$35, deductible waived	You pay \$15, deductible waived
Virtual Urgent Acute Care⁵	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Dedicated Virtual Primary Care Visits	You pay \$10, deductible waived	You pay \$10, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Prescription Medications – Tier 1, 2, 3 and 4: Up to a 30-day supply at any participating retail pharmacy or up to a 90-day supply at any participating 90-day retail pharmacy.				
Tier 5: Up to a 30-day supply at any participating retail pharmacy or up to a 30-day supply at any participating 90-day retail pharmacy.				
Tier 1 - Preventive	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived
Tier 2 - Generic	You pay \$20, deductible waived	You pay \$20, deductible waived	You pay \$15, deductible waived	You pay \$15, deductible waived
Tier 3 - Preferred Brand	You pay \$110, deductible waived	You pay \$105, deductible waived	You pay \$65, deductible waived	You pay \$20, deductible waived
Tier 4 - Non-Preferred Brand	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Tier 5 - Specialty and Other High Cost Drugs	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Formulary Diabetic Supplies, including Metformin (non-insulin)	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

	Cigna Connect Flex Gold 2250	Cigna Connect Flex Gold 2600	Cigna Connect Flex Gold 900 Rx Copay	Cigna Connect Colorado Option Gold	Cigna Connect 2100 Enhanced Asthma COPD Care
	In-Network	In-Network	In-Network	In-Network	In-Network
MEDICAL					
Annual Deductible¹ (individual/family)	\$2,250/\$4,500	\$2,600/\$5,200	\$900/\$1,800	\$1,600/\$3,200	\$2,100/\$4,200
Coinsurance²	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 20% after deductible
Annual Out-Of-Pocket Max³ (individual/family)	\$8,700/\$17,400	\$9,100/\$18,200	\$8,500/\$17,000	\$7,800/\$15,600	\$9,100/\$18,200
Physician Services (primary care/specialist)	You pay \$5, deductible waived/ You pay \$60, deductible waived	You pay \$0, deductible waived/ You pay \$35, deductible waived	You pay \$0, deductible waived/ You pay \$60, deductible waived	You pay \$0, deductible waived/ You pay \$50, deductible waived	You pay \$10, deductible waived/ You pay \$50, 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 30% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 20% after deductible
Lab	You pay \$25, deductible waived	You pay \$25, deductible waived	You pay \$25, deductible waived	You pay 30% after deductible	You pay 20% after deductible
X-ray and Ultrasound	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 20% after deductible
Emergency Room Services	You pay \$500, deductible waived	You pay \$500, deductible waived	You pay \$500 after deductible	You pay 30% after deductible	You pay \$500 after deductible
Urgent Care	You pay \$40, deductible waived	You pay \$40, deductible waived	You pay \$40, deductible waived	You pay \$50, deductible waived	You pay \$35, deductible waived
Virtual Urgent Acute 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
Dedicated Virtual Primary Care Visits	You pay \$5, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$10, deductible waived
Prescription Medications – Tier 1, 2, 3 and 4: Up to a 30-day supply at any participating retail pharmacy or up to a 90-day supply at any participating 90-day retail pharmacy.					
Tier 5: Up to a 30-day supply at any participating retail pharmacy or up to a 30-day supply at any participating 90-day retail pharmacy.					
Tier 1 - Preventive	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
Tier 2 - Generic	You pay \$10, deductible waived	You pay \$10, deductible waived	You pay \$10, deductible waived	You pay \$10, deductible waived	You pay \$15, deductible waived
Tier 3 - Preferred Brand	You pay \$50, deductible waived	You pay 20% after deductible	You pay \$55, deductible waived	You pay \$50, deductible waived	You pay \$60, deductible waived
Tier 4 - Non-Preferred Brand	You pay 50% after deductible	You pay 50% after deductible	You pay \$500, deductible waived	You pay \$200, deductible waived	You pay 50% after deductible
Tier 5 - Specialty and Other High Cost Drugs	You pay 50% after deductible	You pay 50% after deductible	You pay \$650, deductible waived	You pay \$600, deductible waived	You pay 50% after deductible
Formulary Diabetic Supplies, including 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



S SILVER	OFF MARKETPLACE ONLY*					
	Cigna Connect Silver 3500-A	Cigna Connect Silver 4100-A	Cigna Connect Silver 5500-A	Cigna Connect Colorado Option Silver Off Exchange	Cigna Connect Colorado Option Silver Enhanced Off Exchange	Cigna Connect 4200-A Enhanced Asthma COPD Care
MEDICAL	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Annual Deductible¹ (individual/family)	\$3,500/\$7,000	\$4,100/\$8,200	\$5,500/\$11,000	\$5,000/\$10,000	\$100/\$200	\$4,200/\$8,400
Coinsurance²	You pay 35% after deductible	You pay 35% after deductible	You pay 25% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
Annual Out-Of-Pocket Max³ (individual/family)	\$9,100/\$18,200	\$9,100/\$18,200	\$9,100/\$18,200	\$8,550/\$17,100	\$1,000/\$2,000	\$9,100/\$18,200
Physician Services (primary care/specialist)	You pay \$0, deductible waived/ You pay \$90, deductible waived	You pay \$10, deductible waived/ You pay \$80, deductible waived	You pay \$0, deductible waived/ You pay \$90, deductible waived	You pay \$0, deductible waived/ You pay \$80, deductible waived	You pay \$0, deductible waived/ You pay \$40, deductible waived	You pay \$10, deductible waived/ You pay \$75, 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	You pay \$0, deductible waived
Inpatient Services (facility/physician)	You pay 35% after deductible	You pay 35% after deductible	You pay 25% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
Lab	You pay 35% after deductible	You pay 35% after deductible	You pay 25% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
X-ray and Ultrasound	You pay 35% after deductible	You pay 35% after deductible	You pay 25% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
Emergency Room Services	You pay 35% after deductible	You pay 35% after deductible	You pay \$600 after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
Urgent Care	You pay \$50, deductible waived	You pay \$50, deductible waived	You pay \$50, deductible waived	You pay \$80, deductible waived	You pay \$40, deductible waived	You pay \$35, deductible waived
Virtual Urgent Acute 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	You pay \$0, deductible waived
Dedicated Virtual Primary Care Visits	You pay \$0, deductible waived	You pay \$10, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$10, deductible waived
Prescription Medications – Tier 1, 2, 3 and 4: Up to a 30-day supply at any participating retail pharmacy or up to a 90-day supply at any participating 90-day retail pharmacy.						
Tier 5: Up to a 30-day supply at any participating retail pharmacy or up to a 30-day supply at any participating 90-day retail pharmacy.						
Tier 1 - Preventive	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%, deductible waived
Tier 2 - Generic	You pay \$25, deductible waived	You pay \$25, deductible waived	You pay \$25, deductible waived	You pay \$20, deductible waived	You pay \$0, deductible waived	You pay \$20, deductible waived
Tier 3 - Preferred Brand	You pay \$90, deductible waived	You pay \$80, deductible waived	You pay \$90, deductible waived	You pay \$125, deductible waived	You pay \$20, deductible waived	You pay \$110, deductible waived
Tier 4 - Non-Preferred Brand	You pay \$500, deductible waived	You pay \$500, deductible waived	You pay 50% after deductible	You pay \$300, deductible waived	You pay \$40, deductible waived	You pay 50% after deductible
Tier 5 - Specialty and Other High Cost Drugs	You pay \$725, deductible waived	You pay 50% after deductible	You pay 50% after deductible	You pay \$650, deductible waived	You pay \$60, deductible waived	You pay 50% after deductible
Formulary Diabetic Supplies, including 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%, 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

*Unless indicated above, all plans will be available on and off the 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>. Native Americans and Alaska Natives may qualify for tax credits and special cost-sharing reductions if specific requirements are met. If qualified Native American/Alaska Natives will pay \$0/0% deductible for all eligible plans.

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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