



2026 Cigna Healthcare Plans - Colorado

Cigna Healthcare® Connect and CMS Standard Plans – Colorado
Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Teller, Weld

Connect/Bronze

Cigna Connect Flex Bronze 7200 2

Cigna Connect Flex Bronze 0 2

Cigna Connect Colorado Option Bronze..... 2

Cigna Connect Flex Bronze 10600 Rx Copay..... 2

Cigna Connect HSA Bronze 6500..... 2

Connect/Silver

Cigna Connect Flex Silver 2750 Rx Copay 3

Cigna Connect Flex Silver 2750 Rx Copay (200-250% FPL) 3

Cigna Connect Flex Silver 2750 Rx Copay (150-200% FPL) 3

Cigna Connect Flex Silver 2750 Rx Copay (100-150% FPL)..... 3

Cigna Connect Flex Silver 6000 4

Cigna Connect Flex Silver 6000 (200-250% FPL) 4

Cigna Connect Flex Silver 6000 (150-200% FPL)..... 4

Cigna Connect Flex Silver 6000 (100-150% FPL)..... 4

Cigna Connect Colorado Option Silver 5

Cigna Connect Colorado Option Silver 73% AV 5

Cigna Connect Colorado Option Silver 87% AV 5

Cigna Connect Colorado Option Silver 94% AV 5

Cigna Connect Flex Silver 3500..... 6

Cigna Connect Flex Silver 3500 (200-250% FPL) 6

Cigna Connect Flex Silver 3500 (150-200% FPL)..... 6

Cigna Connect Flex Silver 3500 (100-150% FPL)..... 6

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Cigna Connect Flex Silver 4000 (200-250% FPL)..... 7

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<div>BRONZE</div>					
	Cigna Connect Flex Bronze 7200	Cigna Connect Flex Bronze 0	Cigna Connect Colorado Option Bronze	Cigna Connect Flex Bronze 10600 Rx Copay	Cigna Connect HSA Bronze 6500
MEDICAL	In-Network	In-Network	In-Network	In-Network	In-Network
Annual Deductible ¹ (individual/family)	\$7,200/\$14,400	\$0 Medical, \$4,950/\$9,900 Pharmacy	\$7,500/\$15,000	\$10,600/\$21,200	\$6,500/\$13,000
Coinsurance ²	You pay 50% after deductible	You pay 50%	You pay 50% after deductible	You pay 0% after deductible	You pay 30% after deductible
Annual Out-Of-Pocket Max ³ (individual/family)	\$10,600/\$21,200	\$10,600/\$21,200	\$10,000/\$20,000	\$10,600/\$21,200	\$8,300/\$16,600
Physician Services (primary care/specialist*)	You pay \$35, deductible waived/ You pay \$90, deductible waived	You pay \$45/You pay \$125	You pay \$0 for first 3 visits, thereafter \$50 copay after deductible/You pay 50% after deductible	You pay \$35 for first 3 visits, thereafter 0% after deductible/You pay \$100, deductible waived	You pay 30% after deductible/ You pay 30% after deductible
Preventive Care ⁴	You pay \$0, deductible waived	You pay \$0	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Inpatient Facility Services	You pay 50% after deductible	You pay \$2,500 copay per day for the first 3 days, deductible waived, then 0%	You pay 50% after deductible	You pay 0% after deductible	You pay 30% after deductible
Lab	You pay \$75, deductible waived	You pay \$75	You pay 50% after deductible	You pay \$75, deductible waived	You pay 30% after deductible
X-ray and Ultrasound	You pay 50% after deductible	You pay 50%	You pay 50% after deductible	You pay 0% after deductible	You pay 30% after deductible
Emergency Room Services	You pay 50% after deductible	You pay \$1,700	You pay 50% after deductible	You pay 0% after deductible	You pay 30% after deductible
Urgent Care	You pay \$60, deductible waived	You pay \$50	You pay 50% after deductible	You pay 0% after deductible	You pay 30% after deductible
Mental Health/Substance Use Outpatient Office Visit	You pay \$90, deductible waived	You pay \$125	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay 30% after deductible
MDLive Virtual Urgent Acute Care ⁵	You pay \$0, deductible waived	You pay \$0	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0 after deductible
Speech Therapy	You pay 50% after deductible	You pay 50%	You pay 50% after deductible	You pay 0% after deductible	You pay 30% after deductible
Occupational, and Physical Therapy	You pay \$35, deductible waived	You pay \$45	You pay 50% after deductible	You pay \$35, deductible waived	You pay 30% 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	You pay \$0, deductible waived	You pay \$0, deductible waived
Tier 2 - Retail Non-Preferred Generic	You pay 50% after deductible	You pay \$35, deductible waived	You pay \$30, deductible waived	You pay \$35, deductible waived	You pay 30% after deductible
Tier 3 - Retail Preferred Brand	You pay 50% after deductible	You pay \$250, deductible waived	You pay \$200, deductible waived	You pay \$250, deductible waived	You pay 30% after deductible
Tier 4 - Retail Non-Preferred Brand	You pay 50% after deductible	You pay 50% after deductible	You pay \$350, deductible waived	You pay \$700, deductible waived	You pay 30% after deductible
Tier 5 - Retail Specialty and other high-cost medications	You pay 50% after deductible	You pay 50% after deductible	You pay \$700, deductible waived	You pay \$825, deductible waived	You pay 30% after deductible
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

*Including Heartbeat Health – a new virtual provider for cardiac care.⁶
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<div>SILVER</div>		Base Plan Name - Connect Flex Silver 2750 Rx Copay			
	Cigna Connect Flex Silver 2750 Rx Copay	Cigna Connect Flex Silver 2750 Rx Copay (200-250% FPL)	Cigna Connect Flex Silver 2750 Rx Copay (150-200% FPL)	Cigna Connect Flex Silver 2750 Rx Copay (100-150% FPL)	
MEDICAL	In-Network	In-Network	In-Network	In-Network	
Annual Deductible ¹ (individual/family)	\$2,750/\$5,500	\$2,750/\$5,500	\$1,000/\$2,000	\$200/\$400	
Coinsurance ²	You pay 35% after deductible	You pay 35% after deductible	You pay 10% after deductible	You pay 5% after deductible	
Annual Out-Of-Pocket Max ³ (individual/family)	\$10,100/\$20,200	\$8,100/\$16,200	\$2,825/\$5,650	\$1,975/\$3,950	
Physician Services (primary care/specialist*)	You pay \$10, deductible waived/You pay \$80, deductible waived	You pay \$5, deductible waived/You pay \$75, deductible waived	You pay \$1, deductible waived/You pay \$40, deductible waived	You pay \$1, deductible waived/You pay \$15, 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 Facility Services	You pay 35% after deductible	You pay 35% after deductible	You pay 10% after deductible	You pay 5% after deductible	
Lab	You pay 35% after deductible	You pay 35% after deductible	You pay 10% after deductible	You pay 5% after deductible	
X-ray and Ultrasound	You pay 35% after deductible	You pay 35% after deductible	You pay 10% after deductible	You pay 5% after deductible	
Emergency Room Services	You pay 35% after deductible	You pay 35% after deductible	You pay 10% after deductible	You pay 5% after deductible	
Urgent Care	You pay \$50, deductible waived	You pay \$50, deductible waived	You pay \$40, deductible waived	You pay \$25, deductible waived	
Mental Health/Substance Use Outpatient Office Visit	You pay \$80, deductible waived	You pay \$75, deductible waived	You pay \$40, deductible waived	You pay \$15, deductible waived	
MDLive 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	
Speech Therapy	You pay 35% after deductible	You pay 35% after deductible	You pay 10% after deductible	You pay 5% after deductible	
Occupational, and Physical Therapy	You pay \$10, deductible waived	You pay \$5, deductible waived	You pay \$1, deductible waived	You pay \$1, 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 \$0, deductible waived	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 \$15, deductible waived	You pay \$15, deductible waived	You pay \$5, deductible waived	
Tier 3 - Retail Preferred Brand	You pay \$100, deductible waived	You pay \$90, deductible waived	You pay \$75, deductible waived	You pay \$30, deductible waived	
Tier 4 - Retail Non-Preferred Brand	You pay \$500, deductible waived	You pay \$225, deductible waived	You pay \$125, deductible waived	You pay \$125, deductible waived	
Tier 5 - Retail Specialty and other high-cost medications	You pay \$750, deductible waived	You pay \$650, deductible waived	You pay \$250, deductible waived	You pay \$250, 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	

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<div>SILVER</div>		Base Plan Name - Connect Flex Silver 6000			
	Cigna Connect Flex Silver 6000	Cigna Connect Flex Silver 6000 (200-250% FPL)	Cigna Connect Flex Silver 6000 (150-200% FPL)	Cigna Connect Flex Silver 6000 (100-150% FPL)	
MEDICAL	In-Network	In-Network	In-Network	In-Network	
Annual Deductible ¹ (individual/family)	\$6,000/\$12,000	\$4,600/\$9,200	\$950/\$1,900	\$0/\$0	
Coinsurance ²	You pay 30% after deductible	You pay 25% after deductible	You pay 20% after deductible	You pay 5%	
Annual Out-Of-Pocket Max ³ (individual/family)	\$9,700/\$19,400	\$8,150/\$16,300	\$2,900/\$5,800	\$2,400/\$4,800	
Physician Services (primary care/specialist*)	You pay \$5, deductible waived/You pay \$90, deductible waived	You pay \$5, deductible waived/You pay \$70, deductible waived	You pay \$0, deductible waived/You pay \$60, deductible waived	You pay \$0/You pay \$40	
Preventive Care ⁴	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 25% after deductible	You pay 20% after deductible	You pay 5%	
Lab	You pay 30% after deductible	You pay 25% after deductible	You pay 20% after deductible	You pay 5%	
X-ray and Ultrasound	You pay 30% after deductible	You pay 25% after deductible	You pay 20% after deductible	You pay 5%	
Emergency Room Services	You pay \$750 after deductible	You pay \$750 after deductible	You pay \$600 after deductible	You pay \$400	
Urgent Care	You pay \$50, deductible waived	You pay \$50, deductible waived	You pay \$40, deductible waived	You pay \$15	
Mental Health/Substance Use Outpatient Office Visit	You pay \$35, deductible waived	You pay \$35, deductible waived	You pay \$0, deductible waived	You pay \$0	
MDLive Virtual Urgent Acute Care ⁵	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0	
Speech Therapy	You pay 30% after deductible	You pay 25% after deductible	You pay 20% after deductible	You pay 5%	
Occupational, and Physical Therapy	You pay \$5, deductible waived	You pay \$5, deductible waived	You pay \$0, deductible waived	You pay \$0	
Prescription Medications – Tier 1, 2, 3 and 4: Up to a 30-day supply at any participating retail pharmacy or up to a 90-day supply at any participating 90-day retail pharmacy. Tier 5: Up to a 30-day supply at any participating retail pharmacy or up to a 30-day supply at any participating 90-day retail pharmacy.					
Tier 1 - Retail 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 \$15, deductible waived	You pay \$15, deductible waived	You pay \$15, deductible waived	You pay \$5	
Tier 3 - Retail Preferred Brand	You pay \$90, deductible waived	You pay \$90, deductible waived	You pay \$75, deductible waived	You pay \$50	
Tier 4 - Retail Non-Preferred Brand	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50%	
Tier 5 - Retail Specialty and other high-cost medications	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 40%	
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	

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 SILVER	Base Plan Name - Connect Colorado Option Silver			
	Cigna Connect Colorado Option Silver	Cigna Connect Colorado Option Silver 73% AV	Cigna Connect Colorado Option Silver 87% AV	Cigna Connect Colorado Option Silver 94% AV
MEDICAL	In-Network	In-Network	In-Network	In-Network
Annual Deductible ¹ (individual/family)	\$4,400/\$8,800	\$2,850/\$5,700	\$950/\$1,900	\$100/\$200
Coinsurance ²	You pay 40% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 20% after deductible
Annual Out-Of-Pocket Max ³ (individual/family)	\$9,800/\$19,600	\$8,000/\$16,000	\$3,350/\$6,700	\$1,375/\$2,750
Physician Services (primary care/specialist*)	You pay \$0, deductible waived/You pay \$90, deductible waived	You pay \$0, deductible waived/You pay \$90, deductible waived	You pay \$0, deductible waived/You pay \$65, deductible waived	You pay \$0, deductible waived/You pay \$40, 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 Facility Services	You pay 40% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 20% after deductible
Lab	You pay 40% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 20% after deductible
X-ray and Ultrasound	You pay 40% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 20% after deductible
Emergency Room Services	You pay 40% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 20% after deductible
Urgent Care	You pay \$80, deductible waived	You pay \$80, deductible waived	You pay \$60, deductible waived	You pay \$40, deductible waived
Mental Health/Substance Use Outpatient Office Visit	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
MDLive 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
Speech Therapy	You pay 40% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 20% after deductible
Occupational, and Physical Therapy	You pay 40% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 20% after deductible
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, deductible waived
Tier 2 - Retail Non-Preferred Generic	You pay \$20, deductible waived	You pay \$20, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Tier 3 - Retail Preferred Brand	You pay \$125, deductible waived	You pay \$125, deductible waived	You pay \$60, deductible waived	You pay \$20, deductible waived
Tier 4 - Retail Non-Preferred Brand	You pay \$300, deductible waived	You pay \$300, deductible waived	You pay \$120, deductible waived	You pay \$40, deductible waived
Tier 5 - Retail Specialty and other high-cost medications	You pay \$650, deductible waived	You pay \$600, deductible waived	You pay \$180, deductible waived	You pay \$60, deductible waived
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


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<div>SILVER</div>		Base Plan Name - Connect Flex Silver 3500		
	Cigna Connect Flex Silver 3500	Cigna Connect Flex Silver 3500 (200-250% FPL)	Cigna Connect Flex Silver 3500 (150-200% FPL)	Cigna Connect Flex Silver 3500 (100-150% FPL)
MEDICAL	In-Network	In-Network	In-Network	In-Network
Annual Deductible ¹ (individual/family)	\$3,500/\$7,000	\$3,000/\$6,000	\$1175/\$2,350	\$0/\$0
Coinsurance ²	You pay 30% after deductible	You pay 30% after deductible	You pay 10% after deductible	You pay 10%
Annual Out-Of-Pocket Max ³ (individual/family)	\$10,500/\$21,000	\$8,275/\$16,550	\$2,845/\$5,690	\$2,400/\$4,800
Physician Services (primary care/specialist*)	You pay \$5, deductible waived/You pay \$70, deductible waived	You pay \$5, deductible waived/You pay \$65, deductible waived	You pay \$5, deductible waived/You pay \$25, deductible waived	You pay \$5/You pay \$15
Preventive Care ⁴	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 10% after deductible	You pay 10%
Lab	You pay 30% after deductible	You pay 30% after deductible	You pay 10% after deductible	You pay 10%
X-ray and Ultrasound	You pay 30% after deductible	You pay 30% after deductible	You pay 10% after deductible	You pay 10%
Emergency Room Services	You pay 30% after deductible	You pay 30% after deductible	You pay 10% after deductible	You pay 10%
Urgent Care	You pay \$50, deductible waived	You pay \$50, deductible waived	You pay \$50, deductible waived	You pay \$25
Mental Health/Substance Use Outpatient Office Visit	You pay \$70, deductible waived	You pay \$65, deductible waived	You pay \$25, deductible waived	You pay \$15
MDLive Virtual Urgent Acute Care ⁵	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0
Speech Therapy	You pay 30% after deductible	You pay 30% after deductible	You pay 10% after deductible	You pay 10%
Occupational, and Physical Therapy	You pay \$5, deductible waived	You pay \$5, deductible waived	You pay \$5, 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 - 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 \$15, deductible waived	You pay \$15, deductible waived	You pay \$15, deductible waived	You pay \$5
Tier 3 - Retail Preferred Brand	You pay \$90, deductible waived	You pay \$80, deductible waived	You pay \$75, deductible waived	You pay \$25
Tier 4 - Retail Non-Preferred Brand	You pay \$500, deductible waived	You pay \$500, deductible waived	You pay \$200, deductible waived	You pay \$200
Tier 5 - Retail Specialty and other high-cost medications	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 40%
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


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<div>SILVER</div>	Base Plan Name - Connect Flex Silver 4000			
	Cigna Connect Flex Silver 4000	Cigna Connect Flex Silver 4000 (200-250% FPL)	Cigna Connect Flex Silver 4000 (150-200% FPL)	Cigna Connect Flex Silver 4000 (100-150% FPL)
MEDICAL	In-Network	In-Network	In-Network	In-Network
Annual Deductible ¹ (individual/family)	\$4,000/\$8,000	\$2,500/\$5,000	\$475/\$950	\$0/\$0
Coinsurance ²	You pay 50% after deductible	You pay 40% after deductible	You pay 25% after deductible	You pay 10%
Annual Out-Of-Pocket Max ³ (individual/family)	\$8,375/\$16,750	\$8,100/\$16,200	\$3,000/\$6,000	\$2,275/\$4,550
Physician Services (primary care/specialist*)	You pay \$30, deductible waived/You pay \$100, deductible waived	You pay \$15, deductible waived/You pay \$75, deductible waived	You pay \$10, deductible waived/You pay \$55, deductible waived	You pay \$1/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 Facility Services	You pay 50% after deductible	You pay 40% after deductible	You pay 25% after deductible	You pay 10%
Lab	You pay \$60, deductible waived	You pay \$50, deductible waived	You pay \$40, deductible waived	You pay \$15
X-ray and Ultrasound	You pay 50% after deductible	You pay 40% after deductible	You pay 25% after deductible	You pay 10%
Emergency Room Services	You pay 50% after deductible	You pay 40% after deductible	You pay 25% after deductible	You pay 10%
Urgent Care	You pay \$40, deductible waived	You pay \$40, deductible waived	You pay \$25, deductible waived	You pay \$15
Mental Health/Substance Use Outpatient Office Visit	You pay \$100, deductible waived	You pay \$75, deductible waived	You pay \$55, deductible waived	You pay \$20
MDLive Virtual Urgent Acute Care ⁵	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0
Speech Therapy	You pay 50% after deductible	You pay 40% after deductible	You pay 25% after deductible	You pay 10%
Occupational, and Physical Therapy	You pay \$30, deductible waived	You pay \$15, deductible waived	You pay \$10, deductible waived	You pay \$1
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 \$10, deductible waived	You pay \$10, deductible waived	You pay \$5, deductible waived	You pay \$5
Tier 3 - Retail Preferred Brand	You pay \$80, deductible waived	You pay \$80, deductible waived	You pay \$40, deductible waived	You pay \$15
Tier 4 - Retail Non-Preferred Brand	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 25%
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 40%
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

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<div>SILVER</div>	Off Exchange	Off Exchange	Off Exchange
	Cigna Connect Silver 6000-A	Cigna Connect Silver 2750-A Rx copay	Cigna Connect Silver 3500-A
MEDICAL	In-Network	In-Network	In-Network
Annual Deductible ¹ (individual/family)	\$6,000/\$12,000	\$2,750/\$5,500	\$3,500/\$7,000
Coinsurance ²	You pay 30% after deductible	You pay 35% after deductible	You pay 30% after deductible
Annual Out-Of-Pocket Max ³ (individual/family)	\$9,700/\$19,400	\$10,100/\$20,200	\$10,500/\$21,000
Physician Services (primary care/specialist*)	You pay \$5, deductible waived/ You pay \$90, deductible waived	You pay \$10, deductible waived/ You pay \$80, deductible waived	You pay \$5, deductible waived/ You pay \$70, deductible waived
Preventive Care ⁴	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 35% after deductible	You pay 30% after deductible
Lab	You pay 30% after deductible	You pay 35% after deductible	You pay 30% after deductible
X-ray and Ultrasound	You pay 30% after deductible	You pay 35% after deductible	You pay 30% after deductible
Emergency Room Services	You pay \$750 after deductible	You pay 35% after deductible	You pay 30% after deductible
Urgent Care	You pay \$50, deductible waived	You pay \$50, deductible waived	You pay \$50, deductible waived
Mental Health/Substance Use Outpatient Office Visit	You pay \$35, deductible waived	You pay \$80, deductible waived	You pay \$70, deductible waived
MDLive Virtual Urgent Acute Care ⁵	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Speech Therapy	You pay 30% after deductible	You pay 35% after deductible	You pay 30% after deductible
Occupational, and Physical Therapy	You pay \$5, 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 - 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 \$15, deductible waived	You pay \$15, deductible waived
Tier 3 - Retail Preferred Brand	You pay \$90, deductible waived	You pay \$100, deductible waived	You pay \$90, deductible waived
Tier 4 - Retail Non-Preferred Brand	You pay 50% after deductible	You pay \$500, deductible waived	You pay \$500, deductible waived
Tier 5 - Retail Specialty and other high-cost medications	You pay 50% after deductible	You pay \$750, deductible waived	You pay 50% after deductible
Preferred Insulin (Retail)	You pay no more than \$25	You pay no more than \$25	You pay no more than \$25

*Including Heartbeat Health – a new virtual provider for cardiac care.⁶
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<div>SILVER</div>	Off Exchange		Off Exchange	
	Cigna Connect Colorado Option Silver Off Exchange	Cigna Colorado Option Silver Enhanced 73%	Cigna Connect Silver 4000-A	
MEDICAL	In-Network	In-Network	In-Network	
Annual Deductible ¹ (individual/family)	\$4,400/\$8,800	\$2,850/\$5,700	\$4,000/\$8,000	
Coinsurance ²	You pay 40% after deductible	You pay 40% after deductible	You pay 50% after deductible	
Annual Out-Of-Pocket Max ³ (individual/family)	\$9,800/\$19,600	\$8,000/\$16,000	\$8,375/\$16,750	
Physician Services (primary care/specialist*)	You pay \$0, deductible waived/ You pay \$90, deductible waived	You pay \$0, deductible waived/ You pay \$90, deductible waived	You pay \$30, deductible waived/ You pay \$100, deductible waived	
Preventive Care ⁴	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	
Inpatient Facility Services	You pay 40% after deductible	You pay 40% after deductible	You pay 50% after deductible	
Lab	You pay 40% after deductible	You pay 40% after deductible	You pay \$60, deductible waived	
X-ray and Ultrasound	You pay 40% after deductible	You pay 40% after deductible	You pay 50% after deductible	
Emergency Room Services	You pay 40% after deductible	You pay 40% after deductible	You pay 50% after deductible	
Urgent Care	You pay \$80, deductible waived	You pay \$80, deductible waived	You pay \$40, deductible waived	
Mental Health/Substance Use Outpatient Office Visit	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$100, deductible waived	
MDLive Virtual Urgent Acute Care ⁵	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	
Speech Therapy	You pay 40% after deductible	You pay 40% after deductible	You pay 50% after deductible	
Occupational, and Physical Therapy	You pay 40% after deductible	You pay 40% after deductible	You pay \$30, 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 \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	
Tier 2 - Retail Non-Preferred Generic	You pay \$20, deductible waived	You pay \$20, deductible waived	You pay \$10, deductible waived	
Tier 3 - Retail Preferred Brand	You pay \$125, deductible waived	You pay \$125, deductible waived	You pay \$80, deductible waived	
Tier 4 - Retail Non-Preferred Brand	You pay \$300, deductible waived	You pay \$300, deductible waived	You pay 50% after deductible	
Tier 5 - Retail Specialty and other high-cost medications	You pay \$650, deductible waived	You pay \$600, deductible waived	You pay 50% after deductible	
Preferred Insulin (Retail)	You pay no more than \$25	You pay no more than \$25	You pay no more than \$25	

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<div>GOLD</div>				
	Cigna Connect Flex Gold 2700	Cigna Connect Colorado Option Gold	Cigna Connect Flex Gold 1200 Rx Copay	Cigna Connect Flex Gold 1800
MEDICAL	In-Network	In-Network	In-Network	In-Network
Annual Deductible ¹ (individual/family)	\$2,700/\$5,400	\$2,050/\$4,100	\$1,200/\$2,400	\$1,800/\$3,600
Coinsurance ²	You pay 20% after deductible	You pay 30% after deductible	You pay 30% after deductible	You pay 25% after deductible
Annual Out-Of-Pocket Max ³ (individual/family)	\$8,375/\$16,750	\$9,600/\$19,200	\$9,375/\$18,750	\$8,100/\$16,200
Physician Services (primary care/specialist*)	You pay \$0, deductible waived/You pay \$60, deductible waived	You pay \$0, deductible waived/You pay \$55, deductible waived	You pay \$0, deductible waived/You pay \$60, deductible waived	You pay \$10, 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, deductible waived
Inpatient Facility Services	You pay 20% after deductible	You pay 30% after deductible	You pay 30% after deductible	You pay 25% after deductible
Lab	You pay \$50, deductible waived	You pay 30% after deductible	You pay \$50, deductible waived	You pay \$50, deductible waived
X-ray and Ultrasound	You pay 20% after deductible	You pay 30% after deductible	You pay 30% after deductible	You pay 25% after deductible
Emergency Room Services	You pay 20% after deductible	You pay 30% after deductible	You pay 30% after deductible	You pay 25% after deductible
Urgent Care	You pay \$40, deductible waived	You pay \$50, deductible waived	You pay \$40, deductible waived	You pay \$40, deductible waived
Mental Health/Substance Use Outpatient Office Visit	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$60, deductible waived
MDLive 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
Speech Therapy	You pay 20% after deductible	You pay 30% after deductible	You pay 30% after deductible	You pay 25% after deductible
Occupational, and Physical Therapy	You pay \$0, deductible waived	You pay 30% after deductible	You pay \$0, deductible waived	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 - Retail Preferred Generic	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Tier 2 - Retail Non-Preferred Generic	You pay \$10, deductible waived	You pay \$10, deductible waived	You pay \$10, deductible waived	You pay \$4, deductible waived
Tier 3 - Retail Preferred Brand	You pay \$50, deductible waived	You pay \$50, deductible waived	You pay \$55, deductible waived	You pay \$30, deductible waived
Tier 4 - Retail Non-Preferred Brand	You pay 50% after deductible	You pay \$200, deductible waived	You pay \$500, deductible waived	You pay 50% after deductible
Tier 5 - Retail Specialty and other high-cost medications	You pay 50% after deductible	You pay \$600, deductible waived	You pay \$775, deductible waived	You pay 50% after deductible
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

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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 Healthcare 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.
- 6. Heartbeat Health is an independent third-party service provider. Cigna Healthcare does not endorse or guarantee the products or services of any third parties and is not liable for any such products or services. Heartbeat Health and its providers are solely responsible for any treatment provided to their patients. Benefits are subject to plan terms and conditions, including exclusions and limitations.

\$0 virtual care (no cost share) for eligible preventive care and Dedicated Virtual Urgent Care for minor acute medical conditions. Not available for all plans. HSA plans and non-minor acute medical care may apply a copay, coinsurance or deductible. Cigna Healthcare 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.

Virtual dermatological visits through MDLIVE are completed via asynchronous messaging. Diagnoses requiring testing cannot be confirmed. Customers will be referred to seek in-person care.

