2023 CIGNA IFP HEALTH PLANS

CIGNA CONNECT AND SIMPLE CHOICE PLANS – Utah
Davis, Salt Lake, Utah, Weber

944147 09/22

2023 Cigna Health Plans

BRONZE

MEDICAL	Cigna Connect 0	Cigna Connect 3500	Cigna Connect 4200	Cigna Connect 7600 Enhanced Asthma COPD Care	Cigna Connect 6800 Enhanced Diabetes Care	Cigna Connect HSA 7050
	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Annual Deductible[1] (individual/family)	Medical: $0/$0 Rx: $5,000/$10,000	Medical: $3,500/$7,000 Rx: $5,000/$10,000	$4,200/$8,400	$7,600/$15,200	$6,800/$13,600	$7,050/$14,100
Coinsurance[2]	You pay 50%	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 0% after deductible
Annual Out-Of-Pocket Max[3] (individual/family)	$9,100/$18,200	$9,100/$18,200	$9,100/$18,200	$9,100/$18,200	$9,100/$18,200	$7,050/$14,100
Physician Services (primary care/specialist)	You pay $60/You pay $120	You pay $0, deductible waived/ You pay 50% after deductible	You pay 50% after deductible/ You pay 50% after deductible	You pay $50, deductible waived/ You pay $80, deductible waived	You pay $50, deductible waived/ You pay $90, deductible waived	You pay 0% after deductible/ You pay 0% after deductible
Preventive Care[4]	You pay $0	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 $3,000 per day for the first 3 days, then 0%/You pay 50%	You pay $2,000 per day for the first 3 days after deductible, then 0%/You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 0% after deductible
Lab	You pay $50	You pay $50, deductible waived	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 0% 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	You pay 0% after deductible
Emergency Room Services	You pay $1,750	You pay $1,500 after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 0% after deductible
Urgent Care	You pay $45	You pay $45, deductible waived	You pay 50% after deductible	You pay $75, deductible waived	You pay $75, deductible waived	You pay 0% after deductible
Virtual Urgent Acute Care[5]	You pay $0	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
Dedicated Virtual Primary Care Visits	You pay $60	You pay $0, deductible waived	You pay 50% after deductible	You pay $50, deductible waived	You pay $50, deductible waived	You pay 0% 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 - 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% after deductible
Tier 2 - Non-Preferred Generic	You pay $50, deductible waived	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay $30, deductible waived	You pay 0% after deductible
Tier 3 - Preferred Brands	You pay $150, deductible waived	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 0% after deductible
Tier 4 - 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% after deductible
Tier 5 - Specialty and Other High Cost Drugs	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 0% after deductible
Formulary Diabetic Supplies, including Metformin (non-insulin)	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0% after deductible
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	You pay no more than $25

2023 Cigna Health Plans

SILVER	Base Plan Name – Cigna Connect 800			
	Cigna Connect 800	Cigna Connect 600-2	Cigna Connect 300-3	Cigna Connect 0-4B
MEDICAL	**In-Network**	**In-Network**	**In-Network**	**In-Network**
Annual Deductible[1] (individual/family)	Medical: $800/$1,600 Rx: $3,750/$7,500	Medical: $600/$1,200 Rx: $3,650/$7,300	Medical: $300/$600 Rx: $500/$1,000	$0/$0
Coinsurance[2]	You pay 40% after deductible	You pay 35% after deductible	You pay 30% after deductible	You pay 5%
Annual Out-Of-Pocket Max[3] (individual/family)	$9,100/$18,200	$7,250/$14,500	$3,000/$6,000	$2,200/$4,400
Physician Services (primary care/specialist)	You pay $30, deductible waived/You pay $80, deductible waived	You pay $30, deductible waived/You pay $75, deductible waived	You pay $15, deductible waived/You pay $30, deductible waived	You pay $5/You pay $20
Preventive Care[4]	You pay $0, deductible waived	You pay $0, deductible waived	You pay $0, deductible waived	You pay $0
Inpatient Services (facility/physician)	You pay $1,600 per day for the first 5 days after deductible, then 0%/You pay 40% after deductible	You pay $1,200 per day for the first 5 days after deductible, then 0%/You pay 35% after deductible	You pay $500 per day for the first 5 days after deductible, then 0%/You pay 30% after deductible	You pay $500 per day for the first 4 days, then 0%/You pay 5%
Lab	You pay 40% after deductible	You pay 35% after deductible	You pay 30% after deductible	You pay 5%
X-ray and Ultrasound	You pay 40% after deductible	You pay 35% after deductible	You pay 30% after deductible	You pay 5%
Emergency Room Services	You pay 40% after deductible	You pay 35% after deductible	You pay 30% after deductible	You pay 5%
Urgent Care	You pay $50, deductible waived	You pay $50, deductible waived	You pay $50, deductible waived	You pay $25
Virtual Urgent Acute Care[5]	You pay $0, deductible waived	You pay $0, deductible waived	You pay $0, deductible waived	You pay $0
Dedicated Virtual Primary Care Visits	You pay $30, deductible waived	You pay $30, deductible waived	You pay $15, deductible waived	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 - Preferred Generic	You pay $3, deductible waived	You pay $3, deductible waived	You pay $3, deductible waived	You pay $3
Tier 2 - Non-Preferred Generic	You pay $35 after deductible	You pay $35 after deductible	You pay $15, deductible waived	You pay $10
Tier 3 - Preferred Brands	You pay $75 after deductible	You pay $75 after deductible	You pay $30 after deductible	You pay $30
Tier 4 - Non-Preferred Brands	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50%
Tier 5 - Specialty and Other High Cost Drugs	You pay 50% after deductible	You pay 50% after deductible	You pay 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%
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

2023 Cigna Health Plans

SILVER		Base Plan Name – Cigna Connect 1900		
	Cigna Connect 1900	Cigna Connect 1700-2	Cigna Connect 500-3	Cigna Connect 0-4A
MEDICAL	**In-Network**	**In-Network**	**In-Network**	**In-Network**
Annual Deductible[1] (individual/family)	Medical: $1,900/$3,800 Rx: $1,900/$3,800	Medical: $1,700/$3,400 Rx: $1,800/$3,600	Medical: $500/$1,000 Rx: $450/$900	$0/$0
Coinsurance[2]	You pay 50% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 10%
Annual Out-Of-Pocket Max[3] (individual/family)	$9,100/$18,200	$7,250/$14,500	$3,000/$6,000	$2,400/$4,800
Physician Services (primary care/specialist)	You pay $35, deductible waived/You pay $100, deductible waived	You pay $35, deductible waived/You pay $100, deductible waived	You pay $15, deductible waived/You pay $30, deductible waived	You pay $0/You pay $25
Preventive Care[4]	You pay $0, deductible waived	You pay $0, deductible waived	You pay $0, deductible waived	You pay $0
Inpatient Services (facility/physician)	You pay 50% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 10%
Lab	You pay 50% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 10%
X-ray and Ultrasound	You pay 50% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 10%
Emergency Room Services	You pay $1,000 after deductible	You pay $850 after deductible	You pay $300 after deductible	You pay $150
Urgent Care	You pay $50, deductible waived	You pay $50, deductible waived	You pay $50, deductible waived	You pay $25
Virtual Urgent Acute Care[5]	You pay $0, deductible waived	You pay $0, deductible waived	You pay $0, deductible waived	You pay $0
Dedicated Virtual Primary Care Visits	You pay $35, deductible waived	You pay $35, deductible waived	You pay $15, 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 - Preferred Generic	You pay $3, deductible waived	You pay $3, deductible waived	You pay $3, deductible waived	You pay $0
Tier 2 - Non-Preferred Generic	You pay $20, deductible waived	You pay $20, deductible waived	You pay $20, deductible waived	You pay $8
Tier 3 - Preferred Brands	You pay $80 after deductible	You pay $80 after deductible	You pay $40 after deductible	You pay $30
Tier 4 - Non-Preferred Brands	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50%
Tier 5 - Specialty and Other High Cost Drugs	You pay 50% after deductible	You pay 50% after deductible	You pay 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%
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

2023 Cigna Health Plans

SILVER		Base Plan Name – Cigna Connect 5500		
	Cigna Connect 5500	Cigna Connect 4500-2	Cigna Connect 1100-3	Cigna Connect 300-4
MEDICAL	**In-Network**	**In-Network**	**In-Network**	**In-Network**
Annual Deductible[1] (individual/family)	$5,500/$11,000	$4,500/$9,000	$1,100/$2,200	$300/$600
Coinsurance[2]	You pay 40% after deductible	You pay 30% after deductible	You pay 25% after deductible	You pay 20% after deductible
Annual Out-Of-Pocket Max[3] (individual/family)	$9,100/$18,200	$7,250/$14,500	$2,500/$5,000	$750/$1,500
Physician Services (primary care/specialist)	You pay $30, deductible waived/You pay $60, deductible waived	You pay $30, deductible waived/You pay $60, deductible waived	You pay $15, deductible waived/You pay $30, deductible waived	You pay $10, deductible waived/You pay $20, deductible waived
Preventive Care[4]	You pay $0, deductible waived	You pay $0, deductible waived	You pay $0, deductible waived	You pay $0, deductible waived
Inpatient Services (facility/physician)	You pay 40% after deductible	You pay 30% after deductible	You pay 25% after deductible	You pay 20% after deductible
Lab	You pay 40% after deductible	You pay 30% after deductible	You pay 25% after deductible	You pay 20% after deductible
X-ray and Ultrasound	You pay 40% after deductible	You pay 30% after deductible	You pay 25% after deductible	You pay 20% after deductible
Emergency Room Services	You pay $600 after deductible	You pay $500 after deductible	You pay $250 after deductible	You pay $150 after deductible
Urgent Care	You pay $50, deductible waived	You pay $50, deductible waived	You pay $35, deductible waived	You pay $25, deductible waived
Virtual Urgent Acute Care[5]	You pay $0, deductible waived	You pay $0, deductible waived	You pay $0, deductible waived	You pay $0, deductible waived
Dedicated Virtual Primary Care Visits	You pay $30, deductible waived	You pay $30, deductible waived	You pay $15, deductible waived	You pay $10, deductible waived
Prescription Medications – Tier 1, 2, 3 and 4: Up to a 30-day supply at any participating retail pharmacy or up to a 90-day supply at any participating 90-day retail pharmacy. **Tier 5:** Up to a 30-day supply at any participating retail pharmacy or up to a 30-day supply at any participating 90-day retail pharmacy.				
Tier 1 - Preferred Generic	You pay $3, deductible waived	You pay $0, deductible waived	You pay $0, deductible waived	You pay $0, deductible waived
Tier 2 - Non-Preferred Generic	You pay $20, deductible waived	You pay $20, deductible waived	You pay $20, deductible waived	You pay $15, deductible waived
Tier 3 - Preferred Brands	You pay $60, deductible waived	You pay $60, deductible waived	You pay $50, deductible waived	You pay $30, deductible waived
Tier 4 - Non-Preferred Brands	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Tier 5 - Specialty and Other High Cost Drugs	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Formulary Diabetic Supplies, including Metformin (non-insulin)	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived
Preferred Insulin	You pay no more than $25	You pay no more than $25	You pay no more than $25	You pay no more than $25

2023 Cigna Health Plans

SILVER	Base Plan Name – Cigna Connect 4200 Enhanced Asthma COPD Care			
	Cigna Connect 4200 Enhanced Asthma COPD Care	Cigna Connect 3550-2 Enhanced Asthma COPD Care	Cigna Connect 750-3 Enhanced Asthma COPD Care	Cigna Connect 50-4 Enhanced Asthma COPD Care
MEDICAL	**In-Network**	**In-Network**	**In-Network**	**In-Network**
Annual Deductible[1] (individual/family)	$4,200/$8,400	$3,550/$7,100	$750/$1,500	$50/$100
Coinsurance[2]	You pay 40% after deductible	You pay 35% after deductible	You pay 20% after deductible	You pay 5% after deductible
Annual Out-Of-Pocket Max[3] (individual/family)	$9,100/$18,200	$7,250/$14,500	$3,000/$6,000	$1,650/$3,300
Physician Services (primary care/specialist)	You pay $15, deductible waived/You pay $75, deductible waived	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 $25, deductible waived
Preventive Care[4]	You pay $0, deductible waived	You pay $0, deductible waived	You pay $0, deductible waived	You pay $0, deductible waived
Inpatient Services (facility/physician)	You pay 40% after deductible	You pay 35% after deductible	You pay 20% after deductible	You pay 5% after deductible
Lab	You pay 40% after deductible	You pay 35% after deductible	You pay 20% after deductible	You pay 5% after deductible
X-ray and Ultrasound	You pay 40% after deductible	You pay 35% after deductible	You pay 20% after deductible	You pay 5% after deductible
Emergency Room Services	You pay 40% after deductible	You pay 35% after deductible	You pay 20% after deductible	You pay 5% after deductible
Urgent Care	You pay $35, deductible waived	You pay $30, deductible waived	You pay $25, deductible waived	You pay $15, deductible waived
Virtual Urgent Acute Care[5]	You pay $0, deductible waived	You pay $0, deductible waived	You pay $0, deductible waived	You pay $0, deductible waived
Dedicated Virtual Primary Care Visits	You pay $15, deductible waived	You pay $15, deductible waived	You pay $10, deductible waived	You pay $5, 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 - Preferred Generic	You pay $3, deductible waived	You pay $3, deductible waived	You pay $3, deductible waived	You pay $0, deductible waived
Tier 2 - Non-Preferred Generic	You pay $20, deductible waived	You pay $20, deductible waived	You pay $15, deductible waived	You pay $15, deductible waived
Tier 3 - Preferred Brands	You pay $110, deductible waived	You pay $110, deductible waived	You pay $65, deductible waived	You pay $20, deductible waived
Tier 4 - Non-Preferred Brands	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Tier 5 - Specialty and Other High Cost Drugs	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Formulary Diabetic Supplies, including Metformin (non-insulin)	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived
Preferred Insulin	You pay no more than $25	You pay no more than $25	You pay no more than $25	You pay no more than $25

SILVER	Base Plan Name – Cigna Connect 3800 Enhanced Diabetes Care			
	Cigna Connect 3800 Enhanced Diabetes Care	Cigna Connect 3000-2 Enhanced Diabetes Care	Cigna Connect 600-3 Enhanced Diabetes Care	Cigna Connect 40-4 Enhanced Diabetes Care
MEDICAL	**In-Network**	**In-Network**	**In-Network**	**In-Network**
Annual Deductible[1] (individual/family)	$3,800/$7,600	$3,000/$6,000	$600/$1,200	$40/$80
Coinsurance[2]	You pay 40% after deductible	You pay 40% after deductible	You pay 25% after deductible	You pay 10% after deductible
Annual Out-Of-Pocket Max[3] (individual/family)	$9,100/$18,200	$7,250/$14,500	$3,000/$6,000	$1,500/$3,000
Physician Services (primary care/specialist)	You pay $20, deductible waived/You pay $80, deductible waived	You pay $15, deductible waived/You pay $80, deductible waived	You pay $10, deductible waived/You pay $50, deductible waived	You pay $0, deductible waived/You pay $20, deductible waived
Preventive Care[4]	You pay $0, deductible waived	You pay $0, deductible waived	You pay $0, deductible waived	You pay $0, deductible waived
Inpatient Services (facility/physician)	You pay 40% after deductible	You pay 40% after deductible	You pay 25% after deductible	You pay 10% after deductible
Lab	You pay 40% after deductible	You pay 40% after deductible	You pay 25% after deductible	You pay 10% after deductible
X-ray and Ultrasound	You pay 40% after deductible	You pay 40% after deductible	You pay 25% after deductible	You pay 10% after deductible
Emergency Room Services	You pay $1,200, deductible waived	You pay $1,200, deductible waived	You pay $250, deductible waived	You pay $100, deductible waived
Urgent Care	You pay $35, deductible waived	You pay $30, deductible waived	You pay $25, deductible waived	You pay $15, deductible waived
Virtual Urgent Acute Care[5]	You pay $0, deductible waived	You pay $0, deductible waived	You pay $0, deductible waived	You pay $0, deductible waived
Dedicated Virtual Primary Care Visits	You pay $20, deductible waived	You pay $15, deductible waived	You pay $10, 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 - Preferred Generic	You pay $3, deductible waived	You pay $3, deductible waived	You pay $0, deductible waived	You pay $0, deductible waived
Tier 2 - Non-Preferred Generic	You pay $30, deductible waived	You pay $30, deductible waived	You pay $15, deductible waived	You pay $10, deductible waived
Tier 3 - Preferred Brands	You pay $75, deductible waived	You pay $75, deductible waived	You pay $75, deductible waived	You pay $30, deductible waived
Tier 4 - Non-Preferred Brands	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Tier 5 - Specialty and Other High Cost Drugs	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Formulary Diabetic Supplies, including Metformin (non-insulin)	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived
Preferred Insulin	You pay $0, deductible waived	You pay $0, deductible waived	You pay $0, deductible waived	You pay $0, deductible waived

GOLD	Cigna Connect 500
MEDICAL	**In-Network**
Annual Deductible[1] (individual/family)	Medical: $500/$1,000 Rx: $4,000/$8,000
Coinsurance[2]	You pay 20% after deductible
Annual Out-Of-Pocket Max[3] (individual/family)	$9,100/$18,200
Physician Services (primary care/specialist)	You pay $25, deductible waived/You pay $50, deductible waived
Preventive Care[4]	You pay $0, deductible waived
Inpatient Services (facility/physician)	You pay 20% after deductible
Lab	You pay $25, deductible waived
X-ray and Ultrasound	You pay 20% after deductible
Emergency Room Services	You pay $500 after deductible
Urgent Care	You pay $25, deductible waived
Virtual Urgent Acute Care[5]	You pay $0, deductible waived
Dedicated Virtual Primary Care Visits	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 - Preferred Generic	You pay $3, deductible waived
Tier 2 - Non-Preferred Generic	You pay $15, deductible waived
Tier 3 - Preferred Brands	You pay $50 after deductible
Tier 4 - Non-Preferred Brands	You pay 50% after deductible
Tier 5 - Specialty and Other High Cost Drugs	You pay 50% after deductible
Formulary Diabetic Supplies, including Metformin (non-insulin)	You pay 0%, deductible waived
Preferred Insulin	You pay no more than $25

2023 Cigna Health Plans

	SILVER		GOLD
	OFF MARKETPLACE ONLY*		OFF MARKETPLACE ONLY*
	Cigna Connect 2000	Cigna Connect 4400	Cigna Connect 900
MEDICAL	**In-Network**	**In-Network**	**In-Network**
Annual Deductible[1] (individual/family)	$2,000/$4,000	$4,400/$8,800	$900/$1,800
Coinsurance[2]	You pay 50% after deductible	You pay 50% after deductible	You pay 20% after deductible
Annual Out-Of-Pocket Max[3] (individual/family)	$9,100/$18,200	$9,100/$18,200	$9,100/$18,200
Physician Services (primary care/specialist)	You pay $25, deductible waived/You pay $80, deductible waived	You pay $0, deductible waived/You pay $80, deductible waived	You pay $0, deductible waived/You pay $80, deductible waived
Preventive Care[4]	You pay $0, deductible waived	You pay $0, deductible waived	You pay $0, deductible waived
Inpatient Services (facility/physician)	You pay 50% after deductible	You pay 50% after deductible	You pay 20% after deductible
Lab	You pay 50% after deductible	You pay 50% after deductible	You pay 20% after deductible
X-ray and Ultrasound	You pay 50% after deductible	You pay 50% after deductible	You pay 20% after deductible
Emergency Room Services	You pay 50% after deductible	You pay 50% after deductible	You pay 20% after deductible
Urgent Care	You pay $40, deductible waived	You pay $40, deductible waived	You pay $40, deductible waived
Virtual Urgent Acute Care[5]	You pay $0, deductible waived	You pay $0, deductible waived	You pay $0, deductible waived
Dedicated Virtual Primary Care Visits	You pay $25, 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 - Preferred Generic	You pay $3, deductible waived	You pay $0, deductible waived	You pay $0, deductible waived
Tier 2 - Non-Preferred Generic	You pay $25, deductible waived	You pay $30, deductible waived	You pay $10, deductible waived
Tier 3 - Preferred Brands	You pay $75, deductible waived	You pay $90, deductible waived	You pay $75, deductible waived
Tier 4 - Non-Preferred Brands	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Tier 5 - Specialty and Other High Cost Drugs	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Formulary Diabetic Supplies, including Metformin (non-insulin)	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

2023 Cigna Health Plans

BRONZE

	Cigna Simple Choice 7500	Cigna Simple Choice 9100
MEDICAL	**In-Network**	**In-Network**
Annual Deductible[1] (individual/family)	$7,500/$15,000	$9,100/$18,200
Coinsurance[2]	You pay 50% after deductible	You pay 0% after deductible
Annual Out-Of-Pocket Max[3] (individual/family)	$9,000/$18,000	$9,100/$18,200
Physician Services (primary care/specialist)	You pay $50, deductible waived/You pay $100, deductible waived	You pay 0% after deductible/You pay 0% after deductible
Preventive Care[4]	You pay $0, deductible waived	You pay $0, deductible waived
Inpatient Services (facility/physician)	You pay 50% after deductible	You pay 0% after deductible
Lab	You pay 50% after deductible	You pay 0% after deductible
X-ray and Ultrasound	You pay 50% after deductible	You pay 0% after deductible
Emergency Room Services	You pay 50% after deductible	You pay 0% after deductible
Urgent Care	You pay $75, deductible waived	You pay 0% after deductible
Virtual Urgent Acute Care[5]	You pay $0, deductible waived	You pay $0, deductible waived
Dedicated Virtual Primary Care Visits	You pay $50, deductible waived	You pay 0% after deductible
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 - Generic	You pay $25, deductible waived	You pay 0% after deductible
Tier 2 - Preferred Brand	You pay $50 after deductible	You pay 0% after deductible
Tier 3 - Non-Preferred Brand	You pay $100 after deductible	You pay 0% after deductible
Tier 4 - Specialty and Other High Cost Drugs	You pay $500 after deductible	You pay 0% after deductible
Formulary Diabetic Supplies, including Metformin	You pay 0%, deductible waived	You pay 0%, deductible waived
Preferred Insulin (Retail)	You pay no more than $25	You pay no more than $25

2023 Cigna Health Plans

	SILVER				GOLD
		Base Plan Name – Cigna Simple Choice 5800			
	Cigna Simple Choice 5800	Cigna Simple Choice 5700-2	Cigna Simple Choice 800-3	Cigna Simple Choice 0-4C	Cigna Simple Choice 2000
MEDICAL	**In-Network**	**In-Network**	**In-Network**	**In-Network**	**In-Network**
Annual Deductible[1] (individual/family)	$5,800/$11,600	$5,700/$11,400	$800/$1,600	$0/$0	$2,000/$4,000
Coinsurance[2]	You pay 40% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 25%	You pay 25% after deductible
Annual Out-Of-Pocket Max[3] (individual/family)	$8,900/$17,800	$7,200/$14,400	$3,000/$6,000	$1,700/$3,400	$8,700/$17,400
Physician Services (primary care/specialist)	You pay $40, deductible waived/ You pay $80, deductible waived	You pay $30, deductible waived/ You pay $60, deductible waived	You pay $20, deductible waived/ You pay $40, deductible waived	You pay $0/You pay $10	You pay $30, deductible waived/ You pay $60, deductible waived
Preventive Care[4]	You pay $0, deductible waived	You pay $0, deductible waived	You pay $0, deductible waived	You pay $0	You pay $0, deductible waived
Inpatient Services (facility/physician)	You pay 40% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 25%	You pay 25% after deductible
Lab	You pay 40% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 25%	You pay 25% after deductible
X-ray and Ultrasound	You pay 40% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 25%	You pay 25% after deductible
Emergency Room Services	You pay 40% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 25%	You pay 25% after deductible
Urgent Care	You pay $60, deductible waived	You pay $45, deductible waived	You pay $30, deductible waived	You pay $5	You pay $45, deductible waived
Virtual Urgent Acute Care[5]	You pay $0, deductible waived	You pay $0, deductible waived	You pay $0, deductible waived	You pay $0	You pay $0, deductible waived
Dedicated Virtual Primary Care Visits	You pay $40, deductible waived	You pay $30, deductible waived	You pay $20, deductible waived	You pay $0	You pay $30, deductible waived
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 - Generic	You pay $20, deductible waived	You pay $20, deductible waived	You pay $10, deductible waived	You pay $0	You pay $15, deductible waived
Tier 2 - Preferred Brand	You pay $40, deductible waived	You pay $40, deductible waived	You pay $20, deductible waived	You pay $15	You pay $30, deductible waived
Tier 3 - Non-Preferred Brand	You pay $80 after deductible	You pay $80 after deductible	You pay $60 after deductible	You pay $50	You pay $60, deductible waived
Tier 4 - Specialty and Other High Cost Drugs	You pay $350 after deductible	You pay $350 after deductible	You pay $250 after deductible	You pay $150	You pay $250, deductible waived
Formulary Diabetic Supplies, including Metformin	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%	You pay 0%, deductible waived
Preferred Insulin (Retail)	You pay no more than $25	You pay no more than $25	You pay no more than $25	You pay no more than $25	You pay no more than $25

*Unless indicated above, all plans will be available on and off the marketplace.

This summary section contains highlights only. Out-of-network services are not covered under these plans. Eligible out-of-network emergency services are covered at the in-network benefit level as defined in plan documents. Full benefit information, including plan benefit exclusions and limitations, are available here: https://www.cigna.com/individuals-families/policy. Native Americans and Alaska Natives may qualify for tax credits and special cost-sharing reductions if specific requirements are met. If qualified Native American/Alaska Natives will pay $0/0% deductible for all eligible plans.

1. Annual Deductible (Individual/family deductible is satisfied when each member has reached their annual individual deductible or when the total annual family deductible amount has been reached by any combination of family members, includes medical and pharmacy).
2. Coinsurance (Amount you pay for covered medical services).
3. Annual Out-of-Pocket Maximum (Individual/family copays, deductibles, coinsurance and pharmacy charges apply to the out-of-pocket maximum).
4. Plans may vary. Includes eligible in-network preventive care services. Some preventive care services may not be covered, including most immunizations for travel. Reference plan documents for a list of covered and non-covered preventive care services.
5. Cigna provides access to Dedicated virtual care through a national telehealth provider, MDLive located on myCigna, as part of your health plan. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers. This service is separate from your health plan's network and may not be available in all areas. **$0 virtual care benefit for minor acute medical care not available for all plans. HSA plans and non-minor acute medical care may apply a copay, coinsurance or deductible. Virtual care does not guarantee that a prescription will be written.** Refer to plan documents for complete description of virtual care services and costs, including other telehealth/telemedicine benefits. For IL customers a primary care provider referral may be required for specialist virtual visits.

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