



# 2026 Cigna Healthcare Plans - Georgia

## Cigna Healthcare® Connect and CMS Standard Plans – Georgia

Banks, Barrow, Bartow, Bryan, Bulloch, Butts, Candler, Chatham, Chattahoochee, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, Dekalb, Douglas, Effingham, Elbert, Evans, Fayette, Forsyth, Franklin, Fulton, Gilmer, Greene, Gwinnett, Habersham, Hall, Harris, Hart, Henry, Jackson, Jasper, Lamar, Liberty, Long, Lumpkin, Macon, Madison, Marion, Meriwether, Morgan, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Pickens, Pike, Rabun, Rockdale, Screven, Spalding, Stephens, Stewart, Talbot, Tattnall, Taylor, Towns, Troup, Union, Upton, Walton, Webster, White

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<div>BRONZE</div>			
	Connect Bronze HMO \$8500 \$40	Connect Bronze HMO \$0 \$5500 \$55	Connect Bronze HMO \$6500 \$30
MEDICAL	In-Network	In-Network	In-Network
Annual Deductible <sup>1</sup> (individual/family)	\$8,500/\$17,000	\$0 Medical, \$5,500/\$11,000 Pharmacy	\$6,500/\$13,000
Coinsurance <sup>2</sup>	You pay 50% after deductible	You pay 50%	You pay 50% after deductible
Annual Out-Of-Pocket Max <sup>3</sup> (individual/family)	\$10,600/\$21,200	\$10,150/\$20,300	\$10,600/\$21,200
Physician Services (primary care/specialist*)	You pay \$40, deductible waived/You pay 50% after deductible	You pay \$55/You pay \$125	You pay \$30, deductible waived/You pay \$100, deductible waived
Preventive Care <sup>4</sup>	You pay \$0, deductible waived	You pay \$0	You pay \$0, deductible waived
Inpatient Facility Services	You pay 50% after deductible	You pay \$2,350 copay per day For 4 days, then 0%	You pay 50% after deductible
Lab	You pay 50% after deductible	You pay \$70	You pay 50% after deductible
X-ray and Ultrasound	You pay 50% after deductible	You pay 50%	You pay 50% after deductible
Emergency Room Services	You pay 50% after deductible	You pay \$1,800	You pay 50% after deductible
Urgent Care	You pay \$75, deductible waived	You pay \$75	You pay \$75, deductible waived
Mental Health/Substance Use Outpatient Office Visit	You pay 50% after deductible	You pay \$125	You pay \$100, deductible waived
MDLive Virtual Urgent Acute Care <sup>5</sup>	You pay \$0, deductible waived	You pay \$0	You pay \$0, deductible waived
Speech, Occupational, and Physical Therapy	You pay 50% after deductible	You pay 50%	You pay 50% 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 \$5, deductible waived	You pay \$0, deductible waived
Tier 2 - Retail Non-Preferred Generic	You pay \$25, deductible waived	You pay \$40, deductible waived	You pay \$25, deductible waived
Tier 3 - Retail Preferred Brand	You pay 49% after deductible	You pay \$250, deductible waived	You pay 49% after deductible
Tier 4 - Retail Non-Preferred Brand	You pay 49% after deductible	You pay 49% after deductible	You pay 49% 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
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.<sup>6</sup>  
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<div>BRONZE</div>			
	Connect myDiabetesCare Bronze HMO \$4500 \$25	Connect Bronze HMO \$7500 \$30	Connect Bronze HMO \$7000 \$50 HSA
MEDICAL	In-Network	In-Network	In-Network
Annual Deductible <sup>1</sup> (individual/family)	\$4,500/\$9,000	\$7,500/\$15,000	\$7,000/\$14,000
Coinsurance <sup>2</sup>	You pay 40% after deductible	You pay 50% after deductible	You pay 50% after deductible
Annual Out-Of-Pocket Max <sup>3</sup> (individual/family)	\$10,150/\$20,300	\$10,150/\$20,300	\$8,300/\$16,600
Physician Services (primary care/specialist*)	You pay \$25, deductible waived/You pay \$95, deductible waived	You pay \$30, deductible waived/You pay \$95, deductible waived	You pay \$50 after deductible/You pay 50% after deductible
Preventive Care <sup>4</sup>	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 40% after deductible	You pay 50% after deductible	You pay 50% after deductible
Urgent Care	You pay \$75, deductible waived	You pay \$75, deductible waived	You pay 50% after deductible
Mental Health/Substance Use Outpatient Office Visit	You pay \$95, deductible waived	You pay \$60, deductible waived	You pay 50% after deductible
MDLive Virtual Urgent Acute Care <sup>5</sup>	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0 after deductible
Speech, Occupational, and Physical Therapy	You pay 40% after deductible	You pay 50% after deductible	You pay 50% 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 \$2, deductible waived	You pay \$0, deductible waived	You pay 50% after deductible
Tier 2 - Retail Non-Preferred Generic	You pay \$25, deductible waived	You pay \$25, deductible waived	You pay 50% after deductible
Tier 3 - Retail Preferred Brand	You pay 40% after deductible	You pay \$50 after deductible	You pay 50% after deductible
Tier 4 - Retail Non-Preferred Brand	You pay 49% after deductible	You pay \$100 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
Preferred Insulin (Retail)	You pay \$0, deductible waived	You pay no more than \$25	You pay no more than \$25 after deductible

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<div>SILVER</div>		Base Plan Name - Connect Silver HMO \$3700 \$10		
	Connect Silver HMO \$3700 \$10	Connect Silver-2 HMO \$3000 \$10	Connect Silver-3 HMO \$700 \$6	Connect Silver-4 HMO \$200 \$0
MEDICAL	In-Network	In-Network	In-Network	In-Network
Annual Deductible <sup>1</sup> (individual/family)	\$3,700/\$7,400	\$3,000/\$6,000	\$700/\$1,400	\$200/\$400
Coinsurance <sup>2</sup>	You pay 40% after deductible	You pay 35% after deductible	You pay 30% after deductible	You pay 5% after deductible
Annual Out-Of-Pocket Max <sup>3</sup> (individual/family)	\$10,125/\$20,250	\$8,000/\$16,000	\$3,125/\$6,250	\$1,875/\$3,750
Physician Services (primary care/specialist*)	You pay \$10, deductible waived/You pay \$85, deductible waived	You pay \$10, deductible waived/You pay \$85, deductible waived	You pay \$6, deductible waived/You pay \$35, deductible waived	You pay \$0, deductible waived/You pay \$10, deductible waived
Preventive Care <sup>4</sup>	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 35% after deductible	You pay 30% after deductible	You pay 5% after deductible
Lab	You pay 40% after deductible	You pay 35% after deductible	You pay 30% after deductible	You pay 5% after deductible
X-ray and Ultrasound	You pay 40% after deductible	You pay 35% after deductible	You pay 30% after deductible	You pay 5% after deductible
Emergency Room Services	You pay 50% after deductible	You pay 50% after deductible	You pay 30% after deductible	You pay 5% after deductible
Urgent Care	You pay \$50, deductible waived	You pay \$50, deductible waived	You pay \$25, deductible waived	You pay \$5, deductible waived
Mental Health/Substance Use Outpatient Office Visit	You Pay \$25, deductible waived	You Pay \$25, deductible waived	You Pay \$25, deductible waived	You Pay \$10, deductible waived
MDLive Virtual Urgent Acute Care <sup>5</sup>	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 40% after deductible	You pay 35% after deductible	You pay 30% after deductible	You pay 5% 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 \$2, deductible waived	You pay \$2, deductible waived	You pay \$2, deductible waived	You pay \$2, deductible waived
Tier 2 - Retail Non-Preferred Generic	You pay \$18, deductible waived	You pay \$18, deductible waived	You pay \$15, deductible waived	You pay \$7, deductible waived
Tier 3 - Retail Preferred Brand	You pay \$80 after deductible	You pay \$70 after deductible	You pay \$45 after deductible	You pay \$30 after deductible
Tier 4 - Retail Non-Preferred Brand	You pay 49% after deductible	You pay 49% after deductible	You Pay 45% after deductible	You pay 45% 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
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 Silver HMO \$5000 \$5		
	Connect Silver HMO \$5000 \$5	Connect Silver-2 HMO \$3800 \$5	Connect Silver-3 HMO \$550 \$5	Connect Silver-4A HMO \$0 \$0
MEDICAL	In-Network	In-Network	In-Network	In-Network
Annual Deductible <sup>1</sup> (individual/family)	\$5,000/\$10,000	\$3,800/\$7,600	\$550/\$1,100	\$0/\$0
Coinsurance <sup>2</sup>	You pay 40% after deductible	You pay 40% after deductible	You pay 35% after deductible	You pay 20%
Annual Out-Of-Pocket Max <sup>3</sup> (individual/family)	\$9,900/\$19,800	\$8,000/\$16,000	\$3,350/\$6,700	\$1,950/\$3,900
Physician Services (primary care/specialist*)	You pay \$5, deductible waived/You pay \$65, deductible waived	You pay \$5, deductible waived/You pay \$65, deductible waived	You pay \$5, deductible waived/You pay \$30, deductible waived	You pay \$0/You pay \$5
Preventive Care <sup>4</sup>	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 35% after deductible	You pay 20%
Lab	You pay 40% after deductible	You pay 40% after deductible	You pay 35% after deductible	You pay 20%
X-ray and Ultrasound	You pay 40% after deductible	You pay 40% after deductible	You pay 35% after deductible	You pay 20%
Emergency Room Services	You Pay \$450 Copay And 40% Coinsurance after deductible	You Pay \$450 And 40% Coinsurance after deductible	You Pay \$300 And 40% Coinsurance after deductible	You Pay \$20 And 20% Coinsurance
Urgent Care	You pay \$40, deductible waived	You pay \$40, deductible waived	You pay \$20, deductible waived	You pay \$5
Mental Health/Substance Use Outpatient Office Visit	You Pay \$25, deductible waived	You Pay \$25, deductible waived	You Pay \$15, deductible waived	You Pay \$0
MDLive Virtual Urgent Acute Care <sup>5</sup>	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% after deductible	You pay 40% after deductible	You pay 35% after deductible	You pay 20%
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 \$14, deductible waived	You pay \$5
Tier 3 - Retail Preferred Brand	You pay \$45 after deductible	You pay \$45 after deductible	You pay \$45 after deductible	You pay \$20
Tier 4 - Retail Non-Preferred Brand	You pay 49% after deductible	You pay 49% after deductible	You pay 45% after deductible	You pay 45%
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%
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 Silver HMO \$7000 \$5		
	Connect Silver HMO \$7000 \$5	Connect Silver-2 HMO \$4250 \$5	Connect Silver-3 HMO \$850 \$0	Connect Silver-4B HMO \$0 \$0
MEDICAL	In-Network	In-Network	In-Network	In-Network
Annual Deductible <sup>1</sup> (individual/family)	\$7,000/\$14,000	\$4,250/\$8,500	\$850/\$1,700	\$0/\$0
Coinsurance <sup>2</sup>	You pay 50% after deductible	You pay 50% after deductible	You pay 45% after deductible	You pay 25%
Annual Out-Of-Pocket Max <sup>3</sup> (individual/family)	\$9,925/\$19,850	\$8,150/\$16,300	\$3,175/\$6,350	\$1,800/\$3,600
Physician Services (primary care/specialist*)	You pay \$5, deductible waived/You pay \$80, deductible waived	You pay \$5, deductible waived/You pay \$80, deductible waived	You pay \$0, deductible waived/You pay \$25, deductible waived	You pay \$0/You pay \$5
Preventive Care <sup>4</sup>	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 50% after deductible	You pay 45% after deductible	You pay 25%
Lab	You pay 50% after deductible	You pay 50% after deductible	You pay 45% after deductible	You pay 25%
X-ray and Ultrasound	You pay 50% after deductible	You pay 50% after deductible	You pay 45% after deductible	You pay 25%
Emergency Room Services	You pay 50% after deductible	You pay 50% after deductible	You pay 45% after deductible	You pay 25%
Urgent Care	You pay \$50, deductible waived	You pay \$50, deductible waived	You pay \$25, deductible waived	You pay \$5
Mental Health/Substance Use Outpatient Office Visit	You Pay \$20, deductible waived	You Pay \$20, deductible waived	You Pay \$15, deductible waived	You Pay \$5
MDLive Virtual Urgent Acute Care <sup>5</sup>	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 50% after deductible	You pay 50% after deductible	You pay 45% after deductible	You pay 25%
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 \$16, deductible waived	You Pay \$16, deductible waived	You Pay \$10, deductible waived	You Pay \$3
Tier 3 - Retail Preferred Brand	You pay \$45, deductible waived	You pay \$45, deductible waived	You pay \$45, deductible waived	You Pay \$10
Tier 4 - Retail Non-Preferred Brand	You Pay 45% after deductible	You Pay 45% after deductible	You Pay 45% after deductible	You pay 45%
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%
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 myDiabetesCare Silver HMO \$2700 \$15			
	Connect myDiabetesCare Silver HMO \$2700 \$15	Connect myDiabetesCare Silver-2 HMO \$2100 \$15	Connect myDiabetesCare Silver-3 HMO \$550 \$5	Connect myDiabetesCare Silver-4 HMO \$40 \$0	
MEDICAL	In-Network	In-Network	In-Network	In-Network	
Annual Deductible <sup>1</sup> (individual/family)	\$2,700/\$5,400	\$2,100/\$4,200	\$550/\$1,100	\$40/\$80	
Coinsurance <sup>2</sup>	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 <sup>3</sup> (individual/family)	\$10,150/\$20,300	\$8,000/\$16,000	\$3,350/\$6,700	\$2,000/\$4,000	
Physician Services (primary care/specialist <sup>*)</sup> )	You pay \$15, deductible waived/You pay \$75, deductible waived	You pay \$15, deductible waived/You pay \$70, deductible waived	You pay \$5, deductible waived/You pay \$40, deductible waived	You pay \$0, deductible waived/You pay \$15, deductible waived	
Preventive Care <sup>4</sup>	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 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 40% after deductible	You pay 40% after deductible	You pay 25% after deductible	You pay 10% after deductible	
Urgent Care	You pay \$35, deductible waived	You pay \$35, deductible waived	You pay \$25, deductible waived	You pay \$15, deductible waived	
Mental Health/Substance Use Outpatient Office Visit	You Pay \$30, deductible waived	You Pay \$25, deductible waived	You Pay \$20, deductible waived	You Pay \$10, deductible waived	
MDLive Virtual Urgent Acute Care <sup>5</sup>	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 40% after deductible	You pay 40% after deductible	You pay 25% after deductible	You pay 10% 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 \$0, deductible waived	You pay \$0, deductible waived	
Tier 2 - Retail 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 - Retail Preferred Brand	You pay \$75, deductible waived	You pay \$75, deductible waived	You pay \$40, deductible waived	You pay \$25, deductible waived	
Tier 4 - Retail Non-Preferred Brand	You pay 49% after deductible	You pay 49% after deductible	You pay 49% after deductible	You pay 45% 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	
Preferred Insulin (Retail)	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	

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 <b>GOLD</b>	
	<b>Connect Gold HMO \$2000 \$10</b>
<b>MEDICAL</b>	<b>In-Network</b>
Annual Deductible <sup>1</sup> (individual/family)	\$2,000/\$4,000
Coinsurance <sup>2</sup>	You pay 25% after deductible
Annual Out-Of-Pocket Max <sup>3</sup> (individual/family)	\$7,000/\$14,000
Physician Services (primary care/specialist*)	You pay \$10, deductible waived/You pay \$65, deductible waived
Preventive Care <sup>4</sup>	You pay \$0, deductible waived
Inpatient Facility Services	You pay 25% after deductible
Lab	You pay \$50, deductible waived
X-ray and Ultrasound	You pay 25% after deductible
Emergency Room Services	You pay 25% after deductible
Urgent Care	You pay \$50, deductible waived
Mental Health/Substance Use Outpatient Office Visit	You Pay \$60, deductible waived
MDLive Virtual Urgent Acute Care <sup>5</sup>	You pay \$0, deductible waived
Speech, Occupational, and Physical Therapy	You pay 25% after deductible
<b>Prescription Medications – Tier 1, 2, 3 and 4:</b> Up to a 30-day supply at any participating retail pharmacy or up to a 90-day supply at any participating 90-day retail pharmacy.	
<b>Tier 5:</b> Up to a 30-day supply at any participating retail pharmacy or up to a 30-day supply at any participating 90-day retail pharmacy.	
<b>Tier 1 - Retail Preferred Generic</b>	You pay \$0, deductible waived
<b>Tier 2 - Retail Non-Preferred Generic</b>	You Pay \$10, deductible waived
<b>Tier 3 - Retail Preferred Brand</b>	You Pay \$35, deductible waived
<b>Tier 4 - Retail Non-Preferred Brand</b>	You Pay 25% after deductible
<b>Tier 5 - Retail Specialty and other high-cost medications</b>	You pay 50% after deductible
<b>Preferred Insulin (Retail)</b>	You pay no more than \$25

\*Including Heartbeat Health – a new virtual provider for cardiac care.<sup>6</sup>  
All disclosures appear at the end of this document.



**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.

