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2026 Cigna Healthcare Plans - Indiana

Cigna Healthcare® Connect and CMS Standard Plans – Indiana

Boone, Dubois, Gibson, Hamilton, Hancock, Hendricks, Henry, Howard, Johnson, Madison, Marion, Posey, Shelby, Vanderburgh, Warrick

Indiana (North) - Boone, Hamilton, Hancock, Hendricks, Henry, Howard, Johnson, Madison, Marion, Shelby

Connect/Bronze

Connect Bronze 7900 Indiv Med Deductible 2
Connect Bronze 3800 Indiv Med Deductible 2
Connect myDiabetesCare Bronze 2
Connect Bronze 5400 Indiv Med Deductible 2
Connect Bronze 6800 HSA Indiv Med Deductible 2

Connect/Silver

Connect Silver 6300 Indiv Med Deductible 3
Connect Silver-2 4200 Indiv Med Deductible 3
Connect Silver-3 900 Indiv Med Deductible 3
Connect Silver-4 200 Indiv Med Deductible 3
Connect Silver 3000 Indiv Med Deductible 4
Connect Silver-2 2500 Indiv Med Deductible 4
Connect Silver-3 350 Indiv Med Deductible 4
Connect Silver-4 150 Indiv Med Deductible 4
Connect myDiabetesCare Silver 5
Connect Silver 4700 Indiv Med Deductible 5
Connect Silver 4300 HSA Indiv Med Deductible 5

Connect/Gold

Connect Gold 2700 Indiv Med Deductible 6
Connect Gold 2800 Indiv Med Deductible 6

Connect CMS Standard/Bronze

Connect Bronze CMS Standard 7

Connect CMS Standard/Silver

Connect Silver CMS Standard 8
Connect Silver-2 CMS Standard 8
Connect Silver-3 CMS Standard 8
Connect Silver-4 CMS Standard 8

Connect CMS Standard/Gold

Connect Gold CMS Standard 9

Indiana (Southwest) - Gibson, Posey, Warrick, Vanderburgh, Dubois

Connect/Bronze

Connect Bronze 7400 Indiv Med Deductible 10
Connect Bronze SW 4500 Indiv Med Deductible 10
Connect myDiabetesCare Bronze SW 10
Connect Bronze 5400 Indiv Med Deductible 10
Connect Bronze 6800 HSA Indiv Med Deductible 10

Connect/Silver

Connect Silver SW 6800 Indiv Med Deductible 11
Connect Silver-2 SW 5500 Indiv Med Deductible 11
Connect Silver-3 SW 1100 Indiv Med Deductible 11
Connect Silver-4 SW 250 Indiv Med Deductible 11
Connect Silver SW 4400 Indiv Med Deductible 12
Connect Silver-2 SW 2700 Indiv Med Deductible 12
Connect Silver-3 SW 700 Indiv Med Deductible 12
Connect Silver-4 SW 100 Indiv Med Deductible 12
Connect myDiabetesCare Silver 13
Connect Silver 4700 Indiv Med Deductible 13
Connect Silver 4300 HSA Indiv Med Deductible 13

Connect/Gold

Connect Gold 2700 Indiv Med Deductible 14
Connect Gold 2800 Indiv Med Deductible 14

Connect CMS Standard/Bronze

Connect Bronze CMS Standard 15

Connect CMS Standard/Silver

Connect Silver CMS Standard 16
Connect Silver-2 CMS Standard 16
Connect Silver-3 CMS Standard 16
Connect Silver-4 CMS Standard 16

Connect CMS Standard/Gold

Connect Gold CMS Standard 17

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BRONZE				Off Exchange	Off Exchange
	Connect Bronze 7900 Indiv Med Deductible	Connect Bronze 3800 Indiv Med Deductible	Connect myDiabetesCare Bronze	Connect Bronze 5400 Indiv Med Deductible	Connect Bronze 6800 HSA Indiv Med Deductible
MEDICAL	**In-Network**	**In-Network**	**In-Network**	**In-Network**	**In-Network**
Annual Deductible[1] (individual/family)	$7,900/$15,800	$3,800/$7,600 Medical, $5,000/$10,000 Pharmacy	$7,000/$14,000	$5,400/$10,800	$6,800/$13,600
Coinsurance[2]	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 30% after deductible
Annual Out-Of-Pocket Max[3] (individual/family)	$10,500/$21,000	$9,950/$19,900	$9,800/$19,600	$9,900/$19,800	$8,100/$16,200
Physician Services (primary care/specialist*)	You pay $20, deductible waived/ You pay $95, deductible waived	You pay $15, deductible waived/ You pay $85, deductible waived	You pay $45, deductible waived/ You pay $75, deductible waived	You pay $40, deductible waived/ You pay $95, deductible waived	You pay 30% after deductible
Preventive Care[4]	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 Facility Services	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 30% after deductible
Lab	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 30% after deductible
X-ray and Ultrasound	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 30% after deductible
Emergency Room Services	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 30% after deductible
Urgent Care	You pay $95, deductible waived	You pay $85, deductible waived	You pay $75, deductible waived	You pay $75, deductible waived	You pay 30% after deductible
Mental Health/Substance Use Outpatient Office Visit	You pay $95, deductible waived	You pay $85, deductible waived	You pay $75, deductible waived	You pay $75, deductible waived	You pay 30% after deductible
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	You pay $0 after deductible
Speech, Occupational, and Physical Therapy	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 30% after deductible	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 $3, deductible waived	You pay $3, deductible waived	You pay $3, deductible waived	You pay $3, deductible waived	You pay 30% after deductible
Tier 2 - Retail Non-Preferred Generic	You pay $35, deductible waived	You pay $35, deductible waived	You pay $25, deductible waived	You pay $25, deductible waived	You pay 30% after deductible
Tier 3 - Retail Preferred Brand	You pay 49% after deductible	You pay 49% after deductible	You pay $50 after deductible	You pay $50 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 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	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 $0, deductible waived	You pay no more than $25	You pay no more than $25 after deductible

*Including Heartbeat Health - a new virtual provider for cardiac care.[6]
All disclosures appear at the end of this document.

SILVER	Base Plan Name - Connect Silver 6300 Indiv Med Deductible			
	Connect Silver 6300 Indiv Med Deductible	Connect Silver-2 4200 Indiv Med Deductible	Connect Silver-3 900 Indiv Med Deductible	Connect Silver-4 200 Indiv Med Deductible
MEDICAL	**In-Network**	**In-Network**	**In-Network**	**In-Network**
Annual Deductible[1] (individual/family)	$6,300/$12,600	$4,200/$8,400	$900/$1,800	$200/$400
Coinsurance[2]	You pay 30% after deductible	You pay 30% after deductible	You pay 30% after deductible	You pay 10% after deductible
Annual Out-Of-Pocket Max[3] (individual/family)	$9,800/$19,600	$8,200/$16,400	$2,900/$5,800	$1,225/$2,450
Physician Services (primary care/specialist*)	You pay $5, deductible waived/You pay $45, deductible waived	You pay $5, deductible waived/You pay $45, deductible waived	You pay $4, deductible waived/You pay $20, deductible waived	You pay $3, deductible waived/You pay $8, 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 30% after deductible	You pay 30% after deductible	You pay 30% after deductible	You pay 10% after deductible
Lab	You pay 30% after deductible	You pay 30% after deductible	You pay 30% after deductible	You pay 10% after deductible
X-ray and Ultrasound	You pay 30% after deductible	You pay 30% after deductible	You pay 30% after deductible	You pay 10% after deductible
Emergency Room Services	You pay 30% after deductible	You pay 30% after deductible	You pay 30% after deductible	You pay 10% after deductible
Urgent Care	You pay $45, deductible waived	You pay $45, deductible waived	You pay $20, deductible waived	You pay $8, deductible waived
Mental Health/Substance Use Outpatient Office Visit	You pay $45, deductible waived	You pay $45, deductible waived	You pay $20, deductible waived	You pay $8, 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, Occupational, and Physical Therapy	You pay 30% after deductible	You pay 30% after deductible	You pay 30% 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 $3, 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 $20, deductible waived	You pay $15, deductible waived
Tier 3 - Retail Preferred Brand	You pay $80, deductible waived	You pay $80, deductible waived	You pay $75, deductible waived	You pay $55, 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 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	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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SILVER	Base Plan Name - Connect Silver 3000 Indiv Med Deductible			
	Connect Silver 3000 Indiv Med Deductible	Connect Silver-2 2500 Indiv Med Deductible	Connect Silver-3 350 Indiv Med Deductible	Connect Silver-4 150 Indiv Med Deductible
MEDICAL	**In-Network**	**In-Network**	**In-Network**	**In-Network**
Annual Deductible[1] (individual/family)	$3,000/$6,000 Medical, $2,500/$5,000 Pharmacy	$2,500/$5,000 Medical, $1,400/$2,800 Pharmacy	$350/$700 Medical, $650/$1,300 Pharmacy	$150/$300 Medical, $100/$200 Pharmacy
Coinsurance[2]	You pay 40% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 5% after deductible
Annual Out-Of-Pocket Max[3] (individual/family)	$9,175/$18,350	$7,950/$15,900	$3,100/$6,200	$1,175/$2,350
Physician Services (primary care/specialist*)	You pay $10, deductible waived/You pay $65, deductible waived	You pay $10, deductible waived/You pay $55, deductible waived	You pay $10, deductible waived/You pay $30, deductible waived	You pay $5, deductible waived/You pay $5, 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 $1,600 per day for the first 3 days, deductible waived, then 0%	You pay $1,400 per day for the first 3 days, deductible waived, then 0%	You pay $750 per day for the first 3 days, deductible waived, then 0%	You pay $300 per day for the first 3 days, deductible waived, then 0%
Lab	You pay $50, deductible waived	You pay $40, deductible waived	You pay $20, deductible waived	You pay $5, deductible waived
X-ray and Ultrasound	You pay 40% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 5% after deductible
Emergency Room Services	You pay $850 and 40% after deductible	You pay $850 and 40% after deductible	You pay $300 and 20% after deductible	You pay $150 and 5% after deductible
Urgent Care	You pay $65, deductible waived	You pay $55, deductible waived	You pay $30, deductible waived	You pay $5, deductible waived
Mental Health/Substance Use Outpatient Office Visit	You pay $65, deductible waived	You pay $55, deductible waived	You pay $30, deductible waived	You pay $5, 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, Occupational, and Physical Therapy	You pay 40% after deductible	You pay 40% after deductible	You pay 20% 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 $3, deductible waived	You pay $3, deductible waived	You pay $3, deductible waived	You pay $0, deductible waived
Tier 2 - Retail Non-Preferred Generic	You pay $15, deductible waived	You pay $10, deductible waived	You pay $5, deductible waived	You pay $5, deductible waived
Tier 3 - Retail Preferred Brand	You pay $50 after deductible	You pay $50 after deductible	You pay $50, deductible waived	You pay $40, 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 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	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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SILVER	Off Exchange	Off Exchange	Off Exchange
	Connect myDiabetesCare Silver	Connect Silver 4700 Indiv Med Deductible	Connect Silver 4300 HSA Indiv Med Deductible
MEDICAL	**In-Network**	**In-Network**	**In-Network**
Annual Deductible[1] (individual/family)	$3,800/$7,600	$4,700/$9,400	$4,300/$8,600
Coinsurance[2]	You pay 40% after deductible	You pay 50% after deductible	You pay 40% after deductible
Annual Out-Of-Pocket Max[3] (individual/family)	$9,950/$19,900	$9,400/$18,800	$7,200/$14,400
Physician Services (primary care/specialist*)	You pay $10, deductible waived/You pay $35, deductible waived	You pay $5, deductible waived/You pay $50, deductible waived	You pay 40% after deductible
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 50% after deductible	You pay 40% after deductible
Lab	You pay 40% after deductible	You pay 50% after deductible	You pay 40% after deductible
X-ray and Ultrasound	You pay 40% after deductible	You pay 50% after deductible	You pay 40% after deductible
Emergency Room Services	You pay 40% after deductible	You pay 50% after deductible	You pay 40% after deductible
Urgent Care	You pay $30, deductible waived	You pay $30, deductible waived	You pay 40% after deductible
Mental Health/Substance Use Outpatient Office Visit	You pay $30, deductible waived	You pay $30, deductible waived	You pay 40% after deductible
MDLive Virtual Urgent Acute Care[5]	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 40% after deductible
Prescription Medications – Tier 1, 2, 3 and 4: Up to a 30-day supply at any participating retail pharmacy or up to a 90-day supply at any participating 90-day retail pharmacy. **Tier 5:** Up to a 30-day supply at any participating retail pharmacy or up to a 30-day supply at any participating 90-day retail pharmacy.			
Tier 1 - Retail Preferred Generic	You pay $3, deductible waived	You pay $3, deductible waived	You pay 40% after deductible
Tier 2 - Retail Non-Preferred Generic	You pay $20, deductible waived	You pay $25, deductible waived	You pay 40% after deductible
Tier 3 - Retail Preferred Brand	You pay $100, deductible waived	You pay $100, deductible waived	You pay 40% 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 $0, deductible waived	You pay no more than $25	You pay no more than $25 after deductible

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GOLD	Off Exchange	
	Connect Gold 2700 Indiv Med Deductible	Connect Gold 2800 Indiv Med Deductible
MEDICAL	**In-Network**	**In-Network**
Annual Deductible[1] (individual/family)	$2,700/$5,400	$2,800/$5,600
Coinsurance[2]	You pay 30% after deductible	You pay 25% after deductible
Annual Out-Of-Pocket Max[3] (individual/family)	$6,700/$13,400	$6,700/$13,400
Physician Services (primary care/specialist*)	You pay $15, deductible waived/You pay $50, deductible waived	You pay $5, deductible waived/You pay $45, deductible waived
Preventive Care[4]	You pay $0, deductible waived	You pay $0, deductible waived
Inpatient Facility Services	You pay 30% after deductible	You pay 25% after deductible
Lab	You pay 30% after deductible	You pay 25% after deductible
X-ray and Ultrasound	You pay 30% after deductible	You pay 25% after deductible
Emergency Room Services	You pay 30% after deductible	You pay 25% after deductible
Urgent Care	You pay $50, deductible waived	You pay $30, deductible waived
Mental Health/Substance Use Outpatient Office Visit	You pay $50, deductible waived	You pay $30, deductible waived
MDLive Virtual Urgent Acute Care[5]	You pay $0, deductible waived	You pay $0, deductible waived
Speech, Occupational, and Physical Therapy	You pay 30% after deductible	You pay 25% 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
Tier 2 - Retail Non-Preferred Generic	You pay $15, deductible waived	You pay $20, deductible waived
Tier 3 - Retail Preferred Brand	You pay $40, deductible waived	You pay $45, deductible waived
Tier 4 - Retail Non-Preferred Brand	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
Preferred Insulin (Retail)	You pay no more than $25	You pay no more than $25

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BRONZE	Connect Bronze CMS Standard
MEDICAL	**In-Network**
Annual Deductible[1] (individual/family)	$7,500/$15,000
Coinsurance[2]	You pay 50% after deductible
Annual Out-Of-Pocket Max[3] (individual/family)	$9,200/$18,400
Physician Services (primary care/specialist*)	You pay $50, deductible waived/You pay $100, deductible waived
Preventive Care[4]	You pay $0, deductible waived
Inpatient Facility Services	You pay 50% after deductible
Lab	You pay 50% after deductible
X-ray and Ultrasound	You pay 50% after deductible
Emergency Room Services	You pay 50% after deductible
Urgent Care	You pay $75, deductible waived
Mental Health/Substance Use Outpatient Office Visit	You pay $50, deductible waived
MDLive® Virtual Urgent Acute Care[5]	You pay $0, deductible waived
Speech, Occupational, and Physical Therapy	You pay $50, 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 - Retail Generic	You pay $25, deductible waived
Tier 2 - Retail Preferred Brand	You pay $50 after deductible
Tier 3 - Retail Non-Preferred Brand	You pay $100 after deductible
Tier 4 - Retail Specialty and other high-cost medications	You pay $500 after deductible
Preferred Insulin (Retail)	You pay no more than $25

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SILVER	Base Plan Name - Connect Silver CMS Standard			
	Connect Silver CMS Standard	Connect Silver-2 CMS Standard	Connect Silver-3 CMS Standard	Connect Silver-4 CMS Standard
MEDICAL	**In-Network**	**In-Network**	**In-Network**	**In-Network**
Annual Deductible[1] (individual/family)	$5,000/$10,000	$3,000/$6,000	$500/$1,000	$0/$0
Coinsurance[2]	You pay 40% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 25%
Annual Out-Of-Pocket Max[3] (individual/family)	$8,000/$16,000	$6,400/$12,800	$3,000/$6,000	$2,000/$4,000
Physician Services (primary care/specialist*)	You pay $40, deductible waived/You pay $80, deductible waived	You pay $40, deductible waived/You pay $80, deductible waived	You pay $20, deductible waived/You pay $40, deductible waived	You pay $0/You pay $10
Preventive 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 40% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 25%
Lab	You pay 40% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 25%
X-ray and Ultrasound	You pay 40% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 25%
Emergency Room Services	You pay 40% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 25%
Urgent Care	You pay $60, deductible waived	You pay $60, deductible waived	You pay $30, deductible waived	You pay $5
Mental Health/Substance Use Outpatient Office Visit	You pay $40, deductible waived	You pay $40, deductible waived	You pay $20, 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, Occupational, and Physical Therapy	You pay $40, deductible waived	You pay $40, deductible waived	You pay $20, deductible waived	You pay $0
Prescription Medications – Tier 1, 2 and **3:** Up to a 30-day supply at any participating retail pharmacy or up to a 90-day supply at any participating 90-day retail pharmacy. **Tier 4:** Up to a 30-day supply at any participating retail pharmacy or up to a 30-day supply at any participating 90-day retail pharmacy.				
Tier 1 - Retail Generic	You pay $20, deductible waived	You pay $20, deductible waived	You pay $10, deductible waived	You pay $0
Tier 2 - Retail Preferred Brand	You pay $40, deductible waived	You pay $40, deductible waived	You pay $20, deductible waived	You pay $15
Tier 3 - Retail Non-Preferred Brand	You pay $80 after deductible	You pay $80 after deductible	You pay $60 after deductible	You pay $50
Tier 4 - Retail Specialty and other high-cost medications	You pay $350 after deductible	You pay $350 after deductible	You pay $250 after deductible	You pay $150
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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GOLD	Connect Gold CMS Standard
MEDICAL	**In-Network**
Annual Deductible[1] (individual/family)	$1,500/$3,000
Coinsurance[2]	You pay 25% after deductible
Annual Out-Of-Pocket Max[3] (individual/family)	$7,800/$15,600
Physician Services (primary care/specialist*)	You pay $30, deductible waived/You pay $60, deductible waived
Preventive Care[4]	You pay $0, deductible waived
Inpatient Facility Services	You pay 25% after deductible
Lab	You pay 25% after deductible
X-ray and Ultrasound	You pay 25% after deductible
Emergency Room Services	You pay 25% after deductible
Urgent Care	You pay $45, deductible waived
Mental Health/Substance Use Outpatient Office Visit	You pay $30, deductible waived
MDLive Virtual Urgent Acute Care[5]	You pay $0, deductible waived
Speech, Occupational, and Physical Therapy	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 - Retail Generic	You pay $15, deductible waived
Tier 2 - Retail Preferred Brand	You pay $30, deductible waived
Tier 3 - Retail Non-Preferred Brand	You pay $60, deductible waived
Tier 4 - Retail Specialty and other high-cost medications	You pay $250, deductible waived
Preferred Insulin (Retail)	You pay no more than $25

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BRONZE				Off Exchange	Off Exchange
	Connect Bronze 7400 Indiv Med Deductible	Connect Bronze SW 4500 Indiv Med Deductible	Connect myDiabetesCare Bronze SW	Connect Bronze 5400 Indiv Med Deductible	Connect Bronze 6800 HSA Indiv Med Deductible
MEDICAL	**In-Network**	**In-Network**	**In-Network**	**In-Network**	**In-Network**
Annual Deductible[1] (individual/family)	$7,400/$14,800	$4,500/$9,000	$7,000/$14,000	$5,400/$10,800	$6,800/$13,600
Coinsurance[2]	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 30% after deductible
Annual Out-Of-Pocket Max[3] (individual/family)	$9,950/$19,900	$10,150/$20,300	$9,800/$19,600	$9,900/$19,800	$8,100/$16,200
Physician Services (primary care/specialist*)	You pay $10, deductible waived/ You pay $85, deductible waived	You pay $50, deductible waived/ You pay $95, deductible waived	You pay $45, deductible waived/ You pay $75, deductible waived	You pay $40, deductible waived/ You pay $95, deductible waived	You pay 30% after deductible
Preventive Care[4]	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 Facility Services	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 30% after deductible
Lab	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 30% after deductible
X-ray and Ultrasound	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 30% after deductible
Emergency Room Services	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 30% after deductible
Urgent Care	You pay $55, deductible waived	You pay $85, deductible waived	You pay $75, deductible waived	You pay $75, deductible waived	You pay 30% after deductible
Mental Health/Substance Use Outpatient Office Visit	You pay $55, deductible waived	You pay $85, deductible waived	You pay $75, deductible waived	You pay $75, deductible waived	You pay 30% after deductible
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	You pay $0 after deductible
Speech, Occupational, and Physical Therapy	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 30% after deductible	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 $3, deductible waived	You pay $3, deductible waived	You pay $3, deductible waived	You pay $3, deductible waived	You pay 30% after deductible
Tier 2 - Retail Non-Preferred Generic	You pay $35, deductible waived	You pay $30, deductible waived	You pay $25, deductible waived	You pay $25, deductible waived	You pay 30% after deductible
Tier 3 - Retail Preferred Brand	You pay 49% after deductible	You pay 49% after deductible	You pay $50 after deductible	You pay $50 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 49% after deductible	You pay 49% after deductible	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 50% after deductible	You pay 50% after deductible	You pay 30% after deductible
Preferred Insulin (Retail)	You pay no more than $25	You pay no more than $25	You pay $0, deductible waived	You pay no more than $25	You pay no more than $25 after deductible

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SILVER	Base Plan Name - Connect Silver SW 6800 Indiv Med Deductible			
	Connect Silver SW 6800 Indiv Med Deductible	Connect Silver-2 SW 5500 Indiv Med Deductible	Connect Silver-3 SW 1100 Indiv Med Deductible	Connect Silver-4 SW 250 Indiv Med Deductible
MEDICAL	**In-Network**	**In-Network**	**In-Network**	**In-Network**
Annual Deductible[1] (individual/family)	$6,800/$13,600	$5,500/$11,000	$1,100/$2,200	$250/$500
Coinsurance[2]	You pay 30% after deductible	You pay 30% after deductible	You pay 25% after deductible	You pay 5% after deductible
Annual Out-Of-Pocket Max[3] (individual/family)	$9,250/$18,500	$7,300/$14,600	$2,750/$5,500	$1,800/$3,600
Physician Services (primary care/specialist*)	You pay $25, deductible waived/You pay $65, deductible waived	You pay $25, deductible waived/You pay $65, deductible waived	You pay $15, deductible waived/You pay $35, deductible waived	You pay $5, deductible waived/You pay $10, 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 30% after deductible	You pay 30% after deductible	You pay 25% after deductible	You pay 5% after deductible
Lab	You pay 30% after deductible	You pay 30% after deductible	You pay 25% after deductible	You pay 5% after deductible
X-ray and Ultrasound	You pay 30% after deductible	You pay 30% after deductible	You pay 25% after deductible	You pay 5% after deductible
Emergency Room Services	You pay 30% after deductible	You pay 30% after deductible	You pay 25% after deductible	You pay 5% after deductible
Urgent Care	You pay $60, deductible waived	You pay $60, deductible waived	You pay $25, deductible waived	You pay $8, deductible waived
Mental Health/Substance Use Outpatient Office Visit	You pay $60, deductible waived	You pay $60, deductible waived	You pay $25, deductible waived	You pay $8, 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, Occupational, and Physical Therapy	You pay 30% after deductible	You pay 30% after deductible	You pay 25% 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 $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 $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 $60, deductible waived	You pay $60, deductible waived	You pay $40, deductible waived	You pay $8, 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 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	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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SILVER	Base Plan Name - Connect Silver SW 4400 Indiv Med Deductible			
	Connect Silver SW 4400 Indiv Med Deductible	Connect Silver-2 SW 2700 Indiv Med Deductible	Connect Silver-3 SW 700 Indiv Med Deductible	Connect Silver-4 SW 100 Indiv Med Deductible
MEDICAL	**In-Network**	**In-Network**	**In-Network**	**In-Network**
Annual Deductible[1] (individual/family)	$4,400/$8,800	$2,700/$5,400	$700/$1,400	$100/$200
Coinsurance[2]	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 10% after deductible
Annual Out-Of-Pocket Max[3] (individual/family)	$9,950/$19,900	$8,450/$16,900	$3,000/$6,000	$2,100/$4,200
Physician Services (primary care/specialist*)	You pay $15, deductible waived/You pay $40, deductible waived	You pay $15, deductible waived/You pay $40, deductible waived	You pay $10, deductible waived/You pay $20, deductible waived	You pay $5, deductible waived/You pay $10, 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 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 10% after deductible
Lab	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 10% after deductible
X-ray and Ultrasound	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 10% after deductible
Emergency Room Services	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 10% after deductible
Urgent Care	You pay $35, deductible waived	You pay $35, deductible waived	You pay $15, deductible waived	You pay $8, deductible waived
Mental Health/Substance Use Outpatient Office Visit	You pay $35, deductible waived	You pay $35, deductible waived	You pay $15, deductible waived	You pay $8, 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, Occupational, and Physical Therapy	You pay 50% after deductible	You pay 50% after deductible	You pay 50% 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 $3, deductible waived	You pay $0, deductible waived
Tier 2 - Retail Non-Preferred Generic	You pay $25, deductible waived	You pay $25, deductible waived	You pay $15, deductible waived	You pay $5, deductible waived
Tier 3 - Retail Preferred Brand	You pay $90, deductible waived	You pay $90, deductible waived	You pay $50, deductible waived	You pay $10, 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 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	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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SILVER	Off Exchange Connect myDiabetesCare Silver	Off Exchange Connect Silver 4700 Indiv Med Deductible	Off Exchange Connect Silver 4300 HSA Indiv Med Deductible
MEDICAL	**In-Network**	**In-Network**	**In-Network**
Annual Deductible[1] (individual/family)	$3,800/$7,600	$4,700/$9,400	$4,300/$8,600
Coinsurance[2]	You pay 40% after deductible	You pay 50% after deductible	You pay 40% after deductible
Annual Out-Of-Pocket Max[3] (individual/family)	$9,950/$19,900	$9,400/$18,800	$7,200/$14,400
Physician Services (primary care/specialist*)	You pay $10, deductible waived/You pay $35, deductible waived	You pay $5, deductible waived/You pay $50, deductible waived	You pay 40% after deductible
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 50% after deductible	You pay 40% after deductible
Lab	You pay 40% after deductible	You pay 50% after deductible	You pay 40% after deductible
X-ray and Ultrasound	You pay 40% after deductible	You pay 50% after deductible	You pay 40% after deductible
Emergency Room Services	You pay 40% after deductible	You pay 50% after deductible	You pay 40% after deductible
Urgent Care	You pay $30, deductible waived	You pay $30, deductible waived	You pay 40% after deductible
Mental Health/Substance Use Outpatient Office Visit	You pay $30, deductible waived	You pay $30, deductible waived	You pay 40% after deductible
MDLive Virtual Urgent Acute Care[5]	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 40% after deductible
Prescription Medications – Tier 1, 2, 3 and 4: Up to a 30-day supply at any participating retail pharmacy or up to a 90-day supply at any participating 90-day retail pharmacy. **Tier 5:** Up to a 30-day supply at any participating retail pharmacy or up to a 30-day supply at any participating 90-day retail pharmacy.			
Tier 1 - Retail Preferred Generic	You pay $3, deductible waived	You pay $3, deductible waived	You pay 40% after deductible
Tier 2 - Retail Non-Preferred Generic	You pay $20, deductible waived	You pay $25, deductible waived	You pay 40% after deductible
Tier 3 - Retail Preferred Brand	You pay $100, deductible waived	You pay $100, deductible waived	You pay 40% 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 $0, deductible waived	You pay no more than $25	You pay no more than $25 after deductible

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GOLD	Off Exchange	
	Connect Gold 2700 Indiv Med Deductible	Connect Gold 2800 Indiv Med Deductible
MEDICAL	**In-Network**	**In-Network**
Annual Deductible[1] (individual/family)	$2,700/$5,400	$2,800/$5,600
Coinsurance[2]	You pay 30% after deductible	You pay 25% after deductible
Annual Out-Of-Pocket Max[3] (individual/family)	$6,700/$13,400	$6,700/$13,400
Physician Services (primary care/specialist*)	You pay $15, deductible waived/You pay $50, deductible waived	You pay $5, deductible waived/You pay $45, deductible waived
Preventive Care[4]	You pay $0, deductible waived	You pay $0, deductible waived
Inpatient Facility Services	You pay 30% after deductible	You pay 25% after deductible
Lab	You pay 30% after deductible	You pay 25% after deductible
X-ray and Ultrasound	You pay 30% after deductible	You pay 25% after deductible
Emergency Room Services	You pay 30% after deductible	You pay 25% after deductible
Urgent Care	You pay $50, deductible waived	You pay $30, deductible waived
Mental Health/Substance Use Outpatient Office Visit	You pay $50, deductible waived	You pay $30, deductible waived
MDLive Virtual Urgent Acute Care[5]	You pay $0, deductible waived	You pay $0, deductible waived
Speech, Occupational, and Physical Therapy	You pay 30% after deductible	You pay 25% 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
Tier 2 - Retail Non-Preferred Generic	You pay $15, deductible waived	You pay $20, deductible waived
Tier 3 - Retail Preferred Brand	You pay $40, deductible waived	You pay $45, deductible waived
Tier 4 - Retail Non-Preferred Brand	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
Preferred Insulin (Retail)	You pay no more than $25	You pay no more than $25

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BRONZE	Connect Bronze CMS Standard
MEDICAL	**In-Network**
Annual Deductible[1] (individual/family)	$7,500/$15,000
Coinsurance[2]	You pay 50% after deductible
Annual Out-Of-Pocket Max[3] (individual/family)	$9,200/$18,400
Physician Services (primary care/specialist*)	You pay $50, deductible waived/You pay $100, deductible waived
Preventive Care[4]	You pay $0, deductible waived
Inpatient Facility Services	You pay 50% after deductible
Lab	You pay 50% after deductible
X-ray and Ultrasound	You pay 50% after deductible
Emergency Room Services	You pay 50% after deductible
Urgent Care	You pay $75, deductible waived
Mental Health/Substance Use Outpatient Office Visit	You pay $50, deductible waived
MDLive® Virtual Urgent Acute Care[5]	You pay $0, deductible waived
Speech, Occupational, and Physical Therapy	You pay $50, 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 - Retail Generic	You pay $25, deductible waived
Tier 2 - Retail Preferred Brand	You pay $50 after deductible
Tier 3 - Retail Non-Preferred Brand	You pay $100 after deductible
Tier 4 - Retail Specialty and other high-cost medications	You pay $500 after deductible
Preferred Insulin (Retail)	You pay no more than $25

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SILVER	Base Plan Name - Connect Silver CMS Standard			
	Connect Silver CMS Standard	Connect Silver-2 CMS Standard	Connect Silver-3 CMS Standard	Connect Silver-4 CMS Standard
MEDICAL	**In-Network**	**In-Network**	**In-Network**	**In-Network**
Annual Deductible[1] (individual/family)	$5,000/$10,000	$3,000/$6,000	$500/$1,000	$0/$0
Coinsurance[2]	You pay 40% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 25%
Annual Out-Of-Pocket Max[3] (individual/family)	$8,000/$16,000	$6,400/$12,800	$3,000/$6,000	$2,000/$4,000
Physician Services (primary care/specialist*)	You pay $40, deductible waived/You pay $80, deductible waived	You pay $40, deductible waived/You pay $80, deductible waived	You pay $20, deductible waived/You pay $40, deductible waived	You pay $0/You pay $10
Preventive 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 40% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 25%
Lab	You pay 40% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 25%
X-ray and Ultrasound	You pay 40% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 25%
Emergency Room Services	You pay 40% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 25%
Urgent Care	You pay $60, deductible waived	You pay $60, deductible waived	You pay $30, deductible waived	You pay $5
Mental Health/Substance Use Outpatient Office Visit	You pay $40, deductible waived	You pay $40, deductible waived	You pay $20, 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, Occupational, and Physical Therapy	You pay $40, deductible waived	You pay $40, deductible waived	You pay $20, deductible waived	You pay $0
Prescription Medications – Tier 1, 2 and 3: Up to a 30-day supply at any participating retail pharmacy or up to a 90-day supply at any participating 90-day retail pharmacy. **Tier 4:** Up to a 30-day supply at any participating retail pharmacy or up to a 30-day supply at any participating 90-day retail pharmacy.				
Tier 1 - Retail Generic	You pay $20, deductible waived	You pay $20, deductible waived	You pay $10, deductible waived	You pay $0
Tier 2 - Retail Preferred Brand	You pay $40, deductible waived	You pay $40, deductible waived	You pay $20, deductible waived	You pay $15
Tier 3 - Retail Non-Preferred Brand	You pay $80 after deductible	You pay $80 after deductible	You pay $60 after deductible	You pay $50
Tier 4 - Retail Specialty and other high-cost medications	You pay $350 after deductible	You pay $350 after deductible	You pay $250 after deductible	You pay $150
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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GOLD	Connect Gold CMS Standard
MEDICAL	**In-Network**
Annual Deductible[1] (individual/family)	$1,500/$3,000
Coinsurance[2]	You pay 25% after deductible
Annual Out-Of-Pocket Max[3] (individual/family)	$7,800/$15,600
Physician Services (primary care/specialist*)	You pay $30, deductible waived/You pay $60, deductible waived
Preventive Care[4]	You pay $0, deductible waived
Inpatient Facility Services	You pay 25% after deductible
Lab	You pay 25% after deductible
X-ray and Ultrasound	You pay 25% after deductible
Emergency Room Services	You pay 25% after deductible
Urgent Care	You pay $45, deductible waived
Mental Health/Substance Use Outpatient Office Visit	You pay $30, deductible waived
MDLive Virtual Urgent Acute Care[5]	You pay $0, deductible waived
Speech, Occupational, and Physical Therapy	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 - Retail Generic	You pay $15, deductible waived
Tier 2 - Retail Preferred Brand	You pay $30, deductible waived
Tier 3 - Retail Non-Preferred Brand	You pay $60, deductible waived
Tier 4 - Retail Specialty and other high-cost medications	You pay $250, deductible waived
Preferred Insulin (Retail)	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.

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