



2024 Cigna Healthcare Plans

Cigna Connect and CMS Standard Plans – Virginia

Alexandria City, Amelia, Arlington, Charles City, Chesterfield, Clarke, Colonial Heights City, Cumberland, Dinwiddie, Fairfax, Fairfax City, Falls Church City, Fauquier, Frederick, Goochland, Hanover, Henrico, Hopewell City, Loudoun, Louisa, Manassas City, Manassas Park City, Page, Petersburg City, Powhatan, Prince George, Prince William, Rappahannock, Richmond City, Shenandoah, Spotsylvania, Stafford, Sussex, Warren, Winchester City

Connect/Bronze

- Connect Bronze 0/4900 Indiv Medical/Rx Deductible..... 2
- Connect Bronze 3400 Indiv Med Deductible 2
- Connect Bronze 8500 Indiv Med Deductible..... 2
- Connect Bronze 6500 Indiv Med Deductible 2
- Connect Bronze 5500 Indiv Med Deductible Enhanced Diabetes Care 2

Connect/Silver

- Connect Silver 7000 Indiv Med Deductible..... 3
- Connect Silver-2 4600 Indiv Med Deductible 3
- Connect Silver-3B 0 Indiv Med Deductible 3
- Connect Silver-4B 0 Indiv Med Deductible 3
- Connect Silver 3250/3100 Indiv Medical/Rx Deductible..... 4
- Connect Silver-2 2500/3100 Indiv Medical/Rx Deductible..... 4
- Connect Silver-3A 0/1000 Indiv Medical/Rx Deductible..... 4
- Connect Silver-4A 0/0 Indiv Medical/Rx Deductible 4
- Connect Silver 5000 Indiv Med Deductible + Acupuncture 5
- Connect Silver-2 3900 Indiv Med Deductible + Acupuncture 5
- Connect Silver-3 500 Indiv Med Deductible + Acupuncture 5

- Connect Silver-4C 0 Indiv Med Deductible + Acupuncture..... 5
- Connect Silver 3800 Indiv Med Deductible Enhanced Diabetes Care 6
- Connect Silver 4400 Indiv Med Deductible 6
- Connect Silver 2000 Indiv Med Deductible 6

Connect/Gold

- Connect Gold 500 Indiv Med Deductible 7
- Connect Gold 2500 Indiv Med Deductible 7
- Connect Gold 3500 Indiv Med Deductible Enhanced Diabetes Care..... 7

Connect CMS Standard/Bronze

- Connect Bronze CMS Standard 8

Connect CMS Standard/Silver

- Connect Silver CMS Standard..... 9
- Connect Silver-2 CMS Standard 9
- Connect Silver-3 CMS Standard 9
- Connect Silver-4 CMS Standard 9

Connect CMS Standard/Gold

- Connect Gold CMS Standard 10



| BRONZE | Off Exchange* | | | | |
|---|---|--|---|---|---|
| | Connect Bronze 0/4900 Indiv Medical/Rx Deductible | Connect Bronze 3400 Indiv Med Deductible | Connect Bronze 8500 Indiv Med Deductible | Connect Bronze 6500 Indiv Med Deductible | Connect Bronze 5500 Indiv Med Deductible Enhanced Diabetes Care |
| MEDICAL | In-Network | In-Network | In-Network | In-Network | In-Network |
| Annual Deductible¹ (individual/family) | \$0 Medical; \$4,900/\$9,800 Pharmacy | \$3,400/\$6,800 | \$8,500/\$17,000 | \$6,500/\$13,000 | \$5,500/\$11,000 |
| Coinsurance² | You pay 50% | You pay 50% after deductible | You pay 50% after deductible | You pay 50% after deductible | You pay 40% after deductible |
| Annual Out-Of-Pocket Max³ (individual/family) | \$9,450/\$18,900 | \$9,450/\$18,900 | \$9,450/\$18,900 | \$9,450/\$18,900 | \$9,450/\$18,900 |
| Physician Services (primary care/specialist) | You pay \$50/You pay \$110 | You pay \$50, deductible waived/ You pay 50% after deductible | You pay 50% after deductible/ You pay 50% after deductible | You pay \$35, deductible waived/ You pay \$80, deductible waived | You pay \$50, deductible waived/ You pay \$90, deductible waived |
| Preventive Care⁴ | You pay \$0 | 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 \$2,500 copay per day for the first 3 days, then 0% | You pay 50% after deductible | You pay 50% after deductible | You pay 50% after deductible | You pay 40% after deductible |
| Lab | You pay \$75 | You pay 50% after deductible | You pay 50% after deductible | You pay 50% after deductible | You pay 40% after deductible |
| X-ray and Ultrasound | You pay 50% | You pay 50% after deductible | You pay 50% after deductible | You pay 50% after deductible | You pay 40% after deductible |
| Emergency Room Services | You pay \$1,500 | You pay 50% after deductible | You pay 50% after deductible | You pay 50% after deductible | You pay 40% after deductible |
| Urgent Care | You pay \$50 | You pay \$60, deductible waived | You pay 50% after deductible | You pay \$60, deductible waived | You pay \$75, deductible waived |
| MDLive Virtual Urgent Acute Care⁵ | You pay \$0 | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0, deductible waived |
| Speech, Occupational, and Physical Therapy | You pay 50% | You pay 50% after deductible | You pay 50% after deductible | You pay 50% after deductible | You pay 40% 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 Preferred Generic | You pay \$3, deductible waived | You pay \$3, deductible waived | You pay 50% after deductible | You pay \$3, deductible waived | You pay \$3, deductible waived |
| Tier 2 - Retail Non-Preferred Generic | You pay \$40, deductible waived | You pay \$35, deductible waived | You pay 50% after deductible | You pay 50% after deductible | You pay \$30, deductible waived |
| Tier 3 - Retail Preferred Brand | You pay \$200, deductible waived | You pay 50% after deductible | You pay 50% after deductible | You pay 50% after deductible | You pay 40% after deductible |
| Tier 4 - Retail Non-Preferred Brand | 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 and Other High Cost Medications | 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, 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 \$0, deductible waived |



| | Base Plan Name - Connect Silver 3250/3100 Indiv Medical/Rx Deductible | | | |
|---|---|--|--|---|
| | Connect Silver 3250/3100 Indiv Medical/Rx Deductible | Connect Silver-2 2500/3100 Indiv Medical/Rx Deductible | Connect Silver-3A 0/1000 Indiv Medical/Rx Deductible | Connect Silver-4A 0/0 Indiv Medical/Rx Deductible |
| MEDICAL | In-Network | In-Network | In-Network | In-Network |
| Annual Deductible¹ (individual/family) | \$7,000/\$14,000 | \$4,600/\$9,200 | \$0/\$0 | \$0/\$0 |
| Coinsurance² | You pay 40% after deductible | You pay 40% after deductible | You pay 40% | You pay 5% |
| Annual Out-Of-Pocket Max³ (individual/family) | \$9,450/\$18,900 | \$7,550/\$15,100 | \$3,150/\$6,300 | \$1,800/\$3,600 |
| Physician Services (primary care/specialist) | You pay \$0, deductible waived/You pay \$85, deductible waived | You pay \$0, deductible waived/You pay \$85, deductible waived | You pay \$0/You pay \$60 | You pay \$0/You pay \$15 |
| Preventive Care⁴ | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0 | You pay \$0 |
| Inpatient Facility Services | You pay 40% after deductible | You pay 40% after deductible | You pay 40% | You pay 5% |
| Lab | You pay 40% after deductible | You pay 40% after deductible | You pay 40% | You pay 5% |
| X-ray and Ultrasound | You pay 40% after deductible | You pay 40% after deductible | You pay 40% | You pay 5% |
| Emergency Room Services | You pay 50% after deductible | You pay 50% after deductible | You pay 50% | You pay 30% |
| Urgent Care | You pay \$30, deductible waived | You pay \$30, deductible waived | You pay \$25 | You pay \$15 |
| MDLive Virtual Urgent Acute Care⁵ | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0 | You pay \$0 |
| Speech, Occupational, and Physical Therapy | You pay 40% after deductible | You pay 40% after deductible | You pay 40% | You pay 5% |
| 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 Preferred Generic | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0 | You pay \$0 |
| Tier 2 - Retail Non-Preferred Generic | You pay \$20, deductible waived | You pay \$20, deductible waived | You pay \$15 | You pay \$10 |
| Tier 3 - Retail Preferred Brand | You pay \$90, deductible waived | You pay \$90, deductible waived | You pay \$90 | You pay \$50 |
| Tier 4 - Retail Non-Preferred Brand | You pay 50% after deductible | You pay 50% after deductible | You pay 50% | You pay 50% |
| Tier 5 - Retail Specialty and Other High Cost Medications | You pay 50% after deductible | You pay 50% after deductible | You pay 50% | You pay 50% |
| Formulary Diabetic Supplies, including Metformin (non-insulin) | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0 | 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 |



| | Base Plan Name - Connect Silver 3250/3100 Indiv Medical/Rx Deductible | | | |
|---|---|--|--|---|
| | Connect Silver 3250/3100 Indiv Medical/Rx Deductible | Connect Silver-2 2500/3100 Indiv Medical/Rx Deductible | Connect Silver-3A 0/1000 Indiv Medical/Rx Deductible | Connect Silver-4A 0/0 Indiv Medical/Rx Deductible |
| MEDICAL | In-Network | In-Network | In-Network | In-Network |
| Annual Deductible¹ (individual/family) | \$3,250/\$6,500 Medical; \$3,100/\$6,200 Pharmacy | \$2,500/\$5,000 Medical; \$3,100/\$6,200 Pharmacy | \$0 Medical; \$1,000/\$2,000 Pharmacy | \$0/\$0 |
| Coinsurance² | You pay 50% after deductible | You pay 50% after deductible | You pay 25% | You pay 5% |
| Annual Out-Of-Pocket Max³ (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 \$80, deductible waived | You pay \$0/You pay \$60 | You pay \$0/You pay \$15 |
| Preventive Care⁴ | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0 | You pay \$0 |
| Inpatient Facility Services | You pay 50% after deductible | You pay 50% after deductible | You pay 25% | You pay 5% |
| Lab | You pay 50% after deductible | You pay 50% after deductible | You pay 25% | You pay 5% |
| X-ray and Ultrasound | You pay 50% after deductible | You pay 50% after deductible | You pay 25% | You pay 5% |
| Emergency Room Services | You pay 50% after deductible | You pay 50% after deductible | You pay 50% | You pay 30% |
| Urgent Care | You pay \$30, deductible waived | You pay \$30, deductible waived | You pay \$20 | You pay \$15 |
| MDLive Virtual Urgent Acute Care⁵ | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0 | You pay \$0 |
| Speech, Occupational, and Physical Therapy | You pay 50% after deductible | You pay 50% after deductible | You pay 25% | You pay 5% |
| 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 Preferred Generic | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0 |
| Tier 2 - Retail Non-Preferred Generic | You pay \$20, deductible waived | You pay \$20, deductible waived | You pay \$15, deductible waived | You pay \$10 |
| Tier 3 - Retail Preferred Brand | You pay 50% after deductible | You pay 50% after deductible | You pay 25% after deductible | You pay 5% |
| 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 50% after deductible | You pay 50% |
| 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 |




| | Base Plan Name - Connect Silver 5000 Indiv Med Deductible + Acupuncture | | | |
|---|---|---|---|--|
| | Connect Silver 5000 Indiv Med Deductible + Acupuncture | Connect Silver-2 3900 Indiv Med Deductible + Acupuncture | Connect Silver-3 500 Indiv Med Deductible + Acupuncture | Connect Silver-4C 0 Indiv Med Deductible + Acupuncture |
| MEDICAL | In-Network | In-Network | In-Network | In-Network |
| Annual Deductible¹ (individual/family) | \$5,000/\$10,000 | \$3,900/\$7,800 | \$500/\$1,000 | \$0/\$0 |
| Coinsurance² | You pay 30% after deductible | You pay 30% after deductible | You pay 30% after deductible | You pay 10% |
| Annual Out-Of-Pocket Max³ (individual/family) | \$9,450/\$18,900 | \$7,450/\$14,900 | \$3,100/\$6,200 | \$2,300/\$4,600 |
| Physician Services (primary care/specialist) | You pay \$10, deductible waived/You pay 30% after deductible | You pay \$5, deductible waived/You pay 30% after deductible | You pay \$5, deductible waived/You pay 30% after deductible | 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 Facility Services | You pay 30% after deductible | You pay 30% after deductible | You pay 30% after deductible | You pay 10% |
| Lab | You pay 30% after deductible | You pay 30% after deductible | You pay 30% after deductible | You pay 10% |
| X-ray and Ultrasound | You pay 30% after deductible | You pay 30% after deductible | You pay 30% after deductible | You pay 10% |
| Emergency Room Services | You pay \$1,000, deductible waived | You pay \$1,000, deductible waived | You pay \$500, deductible waived | You pay \$200 |
| Urgent Care | You pay \$30, deductible waived | You pay \$30, deductible waived | You pay \$25, deductible waived | You pay \$15 |
| MDLive Virtual Urgent Acute Care⁵ | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0 |
| Speech, Occupational, and Physical Therapy | You pay 30% after deductible | You pay 30% after deductible | You pay 30% after deductible | You pay 10% |
| 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 Preferred Generic | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0 |
| Tier 2 - Retail Non-Preferred Generic | You pay \$20, deductible waived | You pay \$20, deductible waived | You pay \$10, deductible waived | You pay \$10 |
| Tier 3 - Retail Preferred Brand | You pay \$60, deductible waived | You pay \$60, deductible waived | You pay \$60, 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 50% after deductible | You pay 50% |
| 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 |



| | Off Exchange* | | |
|---|--|--|---|
| | Connect Silver 3800 Indiv Med Deductible Enhanced Diabetes Care | Connect Silver 4400 Indiv Med Deductible | Connect Silver 2000 Indiv Med Deductible |
| MEDICAL | In-Network | In-Network | In-Network |
| Annual Deductible¹ (individual/family) | \$3,800/\$7,600 | \$4,400/\$8,800 | \$2,000/\$4,000 |
| Coinsurance² | You pay 40% after deductible | You pay 50% after deductible | You pay 50% after deductible |
| Annual Out-Of-Pocket Max³ (individual/family) | \$9,450/\$18,900 | \$9,450/\$18,900 | \$9,450/\$18,900 |
| Physician Services (primary care/specialist) | You pay \$20, deductible waived/You pay \$80, deductible waived | You pay \$0, deductible waived/You pay \$80, deductible waived | You pay \$25, deductible waived/You pay \$80, deductible waived |
| Preventive Care⁴ | 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 50% after deductible | You pay 50% after deductible |
| Lab | You pay 40% after deductible | You pay 50% after deductible | You pay 50% after deductible |
| X-ray and Ultrasound | You pay 40% after deductible | You pay 50% after deductible | You pay 50% after deductible |
| Emergency Room Services | You pay \$1,200, deductible waived | You pay 50% after deductible | You pay 50% after deductible |
| Urgent Care | You pay \$35, deductible waived | You pay \$40, deductible waived | You pay \$40, deductible waived |
| MDLive Virtual Urgent Acute Care⁵ | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0, deductible waived |
| Speech, Occupational, and Physical Therapy | You pay 40% after deductible | You pay \$0, deductible waived | You pay \$25, 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 Preferred Generic | You pay \$3, deductible waived | You pay \$0, deductible waived | You pay \$3, deductible waived |
| Tier 2 - Retail Non-Preferred Generic | You pay \$25, deductible waived | You pay \$30, deductible waived | You pay \$30, deductible waived |
| Tier 3 - Retail Preferred Brand | You pay \$100, deductible waived | You pay \$90, deductible waived | You pay \$75, deductible waived |
| Tier 4 - Retail Non-Preferred Brand | You pay 50% after deductible | 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 | 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 |
| Retail Preferred Insulin | You pay \$0, deductible waived | You pay no more than \$25 | You pay no more than \$25 |



| GOLD  | Connect Gold 500 Indiv Med Deductible | Connect Gold 2500 Indiv Med Deductible | Connect Gold 3500 Indiv Med Deductible Enhanced Diabetes Care |
|---|---|--|--|
| | In-Network | In-Network | In-Network |
| MEDICAL | | | |
| Annual Deductible¹ (individual/family) | \$500/\$1,000 | \$2,500/\$5,000 | \$3,500/\$7,000 |
| Coinsurance² | You pay 30% after deductible | You pay 20% after deductible | You pay 15% after deductible |
| Annual Out-Of-Pocket Max³ (individual/family) | \$9,450/\$18,900 | \$8,500/\$17,000 | \$7,750/\$15,500 |
| Physician Services (primary care/specialist) | You pay \$0, deductible waived/You pay 30% after deductible | You pay \$0, deductible waived/You pay \$50, deductible waived | You pay \$5, deductible waived/You pay \$35, deductible waived |
| Preventive Care⁴ | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0, deductible waived |
| Inpatient Facility Services | You pay 30% after deductible | You pay 20% after deductible | You pay 15% after deductible |
| Lab | You pay 30% after deductible | You pay 20% after deductible | You pay 15% after deductible |
| X-ray and Ultrasound | You pay 30% after deductible | You pay 20% after deductible | You pay 15% after deductible |
| Emergency Room Services | You pay 30% after deductible | You pay 20% after deductible | You pay 35% after deductible |
| Urgent Care | You pay \$30, deductible waived | You pay \$30, deductible waived | You pay \$30, deductible waived |
| MDLive Virtual Urgent Acute Care⁵ | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0, deductible waived |
| Speech, Occupational, and Physical Therapy | You pay 30% after deductible | You pay 20% after deductible | You pay 15% 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 Preferred Generic | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0, deductible waived |
| Tier 2 - Retail Non-Preferred Generic | You pay \$15, deductible waived | You pay \$10, deductible waived | You pay \$10, deductible waived |
| Tier 3 - Retail Preferred Brand | You pay 30% after deductible | You pay \$80, deductible waived | You pay \$35, deductible waived |
| Tier 4 - Retail Non-Preferred Brand | You pay 50% after deductible | 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 | 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 |
| Retail Preferred Insulin | You pay no more than \$25 | You pay no more than \$25 | You pay \$0, deductible waived |

|  BRONZE | Connect Bronze CMS Standard |
|--|--|
| MEDICAL | In-Network |
| Annual Deductible ¹ (individual/family) | \$7,500/\$15,000 |
| Coinsurance ² | You pay 50% after deductible |
| Annual Out-Of-Pocket Max ³ (individual/family) | \$9,400/\$18,800 |
| Physician Services (primary care/specialist) | You pay \$50, deductible waived/You pay \$100, deductible waived |
| Preventive Care ⁴ | You pay \$0, deductible waived |
| Inpatient Facility Services | You pay 50% after deductible |
| Lab | You pay 50% after deductible |
| X-ray and Ultrasound | You pay 50% after deductible |
| Emergency Room Services | You pay 50% after deductible |
| Urgent Care | You pay \$75, deductible waived |
| MDLive Virtual Urgent Acute Care ⁵ | You pay \$0, deductible waived |
| Speech, Occupational, and Physical Therapy | You pay \$50, deductible waived |
| <p>Prescription Medications – Tier 1, 2, and 3: 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 4: 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> | |
| Tier 1 - Retail Generic | You pay \$25, deductible waived |
| Tier 2 - Retail Preferred Brand | You pay \$50 after deductible |
| Tier 3 - Retail Non-Preferred Brand | You pay \$100 after deductible |
| Tier 4 - Retail Specialty and Other High Cost Medications | You pay \$500 after deductible |
| Formulary Diabetic Supplies, including Metformin (non-insulin) | You pay \$0, deductible waived |
| Retail Preferred Insulin | You pay no more than \$25 |



| | Base Plan Name - Connect Silver CMS Standard | | | |
|---|---|---|---|-------------------------------|
| | Connect Silver CMS Standard | Connect Silver-2 CMS Standard | Connect Silver-3 CMS Standard | Connect Silver-4 CMS Standard |
| MEDICAL | In-Network | In-Network | In-Network | In-Network |
| Annual Deductible¹ (individual/family) | \$5,900/\$11,800 | \$5,700/\$11,400 | \$700/\$1,400 | \$0/\$0 |
| Coinsurance² | You pay 40% after deductible | You pay 40% after deductible | You pay 30% after deductible | You pay 25% |
| Annual Out-Of-Pocket Max³ (individual/family) | \$9,100/\$18,200 | \$7,200/\$14,400 | \$3,000/\$6,000 | \$1,800/\$3,600 |
| Physician Services (primary care/specialist) | You pay \$40, deductible waived/You pay \$80, deductible waived | You pay \$40, deductible waived/You pay \$80, deductible waived | You pay \$20, deductible waived/You pay \$40, 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 Facility Services | You pay 40% after deductible | You pay 40% after deductible | You pay 30% after deductible | You pay 25% |
| Lab | You pay 40% after deductible | You pay 40% after deductible | You pay 30% after deductible | You pay 25% |
| X-ray and Ultrasound | You pay 40% after deductible | You pay 40% after deductible | You pay 30% after deductible | You pay 25% |
| Emergency Room Services | You pay 40% after deductible | You pay 40% after deductible | You pay 30% after deductible | You pay 25% |
| Urgent Care | You pay \$60, deductible waived | You pay \$60, deductible waived | You pay \$30, deductible waived | You pay \$5 |
| MDLive Virtual Urgent Acute Care⁵ | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0 |
| Speech, Occupational, and Physical Therapy | You pay \$40, deductible waived | You pay \$40, deductible waived | You pay \$20, deductible waived | You pay \$0 |

Prescription Medications – Tier 1, 2, and 3: 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 4: 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 Generic | You pay \$20, deductible waived | You pay \$20, deductible waived | You pay \$10, deductible waived | You pay \$0 |
| Tier 2 - Retail Preferred Brand | You pay \$40, deductible waived | You pay \$40, deductible waived | You pay \$20, deductible waived | You pay \$15 |
| Tier 3 - Retail Non-Preferred Brand | You pay \$80 after deductible | You pay \$80 after deductible | You pay \$60 after deductible | You pay \$50 |
| Tier 4 - Retail Specialty and Other High Cost Medications | You pay \$350 after deductible | You pay \$350 after deductible | You pay \$250 after deductible | You pay \$150 |
| 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 |

|  GOLD | Connect Gold CMS Standard |
|--|---|
| MEDICAL | In-Network |
| Annual Deductible ¹ (individual/family) | \$1,500/\$3,000 |
| Coinsurance ² | You pay 25% after deductible |
| Annual Out-Of-Pocket Max ³ (individual/family) | \$8,700/\$17,400 |
| Physician Services (primary care/specialist) | You pay \$30, deductible waived/You pay \$60, deductible waived |
| Preventive Care ⁴ | You pay \$0, deductible waived |
| Inpatient Facility Services | You pay 25% after deductible |
| Lab | You pay 25% after deductible |
| X-ray and Ultrasound | You pay 25% after deductible |
| Emergency Room Services | You pay 25% after deductible |
| Urgent Care | You pay \$45, deductible waived |
| MDLive Virtual Urgent Acute Care ⁵ | You pay \$0, deductible waived |
| Speech, Occupational, and Physical Therapy | You pay \$30, deductible waived |
| <p>Prescription Medications – Tier 1, 2, and 3: 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 4: 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> | |
| Tier 1 - Retail Generic | You pay \$15, deductible waived |
| Tier 2 - Retail Preferred Brand | You pay \$30, deductible waived |
| Tier 3 - Retail Non-Preferred Brand | You pay \$60, deductible waived |
| Tier 4 - Retail Specialty and Other High Cost Medications | You pay \$250, deductible waived |
| Formulary Diabetic Supplies, including Metformin (non-insulin) | You pay \$0, deductible waived |
| Retail Preferred Insulin | 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%

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