



# 2024 Cigna Healthcare Plans

**Cigna Connect Plans – Pennsylvania**  
Bucks, Chester, Delaware, Montgomery, Philadelphia

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## Connect/Silver

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Connect Silver 6000 Indiv Med Deductible .....	5
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<b>BRONZE</b>	Connect Bronze 0 Indiv Med Deductible	Connect Bronze 9450 Indiv Med Deductible	Connect Bronze 7800 Indiv Med Deductible
	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>
<b>MEDICAL</b>			
<b>Annual Deductible<sup>1</sup> (individual/family)</b>	\$0 Medical; \$5,400/\$10,800 Pharmacy	\$9,450/\$18,900	\$7,800/\$15,600
<b>Coinsurance<sup>2</sup></b>	You pay 50%	You pay 0% after deductible	You pay 50% after deductible
<b>Annual Out-Of-Pocket Max<sup>3</sup> (individual/family)</b>	\$9,450/\$18,900	\$9,450/\$18,900	\$9,300/\$18,600
<b>Physician Services (primary care/specialist)</b>	You pay \$55/You pay \$110	You pay 0% after deductible/You pay 0% after deductible	You pay \$5, deductible waived/You pay \$100, deductible waived
<b>Preventive Care<sup>4</sup></b>	You pay \$0	You pay \$0, deductible waived	You pay \$0, deductible waived
<b>Inpatient Facility Services</b>	You pay \$2,350 copay per day for 4 days, then 0%	You pay 0% after deductible	You pay 50% after deductible
<b>Lab</b>	You pay \$70	You pay 0% after deductible	You pay 50% after deductible
<b>X-ray and Ultrasound</b>	You pay 50%	You pay 0% after deductible	You pay 50% after deductible
<b>Emergency Room Services</b>	You pay \$1,350	You pay 0% after deductible	You pay 50% after deductible
<b>Urgent Care</b>	You pay \$75	You pay 0% after deductible	You pay \$75, deductible waived
<b>MDLive Virtual Urgent Acute Care<sup>5</sup></b>	You pay \$0	You pay \$0, deductible waived	You pay \$0, deductible waived
<b>Speech, Occupational, and Physical Therapy</b>	You pay 50%	You pay 0% after deductible	You pay 50% after deductible
<p><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.</p>			
<b>Tier 1 - Retail Preferred Generic</b>	You pay \$5, deductible waived	You pay 0% after deductible	You pay \$3, deductible waived
<b>Tier 2 - Retail Non-Preferred Generic</b>	You pay \$40, deductible waived	You pay 0% after deductible	You pay 50% after deductible
<b>Tier 3 - Retail Preferred Brand</b>	You pay \$210, deductible waived	You pay 0% after deductible	You pay 50% after deductible
<b>Tier 4 - Retail Non-Preferred Brand</b>	You pay 50% after deductible	You pay 0% after deductible	You pay 50% after deductible
<b>Tier 5 - Retail Specialty and Other High Cost Medications</b>	You pay 50% after deductible	You pay 0% after deductible	You pay 50% after deductible
<b>Formulary Diabetic Supplies, including Metformin (non-insulin)</b>	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
<b>Retail Preferred Insulin</b>	You pay no more than \$25	You pay no more than \$25	You pay no more than \$25



<b>BRONZE</b>	Connect Bronze 6500 Indiv Med Deductible	Connect Bronze HSA 6400 Indiv Med Deductible	Connect Bronze 4400 Indiv Med Deductible Enhanced Diabetes Care
	In-Network	In-Network	In-Network
<b>MEDICAL</b>			
<b>Annual Deductible<sup>1</sup> (individual/family)</b>	\$6,500/\$13,000	\$6,400/\$12,800	\$4,400/\$8,800
<b>Coinsurance<sup>2</sup></b>	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible
<b>Annual Out-Of-Pocket Max<sup>3</sup> (individual/family)</b>	\$9,300/\$18,600	\$7,400/\$14,800	\$9,450/\$18,900
<b>Physician Services (primary care/specialist)</b>	You pay \$30, deductible waived/You pay \$80, deductible waived	You pay \$50 after deductible/You pay 50% after deductible	You pay \$55, deductible waived/You pay \$100, deductible waived
<b>Preventive Care<sup>4</sup></b>	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
<b>Inpatient Facility Services</b>	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible
<b>Lab</b>	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible
<b>X-ray and Ultrasound</b>	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible
<b>Emergency Room Services</b>	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible
<b>Urgent Care</b>	You pay \$75, deductible waived	You pay 50% after deductible	You pay \$75, deductible waived
<b>MDLive Virtual Urgent Acute Care<sup>5</sup></b>	You pay \$0, deductible waived	You pay \$0 after deductible	You pay \$0, deductible waived
<b>Speech, Occupational, and Physical Therapy</b>	You pay 50% after deductible	You pay 50% after deductible	You pay 40% 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>			
<b>Tier 1 - Retail Preferred Generic</b>	You pay \$3, deductible waived	You pay \$3 after deductible	You pay \$3, deductible waived
<b>Tier 2 - Retail Non-Preferred Generic</b>	You pay 50% after deductible	You pay \$30 after deductible	You pay \$35, deductible waived
<b>Tier 3 - Retail Preferred Brand</b>	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
<b>Tier 4 - Retail Non-Preferred Brand</b>	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
<b>Tier 5 - Retail Specialty and Other High Cost Medications</b>	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
<b>Formulary Diabetic Supplies, including Metformin (non-insulin)</b>	You pay \$0, deductible waived	You pay \$0 after deductible	You pay \$0, deductible waived
<b>Retail Preferred Insulin</b>	You pay no more than \$25	You pay no more than \$25	You pay \$0, deductible waived



	Base Plan Name - Connect Silver 5000 Indiv Med Deductible			
	Connect Silver 5000 Indiv Med Deductible	Connect Silver-2 4000 Indiv Med Deductible	Connect Silver-3 250 Indiv Med Deductible	Connect Silver-4 0 Indiv Med Deductible
<b>MEDICAL</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>
<b>Annual Deductible<sup>1</sup> (individual/family)</b>	\$5,000/\$10,000	\$4,000/\$8,000	\$250/\$500	\$0/\$0
<b>Coinsurance<sup>2</sup></b>	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 15%
<b>Annual Out-Of-Pocket Max<sup>3</sup> (individual/family)</b>	\$9,350/\$18,700	\$7,350/\$14,700	\$3,050/\$6,100	\$2,100/\$4,200
<b>Physician Services (primary care/specialist)</b>	You pay \$15, deductible waived/You pay \$75, deductible waived	You pay \$15, deductible waived/You pay \$70, deductible waived	You pay \$10, deductible waived/You pay \$45, deductible waived	You pay \$0/You pay \$10
<b>Preventive Care<sup>4</sup></b>	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0
<b>Inpatient Facility Services</b>	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 15%
<b>Lab</b>	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 15%
<b>X-ray and Ultrasound</b>	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 15%
<b>Emergency Room Services</b>	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 15%
<b>Urgent Care</b>	You pay \$35, deductible waived	You pay \$35, deductible waived	You pay \$20, deductible waived	You pay \$15
<b>MDLive Virtual Urgent Acute Care<sup>5</sup></b>	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0
<b>Speech, Occupational, and Physical Therapy</b>	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 15%
<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>				
<b>Tier 1 - Retail Preferred Generic</b>	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0
<b>Tier 2 - Retail Non-Preferred Generic</b>	You pay \$20, deductible waived	You pay \$20, deductible waived	You pay \$15, deductible waived	You pay \$5
<b>Tier 3 - Retail Preferred Brand</b>	You pay \$75, deductible waived	You pay \$75, deductible waived	You pay \$50, deductible waived	You pay \$25
<b>Tier 4 - Retail Non-Preferred Brand</b>	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50%
<b>Tier 5 - Retail Specialty and Other High Cost Medications</b>	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50%
<b>Formulary Diabetic Supplies, including Metformin (non-insulin)</b>	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0
<b>Retail Preferred Insulin</b>	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	Base Plan Name - Connect Silver 6000 Indiv Med Deductible				Off Exchange*
	Connect Silver 6000 Indiv Med Deductible	Connect Silver-2 5800 Indiv Med Deductible	Connect Silver-3 1250 Indiv Med Deductible	Connect Silver-4 40 Indiv Med Deductible	Connect Silver 2000 Indiv Med Deductible
<b>MEDICAL</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>
<b>Annual Deductible<sup>1</sup> (individual/family)</b>	\$6,000/\$12,000	\$5,800/\$11,600	\$1,250/\$2,500	\$40/\$80	\$2,000/\$4,000
<b>Coinsurance<sup>2</sup></b>	You pay 40% after deductible	You pay 40% after deductible	You pay 25% after deductible	You pay 10% after deductible	You pay 50% after deductible
<b>Annual Out-Of-Pocket Max<sup>3</sup> (individual/family)</b>	\$9,300/\$18,600	\$7,500/\$15,000	\$3,000/\$6,000	\$1,425/\$2,850	\$9,400/\$18,800
<b>Physician Services (primary care/specialist)</b>	You pay \$30, deductible waived/ You pay \$80, deductible waived	You pay \$25, deductible waived/ You pay \$80, deductible waived	You pay \$5, deductible waived/ You pay \$25, deductible waived	You pay \$5, deductible waived/ You pay \$20, deductible waived	You pay \$25, deductible waived/ You pay \$80, deductible waived
<b>Preventive Care<sup>4</sup></b>	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
<b>Inpatient Facility Services</b>	You pay 40% after deductible	You pay 40% after deductible	You pay 25% after deductible	You pay 10% after deductible	You pay 50% after deductible
<b>Lab</b>	You pay 40% after deductible	You pay 40% after deductible	You pay 25% after deductible	You pay 10% after deductible	You pay 50% after deductible
<b>X-ray and Ultrasound</b>	You pay 40% after deductible	You pay 40% after deductible	You pay 25% after deductible	You pay 10% after deductible	You pay 50% after deductible
<b>Emergency Room Services</b>	You pay \$1,375, deductible waived	You pay \$1,000, deductible waived	You pay \$300, deductible waived	You pay \$150, deductible waived	You pay 50% after deductible
<b>Urgent Care</b>	You pay \$35, deductible waived	You pay \$35, deductible waived	You pay \$20, deductible waived	You pay \$20, deductible waived	You pay \$40, deductible waived
<b>MDLive Virtual Urgent Acute Care<sup>5</sup></b>	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
<b>Speech, Occupational, and Physical Therapy</b>	You pay 40% after deductible	You pay 40% after deductible	You pay 25% after deductible	You pay 10% after deductible	You pay \$25, deductible waived
<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. 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>					
<b>Tier 1 - Retail Preferred Generic</b>	You pay \$2, deductible waived	You pay \$2, deductible waived	You pay \$2, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
<b>Tier 2 - Retail Non-Preferred Generic</b>	You pay \$20, deductible waived	You pay \$20, deductible waived	You pay \$10, deductible waived	You pay \$10, deductible waived	You pay \$25, deductible waived
<b>Tier 3 - Retail Preferred Brand</b>	You pay \$85, deductible waived	You pay \$85, deductible waived	You pay \$45, deductible waived	You pay \$45, deductible waived	You pay \$75, deductible waived
<b>Tier 4 - Retail Non-Preferred Brand</b>	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
<b>Tier 5 - Retail Specialty and Other High Cost Medications</b>	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
<b>Formulary Diabetic Supplies, including Metformin (non-insulin)</b>	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
<b>Retail Preferred Insulin</b>	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



 GOLD	Connect Gold 1000 Indiv Med Deductible	Connect Gold 2500 Indiv Med Deductible
	In-Network	In-Network
<b>MEDICAL</b>		
Annual Deductible <sup>1</sup> (individual/family)	\$1,000/\$2,000	\$2,500/\$5,000
Coinsurance <sup>2</sup>	You pay 25% after deductible	You pay 20% after deductible
Annual Out-Of-Pocket Max <sup>3</sup> (individual/family)	\$8,700/\$17,400	\$7,500/\$15,000
Physician Services (primary care/specialist)	You pay \$10, deductible waived/You pay \$50, deductible waived	You pay \$5, deductible waived/You pay \$50, deductible waived
Preventive Care <sup>4</sup>	You pay \$0, deductible waived	You pay \$0, deductible waived
Inpatient Facility Services	You pay 25% after deductible	You pay 20% after deductible
Lab	You pay 25% after deductible	You pay 20% after deductible
X-ray and Ultrasound	You pay 25% after deductible	You pay 20% after deductible
Emergency Room Services	You pay 25% after deductible	You pay 20% after deductible
Urgent Care	You pay \$35, deductible waived	You pay \$35, deductible waived
MDLive Virtual Urgent Acute Care <sup>5</sup>	You pay \$0, deductible waived	You pay \$0, deductible waived
Speech, Occupational, and Physical Therapy	You pay 25% 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 Preferred Generic	You pay \$0, deductible waived	You pay \$0, deductible waived
Tier 2 - Retail Non-Preferred Generic	You pay \$20, deductible waived	You pay \$15, deductible waived
Tier 3 - Retail Preferred Brand	You pay 40% after deductible	You pay \$48, deductible waived
Tier 4 - Retail Non-Preferred Brand	You pay 50% after deductible	You pay 50% after deductible
Tier 5 - Retail Specialty and Other High Cost Medications	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
Retail Preferred Insulin	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.

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%