

B BRONZE

						(<300 NA/AN) plan*
	Cigna Connect 8700 and Cigna Connect 8700-1	Cigna Connect 7800 and Cigna Connect 7800-1	Cigna Connect 7800A and Cigna Connect 7800A-1	Cigna Connect 6800 Enhanced Diabetes Care and Cigna Connect 6800-1 Enhanced Diabetes Care	Cigna Connect HSA 6000 and Cigna Connect 6000-1	Cigna Connect-0
MEDICAL	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Annual Deductible¹ (individual/family)	\$8,700/\$17,400	\$7,800/\$15,600	\$7,800/\$15,600	\$6,800/\$13,600	\$6,000/\$12,000	\$0
Coinsurance²	You pay 0% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 50% after deductible	You pay 0%
Annual Out-Of-Pocket Max³ (individual/family)	\$8,700/\$17,400	\$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 50% after deductible	You pay \$35, deductible waived/ You pay \$70, deductible waived	You pay \$45, deductible waived/ You pay \$90, deductible waived	You pay \$50 after deductible/ You pay 50% after deductible	You pay \$0
Preventive Care⁴	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, 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 50% after deductible	You pay 40% after deductible	You pay 50% after deductible	You pay 0%
Lab, X-ray and Ultrasound	You pay 0% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 50% after deductible	You pay 0%
Emergency Room Services	You pay 0% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 50% after deductible	You pay 0%
Urgent Care	You pay 0% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay \$75, deductible waived	You pay 50% after deductible	You pay 0%
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 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 any participating pharmacy or up to a 30-day supply at a 90-day retail pharmacy.						
Tier 1 - Retail Preferred Generic	You pay 0% after deductible	You pay 50% after deductible	You pay \$3, deductible waived	You pay \$3, deductible waived	You pay \$3 after deductible	You pay 0%
Tier 2 - Retail Non-Preferred Generic	You pay 0% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	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 50% after deductible	You pay 40% after deductible	You pay 50% after deductible	You pay 0%
Tier 4 - Retail Non-Preferred Brands	You pay 0% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 0%
Tier 5 - Retail Specialty	You pay 0% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% 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%, 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%, 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 \$0, deductible waived	You pay no more than \$25	You pay \$0

*Native American/Alaska Natives. **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>.

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.





	OFF MARKETPLACE ONLY**						
	Cigna Connect 7300 and Cigna Connect 7300-1	Cigna Connect 5800	Cigna Connect 5500 and Cigna Connect 5500-1	Cigna Connect 4200 Enhanced Asthma COPD Care and Cigna Connect 4200-1 Enhanced Asthma COPD Care	Cigna Connect 3600 and Cigna Connect 3600-1	Cigna Connect 3500 Diabetes Care and Cigna Connect 3500-1 Diabetes Care	Cigna Connect 2900 and Cigna Connect 2900-1
MEDICAL	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Annual Deductible¹ (individual/family)	\$7,300/\$14,600	\$5,800/\$11,600	\$5,500/\$11,000	\$4,200/\$8,400	\$3,600/\$7,200	\$3,500/\$7,000	\$2,900/\$5,800
Coinsurance²	You pay 0% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 40% after deductible	You pay 40% after deductible	You pay 40% after deductible
Annual Out-Of-Pocket Max³ (individual/family)	\$7,300/\$14,600	\$8,700/\$17,400	\$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 \$30, deductible waived/ You pay \$80, deductible waived	You pay \$40, deductible waived/ You pay \$80, deductible waived	You pay \$20, deductible waived/ You pay \$75, deductible waived	You pay \$15, deductible waived/ You pay \$75, deductible waived	You pay \$25, deductible waived/ You pay \$75, deductible waived	You pay \$10, deductible waived/ You pay \$80, deductible waived	You pay \$25, 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	You pay 0%, deductible waived
Inpatient Services (facility/physician)	You pay 0% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay \$500 per day for the first 5 days, deductible waived, then 0%/ You pay 40% after deductible	You pay 40% after deductible	You pay 40% after deductible
Lab, X-ray and Ultrasound	You pay 0% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 40% after deductible	You pay 40% after deductible	You pay 40% after deductible
Emergency Room Services	You pay 0% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 40% after deductible	You pay 50% after deductible	You pay 40% after deductible
Urgent Care	You pay \$35, deductible waived	You pay \$55, deductible waived	You pay \$35, deductible waived	You pay \$35, deductible waived	You pay \$35, deductible waived	You pay \$35, deductible waived	You pay \$35, 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	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 any participating pharmacy or up to a 30-day supply at a 90-day retail pharmacy.							
Tier 1 - Retail Preferred Generic	You pay \$3, deductible waived	You pay \$3, deductible waived	You pay \$3, 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 \$35, deductible waived	You pay \$30, deductible waived	You pay \$25, deductible waived	You pay \$20, deductible waived	You pay \$25, deductible waived	You pay \$20, deductible waived	You pay \$25, deductible waived
Tier 3 - Retail Preferred Brands	You pay 0% after deductible	You pay \$75, deductible waived	You pay 40% after deductible	You pay \$70 after deductible	You pay \$75, deductible waived	You pay \$70, deductible waived	You pay \$50, deductible waived
Tier 4 - Retail Non-Preferred Brands	You pay 0% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Tier 5 - Retail Specialty	You pay 0% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Formulary Diabetic Supplies	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, 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	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 \$0, deductible waived	You pay no more than \$25

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

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

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

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

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

4. 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							
OFF MARKETPLACE ONLY**	Base Plan Name – Cigna Connect 7300				Base Plan Name – Cigna Connect 5500		
Cigna Connect 2000	Cigna Connect 5500-2	Cigna Connect 1900-3	Cigna Connect 650-4	Cigna Connect 2800-2	Cigna Connect 0-3	Cigna Connect 0-4A	
MEDICAL	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Annual Deductible¹ (individual/family)	\$2,000/\$4,000	\$5,500/\$11,000	\$1,900/\$3,800	\$650/\$1,300	\$2,800/\$5,600	\$0	\$0
Coinsurance²	You pay 50% after deductible	You pay 0% after deductible	You pay 0% after deductible	You pay 0% after deductible	You pay 40% after deductible	You pay 40%	You pay 10%
Annual Out-Of-Pocket Max³ (individual/family)	\$8,700/\$17,400	\$5,500/\$11,000	\$1,900/\$3,800	\$650/\$1,300	\$6,950/\$13,900	\$2,900/\$5,800	\$2,200/\$4,400
Physician Services (primary care/specialist)	You pay \$25, deductible waived/ You pay \$50, deductible waived	You pay \$20, deductible waived/ You pay \$60, deductible waived	You pay \$5, deductible waived/ You pay \$25, deductible waived	You pay \$5, deductible waived/ You pay \$20, deductible waived	You pay \$20, deductible waived/ You pay \$55, deductible waived	You pay \$10/You pay \$30	You pay \$0/You pay \$15
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%	You pay 0%
Inpatient Services (facility/physician)	You pay 50% after deductible	You pay 0% after deductible	You pay 0% after deductible	You pay 0% after deductible	You pay 40% after deductible	You pay 40%	You pay 10%
Lab, X-ray and Ultrasound	You pay 50% after deductible	You pay 0% after deductible	You pay 0% after deductible	You pay 0% after deductible	You pay 40% after deductible	You pay 40%	You pay 10%
Emergency Room Services	You pay 50% after deductible	You pay 0% after deductible	You pay 0% after deductible	You pay 0% after deductible	You pay 40% after deductible	You pay 40%	You pay 10%
Urgent Care	You pay \$40, deductible waived	You pay \$35, deductible waived	You pay \$20, deductible waived	You pay \$20, deductible waived	You pay \$35, deductible waived	You pay \$20	You pay \$15
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	You pay \$0	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 any participating pharmacy or up to a 30-day supply at a 90-day retail pharmacy.							
Tier 1 - Retail Preferred Generic	You pay \$3, deductible waived	You pay \$3, deductible waived	You pay \$3, deductible waived	You pay \$3, deductible waived	You pay \$3, deductible waived	You pay \$3	You pay \$3
Tier 2 - Retail Non-Preferred Generic	You pay \$25, deductible waived	You pay \$25, deductible waived	You pay \$15, deductible waived	You pay \$15, deductible waived	You pay \$20, deductible waived	You pay \$20	You pay \$10
Tier 3 - Retail Preferred Brands	You pay \$75, deductible waived	You pay 0% after deductible	You pay 0% after deductible	You pay 0% after deductible	You pay 40% after deductible	You pay 40%	You pay 20%
Tier 4 - Retail Non-Preferred Brands	You pay 50% after deductible	You pay 0% after deductible	You pay 0% after deductible	You pay 0% after deductible	You pay 50% after deductible	You pay 50%	You pay 50%
Tier 5 - Retail Specialty	You pay 50% after deductible	You pay 0% after deductible	You pay 0% after deductible	You pay 0% after deductible	You pay 50% after deductible	You pay 50%	You pay 50%
Formulary Diabetic Supplies	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%	You pay 0%
Metformin (non-insulin)	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%	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	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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 SILVER						
	Base Plan Name – Cigna Connect 4200 Enhanced Asthma COPD Care			Base Plan Name – Cigna Connect 3600		
	Cigna Connect 3000-2 Enhanced Asthma COPD Care	Cigna Connect 600-3 Enhanced Asthma COPD Care	Cigna Connect 50-4B Enhanced Asthma COPD Care	Cigna Connect 2500-2	Cigna Connect 500-3	Cigna Connect 50-4A
MEDICAL	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Annual Deductible¹ (individual/family)	\$3,000/\$6,000	\$600/\$1,200	\$50/\$100	\$2,500/\$5,000	\$500/\$1,000	\$50/\$100
Coinsurance²	You pay 30% after deductible	You pay 20% after deductible	You pay 5% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 10% after deductible
Annual Out-Of-Pocket Max³ (individual/family)	\$6,950/\$13,900	\$2,900/\$5,800	\$1,800/\$3,600	\$6,950/\$13,900	\$2,900/\$5,800	\$1,500/\$3,000
Physician Services (primary care/specialist)	You pay \$15, deductible waived/ You pay \$75, deductible waived	You pay \$10, deductible waived/ You pay \$35, deductible waived	You pay \$5, deductible waived/ You pay \$30, deductible waived	You pay \$15, deductible waived/ You pay \$75, deductible waived	You pay \$5, deductible waived/ You pay \$30, deductible waived	You pay \$5, 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	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 5% after deductible	You pay \$500 per day for the first 5 days, deductible waived, then 0%/ You pay 40% after deductible	You pay \$400 per day for the first 5 days, deductible waived, then 0%/ You pay 30% after deductible	You pay \$200 per day for the first 5 days, deductible waived, then 0%/ You pay 10% after deductible
Lab, X-ray and Ultrasound	You pay 30% after deductible	You pay 20% after deductible	You pay 5% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 10% after deductible
Emergency Room Services	You pay 30% after deductible	You pay 20% after deductible	You pay 5% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 10% after deductible
Urgent Care	You pay \$30, deductible waived	You pay \$25, deductible waived	You pay \$15, deductible waived	You pay \$35, deductible waived	You pay \$20, deductible waived	You pay \$15, 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	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 any participating pharmacy or up to a 30-day supply at a 90-day retail pharmacy.						
Tier 1 - Retail Preferred Generic	You pay \$3, deductible waived	You pay \$3, deductible waived	You pay \$3, deductible waived	You pay \$3, deductible waived	You pay \$3, deductible waived	You pay \$0, deductible waived
Tier 2 - Retail Non-Preferred Generic	You pay \$20, deductible waived	You pay \$15, deductible waived	You pay \$15, deductible waived	You pay \$25, deductible waived	You pay \$15, deductible waived	You pay \$10, deductible waived
Tier 3 - Retail Preferred Brands	You pay \$70 after deductible	You pay \$55 after deductible	You pay \$30 after deductible	You pay \$75, deductible waived	You pay \$50, deductible waived	You pay \$30, deductible waived
Tier 4 - Retail Non-Preferred Brands	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Tier 5 - Retail Specialty	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Formulary Diabetic Supplies	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, 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	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

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

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

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

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

4. 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 3500 Enhanced Diabetes Care			Base Plan Name – Cigna Connect 2900			(<300 NA/AN)plan*
	Cigna Connect 2600-2 Enhanced Diabetes Care	Cigna Connect 550-3 Enhanced Diabetes Care	Cigna Connect 40-4 Enhanced Diabetes Care	Cigna Connect 1900-2	Cigna Connect 250-3	Cigna Connect 0-4B	Cigna Connect-0
	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Annual Deductible¹ (individual/family)	\$2,600/\$5,200	\$550/\$1,100	\$40/\$80	\$1,900/\$3,800	\$250/\$500	\$0	\$0
Coinsurance²	You pay 40% after deductible	You pay 30% after deductible	You pay 10% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 20%	You pay 0%
Annual Out-Of-Pocket Max³ (individual/family)	\$6,950/\$13,900	\$2,850/\$5,700	\$1,500/\$3,000	\$6,950/\$13,900	\$2,900/\$5,800	\$1,000/\$2,000	\$0
Physician Services (primary care/specialist)	You pay \$0, deductible waived/ You pay \$80, deductible waived	You pay \$0, deductible waived/ You pay \$40, deductible waived	You pay \$0, deductible waived/ You pay \$20, deductible waived	You pay \$15, deductible waived/ You pay \$75, deductible waived	You pay \$10, deductible waived/ You pay \$25, deductible waived	You pay \$3/You pay \$10	You pay \$0
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%	You pay 0%
Inpatient Services (facility/physician)	You pay 40% after deductible	You pay 30% after deductible	You pay 10% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 20%	You pay 0%
Lab, X-ray and Ultrasound	You pay 40% after deductible	You pay 30% after deductible	You pay 10% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 20%	You pay 0%
Emergency Room Services	You pay 50% after deductible	You pay 30% after deductible	You pay 10% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 20%	You pay 0%
Urgent Care	You pay \$30, deductible waived	You pay \$25, deductible waived	You pay \$15, deductible waived	You pay \$35, deductible waived	You pay \$20, deductible waived	You pay \$10	You pay 0%
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	You pay \$0	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 any participating pharmacy or up to a 30-day supply at a 90-day retail pharmacy.							
Tier 1 - Retail Preferred Generic	You pay \$3, deductible waived	You pay \$3, deductible waived	You pay \$0, deductible waived	You pay \$3, deductible waived	You pay \$3, deductible waived	You pay \$0	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 \$25, deductible waived	You pay \$16, deductible waived	You pay \$10	You pay 0%
Tier 3 - Retail Preferred Brands	You pay \$70, deductible waived	You pay \$55, deductible waived	You pay \$30, deductible waived	You pay \$50, deductible waived	You pay \$40, deductible waived	You pay \$30	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 50% after deductible	You pay 50% after deductible	You pay 50%	You pay 0%
Tier 5 - Retail Specialty	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50%	You pay 0%
Formulary Diabetic Supplies	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%	You pay 0%
Metformin (non-insulin)	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%	You pay 0%
Preferred Insulin	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay no more than \$25	You pay no more than \$25	You pay no more than \$25	You pay \$0

*Native American/Alaska Natives. **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>.

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.



	OFF MARKETPLACE ONLY**					(<300 NA/AN)plan*
	Cigna Connect 2500 and Cigna Connect 2500-1	Cigna Connect 1250 Enhanced Diabetes Care and Cigna Connect 1250-1 Enhanced Diabetes Care	Cigna Connect 1000 and Cigna Connect 1000-1	Cigna Connect 900	Cigna Connect 750 and Cigna Connect 750-1	Cigna Connect-0
MEDICAL	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Annual Deductible¹ (individual/family)	\$2,500/\$5,000	\$1,250/\$2,500	\$1,000/\$2,000	\$900/\$1,800	\$750/\$1,500	\$0
Coinsurance²	You pay 25% after deductible	You pay 20% after deductible	You pay 25% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 0%
Annual Out-Of-Pocket Max³ (individual/family)	\$7,750/\$15,500	\$7,500/\$15,000	\$8,700/\$17,400	\$7,800/\$15,600	\$7,000/\$14,000	\$0
Physician Services (primary care/specialist)	You pay \$10, deductible waived/ You pay \$45, deductible waived	You pay \$10, deductible waived/ You pay \$50, deductible waived	You pay \$20, deductible waived/ You pay \$55, deductible waived	You pay \$20, deductible waived/ You pay \$60, deductible waived	You pay \$10, deductible waived/ You pay \$50, 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%, 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 25% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 0%
Lab, X-ray and Ultrasound	You pay 25% after deductible	You pay 20% after deductible	You pay 25% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 0%
Emergency Room Services	You pay 40% after deductible	You pay 40% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 0%
Urgent Care	You pay \$35, deductible waived	You pay \$30, deductible waived	You pay \$35, deductible waived	You pay \$40, deductible waived	You pay \$35, 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, 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 any participating pharmacy or up to a 30-day supply at a 90-day retail pharmacy.						
Tier 1 - Retail Preferred Generic	You pay \$3, deductible waived	You pay \$2, deductible waived	You pay \$3, deductible waived	You pay \$0, deductible waived	You pay \$3, deductible waived	You pay 0%
Tier 2 - Retail Non-Preferred Generic	You pay \$20, deductible waived	You pay \$10, deductible waived	You pay \$25, deductible waived	You pay \$10, deductible waived	You pay \$20, deductible waived	You pay 0%
Tier 3 - Retail Preferred Brands	You pay \$50, deductible waived	You pay \$50, deductible waived	You pay 40% after deductible	You pay \$50, deductible waived	You pay \$50, deductible waived	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 50% after deductible	You pay 50% after deductible	You pay 0%
Tier 5 - Retail Specialty	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% 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%, deductible waived	You pay 0%, deductible waived	You pay 0%
Metformin (non-insulin)	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%
Preferred Insulin	You pay no more than \$25	You pay \$0, deductible waived	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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