

<div>BRONZE</div>					
	Cigna Connect Flex Bronze 7200	Cigna Connect Flex Bronze 0	Cigna Connect Colorado Option Bronze	Cigna Connect Flex Bronze 9450 Rx Copay	Cigna Connect HSA Bronze 6500
MEDICAL	In-Network	In-Network	In-Network	In-Network	In-Network
Annual Deductible <sup>1</sup> (individual/family)	\$7,200/\$14,400	\$0 Medical; \$4,950/\$9,900 Pharmacy	\$7,500/\$15,000	\$9,450/\$18,900	\$6,500/\$13,000
Coinsurance <sup>2</sup>	You pay 50% after deductible	You pay 50%	You pay 50% after deductible	You pay 0% after deductible	You pay 30% after deductible
Annual Out-Of-Pocket Max <sup>3</sup> (individual/family)	\$9,450/\$18,900	\$9,450/\$18,900	\$9,450/\$18,900	\$9,450/\$18,900	\$7,500/\$15,000
Physician Services (primary care/specialist)	You pay \$40, deductible waived/ You pay \$90, deductible waived	You pay \$45/You pay \$110	You pay \$0 for first 3 visits, thereafter \$50 copay after deductible/You pay 50% after deductible	You pay 0% after deductible/ You pay 0% after deductible	You pay 30% after deductible/ You pay 30% after deductible
Preventive Care <sup>4</sup>	You pay \$0, deductible waived	You pay \$0	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Inpatient Facility Services	You pay 50% after deductible	You pay \$2,500 copay per day for the first 3 days, then 0%	You pay 50% after deductible	You pay 0% after deductible	You pay 30% after deductible
Lab	You pay \$75, deductible waived	You pay \$75	You pay 50% after deductible	You pay 0% after deductible	You pay 30% after deductible
X-ray and Ultrasound	You pay 50% after deductible	You pay 50%	You pay 50% after deductible	You pay 0% after deductible	You pay 30% after deductible
Emergency Room Services	You pay 50% after deductible	You pay \$1,500	You pay 50% after deductible	You pay 0% after deductible	You pay 30% after deductible
Urgent Care	You pay \$60, deductible waived	You pay \$50	You pay 50% after deductible	You pay 0% after deductible	You pay 30% after deductible
MDLive Virtual Urgent Acute Care <sup>5</sup>	You pay \$0, deductible waived	You pay \$0	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0 after deductible
Speech Therapy	You pay 50% after deductible	You pay 50%	You pay 50% after deductible	You pay 0% after deductible	You pay 30% after deductible
Occupational and Physical Therapy	You pay \$40, deductible waived	You pay \$45	You pay 50% after deductible	You pay 0% after deductible	You pay 30% after deductible
<b>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.</b> <b>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.</b>					
Tier 1 - Retail 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 - Retail Generic	You pay 50% after deductible	You pay \$35, deductible waived	You pay \$30, deductible waived	You pay \$35, deductible waived	You pay 30% after deductible
Tier 3 - Retail Preferred Brand	You pay 50% after deductible	You pay \$200, deductible waived	You pay \$200, deductible waived	You pay \$250, deductible waived	You pay 30% after deductible
Tier 4 - Retail Non-Preferred Brand	You pay 50% after deductible	You pay 50% after deductible	You pay \$350, deductible waived	You pay \$700, deductible waived	You pay 30% after deductible
Tier 5 - Retail Specialty and Other High Cost Medications	You pay 50% after deductible	You pay 50% after deductible	You pay \$700, deductible waived	You pay \$775, deductible waived	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, deductible waived	You pay \$0, deductible waived	You pay \$0 after deductible
Retail 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

<div>SILVER</div>		Base Plan Name - Cigna Connect Flex Silver 3750		
	Cigna Connect Flex Silver 3750	Cigna Connect Flex Silver 3750 (200-250% FPL)	Cigna Connect Flex Silver 3750 (150-200% FPL)	Cigna Connect Flex Silver 3750 (100-150% FPL)
MEDICAL	In-Network	In-Network	In-Network	In-Network
Annual Deductible <sup>1</sup> (individual/family)	\$3,750/\$7,500	\$3,250/\$6,500	\$550/\$1,100	\$0/\$0
Coinsurance <sup>2</sup>	You pay 35% after deductible	You pay 35% after deductible	You pay 10% after deductible	You pay 10%
Annual Out-Of-Pocket Max <sup>3</sup> (individual/family)	\$9,450/\$18,900	\$7,350/\$14,700	\$3,150/\$6,300	\$2,450/\$4,900
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 <sup>4</sup>	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0
Inpatient Facility Services	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 \$50, deductible waived	You pay \$25
MDLive Virtual Urgent Acute Care <sup>5</sup>	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0
Speech Therapy	You pay 35% after deductible	You pay 35% after deductible	You pay 10% after deductible	You pay 10%
Occupational and Physical Therapy	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 - Retail Preventive	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0
Tier 2 - Retail Generic	You pay \$20, deductible waived	You pay \$20, deductible waived	You pay \$20, deductible waived	You pay \$10
Tier 3 - Retail Preferred Brand	You pay \$80, deductible waived	You pay \$80, deductible waived	You pay \$75, deductible waived	You pay \$25
Tier 4 - Retail Non-Preferred Brand	You pay \$500, deductible waived	You pay \$500, deductible waived	You pay \$200, deductible waived	You pay \$200
Tier 5 - Retail Specialty and Other High Cost Medications	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
Retail 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

<div>SILVER</div>		Base Plan Name - Cigna Connect Flex Silver 5750			
	Cigna Connect Flex Silver 5750	Cigna Connect Flex Silver 5750 (200-250% FPL)	Cigna Connect Flex Silver 5750 (150-200% FPL)	Cigna Connect Flex Silver 5750 (100-150% FPL)	
MEDICAL	In-Network	In-Network	In-Network	In-Network	
Annual Deductible <sup>1</sup> (individual/family)	\$5,750/\$11,500	\$4,000/\$8,000	\$400/\$800	\$0/\$0	
Coinsurance <sup>2</sup>	You pay 25% after deductible	You pay 25% after deductible	You pay 20% after deductible	You pay 5%	
Annual Out-Of-Pocket Max <sup>3</sup> (individual/family)	\$9,350/\$18,700	\$7,550/\$15,100	\$3,150/\$6,300	\$3,150/\$6,300	
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 Care <sup>4</sup>	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0	
Inpatient Facility Services	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	
MDLive Virtual Urgent Acute Care <sup>5</sup>	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0	
Speech Therapy	You pay 25% after deductible	You pay 25% after deductible	You pay 20% after deductible	You pay 5%	
Occupational and Physical Therapy	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 - Retail Preventive	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0	
Tier 2 - Retail Generic	You pay \$20, deductible waived	You pay \$20, deductible waived	You pay \$20, deductible waived	You pay \$5	
Tier 3 - Retail Preferred Brand	You pay \$90, deductible waived	You pay \$90, deductible waived	You pay \$75, deductible waived	You pay \$40	
Tier 4 - Retail Non-Preferred Brand	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50%	
Tier 5 - Retail Specialty and Other High Cost Medications	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	
Retail 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	



<div>SILVER</div>	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 Deductible <sup>1</sup> (individual/family)	\$4,750/\$9,500	\$3,450/\$6,900	\$800/\$1,600	\$100/\$200
Coinsurance <sup>2</sup>	You pay 40% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 20% after deductible
Annual Out-Of-Pocket Max <sup>3</sup> (individual/family)	\$9,450/\$18,900	\$7,450/\$14,900	\$3,150/\$6,300	\$1,100/\$2,200
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 Care <sup>4</sup>	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Inpatient Facility Services	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
MDLive Virtual Urgent Acute Care <sup>5</sup>	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Speech Therapy	You pay 40% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 20% after deductible
Occupational and Physical Therapy	You pay 40% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 20% after deductible
<b>Prescription Medications – Tier 1, 2, 3 and 4:</b> 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. <b>Tier 5:</b> 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 - Retail Preventive	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Tier 2 - Retail Generic	You pay \$20, deductible waived	You pay \$20, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Tier 3 - Retail Preferred Brand	You pay \$125, deductible waived	You pay \$125, deductible waived	You pay \$60, deductible waived	You pay \$20, deductible waived
Tier 4 - Retail 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 - Retail Specialty and Other High Cost Medications	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
Retail 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

<div>SILVER</div>	Base Plan Name - Cigna Connect Flex Silver 2750 Rx Copay			
	Cigna Connect Flex Silver 2750 Rx Copay	Cigna Connect Flex Silver 2750 Rx Copay (200-250% FPL)	Cigna Connect Flex Silver 2750 Rx Copay (150-200% FPL)	Cigna Connect Flex Silver 2750 Rx Copay (100-150% FPL)
MEDICAL	In-Network	In-Network	In-Network	In-Network
Annual Deductible <sup>1</sup> (individual/family)	\$2,750/\$5,500	\$2,750/\$5,500	\$500/\$1,000	\$75/\$150
Coinsurance <sup>2</sup>	You pay 35% after deductible	You pay 35% after deductible	You pay 10% after deductible	You pay 5% after deductible
Annual Out-Of-Pocket Max <sup>3</sup> (individual/family)	\$9,450/\$18,900	\$7,550/\$15,100	\$3,150/\$6,300	\$2,500/\$5,000
Physician Services (primary care/specialist)	You pay \$0, deductible waived/You pay \$90, deductible waived	You pay \$0, deductible waived/You pay \$85, deductible waived	You pay \$0, deductible waived/You pay \$40, deductible waived	You pay \$0, deductible waived/You pay \$10, deductible waived
Preventive Care <sup>4</sup>	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Inpatient Facility Services	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
MDLive Virtual Urgent Acute Care <sup>5</sup>	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Speech Therapy	You pay 35% after deductible	You pay 35% after deductible	You pay 10% after deductible	You pay 5% after deductible
Occupational and Physical Therapy	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 - Retail Preventive	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Tier 2 - Retail Generic	You pay \$25, deductible waived	You pay \$25, deductible waived	You pay \$20, deductible waived	You pay \$10, deductible waived
Tier 3 - Retail Preferred Brand	You pay \$90, deductible waived	You pay \$90, deductible waived	You pay \$75, deductible waived	You pay \$30, deductible waived
Tier 4 - Retail 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 - Retail Specialty and Other High Cost Medications	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
Retail 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



 SILVER	Off Exchange*	Off Exchange*	Off Exchange*	Off Exchange**	Off Exchange**
	Cigna Connect Silver 5750-A	Cigna Connect Silver 2750-A Rx Copay	Cigna Connect Silver 3750-A	Cigna Connect Colorado Option Silver Off Exchange	Cigna Colorado Option Silver Enhanced 94%
MEDICAL	In-Network	In-Network	In-Network	In-Network	In-Network
Annual Deductible <sup>1</sup> (individual/family)	\$5,750/\$11,500	\$2,750/\$5,500	\$3,750/\$7,500	\$4,750/\$9,500	\$100/\$200
Coinsurance <sup>2</sup>	You pay 25% after deductible	You pay 35% after deductible	You pay 35% after deductible	You pay 40% after deductible	You pay 20% after deductible
Annual Out-Of-Pocket Max <sup>3</sup> (individual/family)	\$9,350/\$18,700	\$9,450/\$18,900	\$9,450/\$18,900	\$9,450/\$18,900	\$1,100/\$2,200
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 \$10, deductible waived/ You pay \$80, deductible waived	You pay \$0, deductible waived/ You pay \$80, deductible waived	You pay \$0, deductible waived/ You pay \$40, deductible waived
Preventive Care <sup>4</sup>	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 Facility Services	You pay 25% after deductible	You pay 35% after deductible	You pay 35% after deductible	You pay 40% after deductible	You pay 20% after deductible
Lab	You pay 25% after deductible	You pay 35% after deductible	You pay 35% after deductible	You pay 40% after deductible	You pay 20% after deductible
X-ray and Ultrasound	You pay 25% after deductible	You pay 35% after deductible	You pay 35% after deductible	You pay 40% after deductible	You pay 20% after deductible
Emergency Room Services	You pay \$600 after deductible	You pay 35% after deductible	You pay 35% after deductible	You pay 40% after deductible	You pay 20% 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
MDLive Virtual Urgent Acute Care <sup>5</sup>	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
Speech Therapy	You pay 25% after deductible	You pay 35% after deductible	You pay 35% after deductible	You pay 40% after deductible	You pay 20% after deductible
Occupational and Physical Therapy	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$10, deductible waived	You pay 40% after deductible	You pay 20% 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 - Retail 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 - Retail Generic	You pay \$20, deductible waived	You pay \$25, deductible waived	You pay \$20, deductible waived	You pay \$20, deductible waived	You pay \$0, deductible waived
Tier 3 - Retail Preferred Brand	You pay \$90, deductible waived	You pay \$90, deductible waived	You pay \$80, deductible waived	You pay \$125, deductible waived	You pay \$20, deductible waived
Tier 4 - Retail Non-Preferred Brand	You pay 50% after deductible	You pay \$500, deductible waived	You pay \$500, deductible waived	You pay \$300, deductible waived	You pay \$40, deductible waived
Tier 5 - Retail Specialty and Other High Cost Medications	You pay 50% after deductible	You pay \$725, deductible waived	You pay 50% after deductible	You pay \$650, 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	You pay \$0, deductible waived
Retail 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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	Cigna Connect Flex Gold 2700	Cigna Connect Colorado Option Gold	Cigna Connect Flex Gold 700 Rx Copay
MEDICAL	In-Network	In-Network	In-Network
Annual Deductible <sup>1</sup> (individual/family)	\$2,700/\$5,400	\$1,700/\$3,400	\$700/\$1,400
Coinsurance <sup>2</sup>	You pay 20% after deductible	You pay 30% after deductible	You pay 25% after deductible
Annual Out-Of-Pocket Max <sup>3</sup> (individual/family)	\$8,700/\$17,400	\$8,700/\$17,400	\$9,000/\$18,000
Physician Services (primary care/specialist)	You pay \$0, deductible waived/You pay \$60, deductible waived	You pay \$0, deductible waived/You pay \$50, deductible waived	You pay \$0, deductible waived/You pay \$60, deductible waived
Preventive Care <sup>4</sup>	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Inpatient Facility Services	You pay 20% after deductible	You pay 30% after deductible	You pay 25% after deductible
Lab	You pay \$50, deductible waived	You pay 30% after deductible	You pay \$50, deductible waived
X-ray and Ultrasound	You pay 20% after deductible	You pay 30% after deductible	You pay 25% after deductible
Emergency Room Services	You pay \$500, deductible waived	You pay 30% after deductible	You pay \$500 after deductible
Urgent Care	You pay \$40, deductible waived	You pay \$50, deductible waived	You pay \$40, deductible waived
MDLive Virtual Urgent Acute Care <sup>5</sup>	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Speech Therapy	You pay 20% after deductible	You pay 30% after deductible	You pay 25% after deductible
Occupational and Physical Therapy	You pay \$0, deductible waived	You pay 30% after deductible	You pay \$0, deductible waived
<b>Prescription Medications – Tier 1, 2, 3 and 4:</b> 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. <b>Tier 5:</b> 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 - Retail Preventive	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Tier 2 - Retail Generic	You pay \$10, deductible waived	You pay \$10, deductible waived	You pay \$10, deductible waived
Tier 3 - Retail Preferred Brand	You pay \$50, deductible waived	You pay \$50, deductible waived	You pay \$55, deductible waived
Tier 4 - Retail Non-Preferred Brand	You pay 50% after deductible	You pay \$200, deductible waived	You pay \$500, deductible waived
Tier 5 - Retail Specialty and Other High Cost Medications	You pay 50% after deductible	You pay \$600, deductible waived	You pay \$725, deductible waived
Formulary Diabetic Supplies, including Metformin (non-insulin)	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Retail Preferred Insulin	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.

\*\*Coverage must be enrolled via Connect for Health Colorado.

**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.

All IFP plans subscribers have access to the following Virtual Care benefits:

- Virtual Care routine visit – Physician's office (PCP) = matches in office PCP cost share
- Virtual Care Wellness – Physician's office (PCP) = \$0 / 0%
- Virtual Care – Physician's office (SPC) = matches in office SPC cost share
- Virtual Care – Dermatology = matches in office SPC cost share
- Virtual Care – Behavioral Health = matches in office BH cost share
- MDLive Primary Care Physician = matches in office PCP cost share
- MDLive Specialty Care Physician = matches in office SPC cost share (this is a dermatology benefit)
- MDLive Urgent Care = \$0 / 0%

