2026 Cigna Healthcare Plans - Virginia

Cigna Healthcare® Connect and CMS Standard Plans – Virginia

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

Connect/Bronze

Connect Bronze 0/4900 Indiv Medical/Rx Deductible 2
Connect Bronze 6500 Indiv Med Deductible 2
Connect Bronze 5000 Indiv Med Deductible 2
Connect Bronze HSA 6500 Indiv Med Deductible 2

Connect/Silver

Connect Silver 6500 Indiv Med Deductible 3
Connect Silver-2 4500 Indiv Med Deductible 3
Connect Silver-3 300 Indiv Med Deductible 3
Connect Silver-4B 0 Indiv Med Deductible 3
Connect Silver 3250/4900 Indiv Medical/Rx Deductible 4
Connect Silver-2 3000/3100 Indiv Medical/Rx Deductible 4
Connect Silver-3A 0/2100 Indiv Medical/Rx Deductible 4
Connect Silver-4A 0/0 Indiv Medical/Rx Deductible 4
Connect Silver 4750 Indiv Med Deductible 5
Connect Silver-2 3000 Indiv Med Deductible 5
Connect Silver-3 400 Indiv Med Deductible 5
Connect Silver-4C 0 Indiv Med Deductible 5
Connect Silver 6000 Indiv Med Deductible 6
Connect Silver 1500 Indiv Med Deductible 6

Connect/Gold

Connect Gold 750 Indiv Med Deductible 7
Connect Gold 2500 Indiv Med Deductible 7
Connect myDiabetesCare Gold 1800 Indiv Med Deductible 7
Connect Gold 2750 Indiv Med Deductible 7
Connect myHeartCare Gold 950 Indiv Med Deductible 7

Connect CMS Standard/Bronze

Connect Bronze CMS Standard 8

Connect CMS Standard/Silver

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

Connect CMS Standard/Gold

Connect Gold CMS Standard 10

2026 Cigna Healthcare

Cigna Connect Plans - Virginia

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

Off Exchange

BRONZE	Connect Bronze 0/4900 Indiv Medical/ Rx Deductible	Connect Bronze 6500 Indiv Med Deductible	Connect Bronze 5000 Indiv Med Deductible	Connect Bronze HSA 6500 Indiv Med Deductible
MEDICAL	**In-Network**	**In-Network**	**In-Network**	**In-Network**
Annual Deductible[1] (individual/family)	$0/$0 Medical, $4,900/$9,800 Pharmacy	$6,500/$13,000	$5,000/$10,000	$6,500/$13,000
Coinsurance[2]	You pay 50%	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible
Annual Out-Of-Pocket Max[3] (individual/family)	$10,600/$21,200	$10,600/$21,200	$10,600/$21,200	$8,500/$17,000
Physician Services (primary care/specialist*)	You pay $50/You pay $120	You pay $35, deductible waived/You pay $90, deductible waived	You pay $40, deductible waived/You pay $110, deductible waived	You pay 50% after deductible
Preventive Care[4]	You pay $0	You pay $0, deductible waived	You pay $0, deductible waived	You pay $0, deductible waived
Inpatient Facility Services	You pay $2,500 copay per day for the first 3 days, then 0%	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Lab	You pay $75	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
X-ray and Ultrasound	You pay 50%	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Emergency Room Services	You pay $2,100	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Urgent Care	You pay $75	You pay $60, deductible waived	You pay $60, deductible waived	You pay 50% after deductible
Mental Health/Substance Use Outpatient Office Visit	You pay $120	You pay $90, deductible waived	You pay $110, deductible waived	You pay 50% after deductible
MDLive Virtual Urgent Acute Care[5]	You pay $0	You pay $0, deductible waived	You pay $0, deductible waived	You pay $0 after deductible
Speech, Occupational, and Physical Therapy	You pay 50%	You pay 50% 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 $3, deductible waived	You pay $3, deductible waived	You pay $3, deductible waived	You pay 50% after deductible
Tier 2 - Retail Non-Preferred Generic	You pay $40, deductible waived	You pay 49% after deductible	You pay 49% after deductible	You pay 50% after deductible
Tier 3 - Retail Preferred Brand	You pay $230, deductible waived	You pay 46% after deductible	You pay 46% after deductible	You pay 50% 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 50% after deductible
Tier 5 - Retail Specialty and other high-cost medications	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
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 after deductible

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

Cigna Connect Plans - Virginia

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

SILVER	Base Plan Name - Connect Silver 6500 Indiv Med Deductible			
	Connect Silver 6500 Indiv Med Deductible	Connect Silver-2 4500 Indiv Med Deductible	Connect Silver-3 300 Indiv Med Deductible	Connect Silver-4B 0 Indiv Med Deductible
MEDICAL	**In-Network**	**In-Network**	**In-Network**	**In-Network**
Annual Deductible[1] (individual/family)	$6,500/$13,000	$4,500/$9,000	$300/$600	$0/$0
Coinsurance[2]	You pay 40% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 5%
Annual Out-Of-Pocket Max[3] (individual/family)	$8,100/$16,200	$7,700/$15,400	$2,975/$5,950	$2,475/$2,290
Physician Services (primary care/specialist*)	You pay $10, deductible waived/You pay $95, deductible waived	You pay $5, deductible waived/You pay $60, deductible waived	You pay $5, deductible waived/You pay $60, deductible waived	You pay $0/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 40% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 5%
Lab	You pay 40% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 5%
X-ray and Ultrasound	You pay 40% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 5%
Emergency Room Services	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 25%
Urgent Care	You pay $30, deductible waived	You pay $30, deductible waived	You pay $25, deductible waived	You pay $10
Mental Health/Substance Use Outpatient Office Visit	You pay $95, deductible waived	You pay $60, deductible waived	You pay $60, 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% after deductible	You pay 40% after deductible	You pay 30% after deductible	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 $3, deductible waived	You pay $0, deductible waived	You pay $0, deductible waived	You pay $0
Tier 2 - Retail Non-Preferred Generic	You pay $20, deductible waived	You pay $15, deductible waived	You pay $15, deductible waived	You pay $10
Tier 3 - Retail Preferred Brand	You pay $100, deductible waived	You pay $85, deductible waived	You pay $85, deductible waived	You pay $30
Tier 4 - Retail Non-Preferred Brand	You pay 49% after deductible	You pay 49% after deductible	You pay 49% after deductible	You pay 49%
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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2026 Cigna Healthcare

Cigna Connect Plans - Virginia

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

SILVER	Base Plan Name - Connect Silver 3250/4900 Indiv Medical/Rx Deductible			
	Connect Silver 3250/4900 Indiv Medical/ Rx Deductible	Connect Silver-2 3000/3100 Indiv Medical/ Rx Deductible	Connect Silver-3A 0/2100 Indiv Medical/ Rx Deductible	Connect Silver-4A 0/0 Indiv Medical/ Rx Deductible
MEDICAL	**In-Network**	**In-Network**	**In-Network**	**In-Network**
Annual Deductible[1] (individual/family)	$3,250/$6,500 Medical, $4,900/$9,800 Pharmacy	$3,000/$6,000 Medical, $3,100/$6,200 Pharmacy	$0/$0 Medical, $2,100/$4,200 Pharmacy	$0/$0 Medical, $0/$0 Pharmacy
Coinsurance[2]	You pay 50% after deductible	You pay 50% after deductible	You pay 25%	You pay 5%
Annual Out-Of-Pocket Max[3] (individual/family)	$9,200/$18,400	$8,100/$16,200	$3,050/$6,100	$3,050/$6,100
Physician Services (primary care/specialist*)	You pay $25, deductible waived/You pay $95, deductible waived	You pay $5, deductible waived/You pay $90, deductible waived	You pay $5/You pay $60	You pay $0/You pay $20
Preventive Care[4]	You pay $0, deductible waived	You pay $0, deductible waived	You pay $0	You pay $0
Inpatient Facility Services	You pay 50% after deductible	You pay 50% after deductible	You pay 25%	You pay 5%
Lab	You pay 50% after deductible	You pay 50% after deductible	You pay 25%	You pay 5%
X-ray and Ultrasound	You pay 45% after deductible	You pay 45% after deductible	You pay 25%	You pay 5%
Emergency Room Services	You pay 50% after deductible	You pay 50% after deductible	You pay 50%	You pay 15%
Urgent Care	You pay $30, deductible waived	You pay $30, deductible waived	You pay $20	You pay $10
Mental Health/Substance Use Outpatient Office Visit	You pay $95, deductible waived	You pay $70, deductible waived	You pay $60	You pay $0
MDLive Virtual Urgent Acute Care[5]	You pay $0, deductible waived	You pay $0, deductible waived	You pay $0	You pay $0
Speech, Occupational, and Physical Therapy	You pay 50% after deductible	You pay 50% after deductible	You pay 25%	You pay 5%
Prescription Medications – Tier 1, 2, 3 and 4: Up to a 30-day supply at any participating retail pharmacy or up to a 90-day supply at any participating 90-day retail pharmacy. **Tier 5:** Up to a 30-day supply at any participating retail pharmacy or up to a 30-day supply at any participating 90-day retail pharmacy.				
Tier 1 - Retail Preferred Generic	You pay $3, 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 49% after deductible	You pay 49% after deductible	You pay 25% after deductible	You pay 5%
Tier 4 - Retail Non-Preferred Brand	You pay 49% after deductible	You pay 49% after deductible	You pay 49% after deductible	You pay 49%
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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SILVER	Base Plan Name - Connect Silver 4750 Indiv Med Deductible			
	Connect Silver 4750 Indiv Med Deductible	Connect Silver-2 3000 Indiv Med Deductible	Connect Silver-3 400 Indiv Med Deductible	Connect Silver-4C 0 Indiv Med Deductible
MEDICAL	**In-Network**	**In-Network**	**In-Network**	**In-Network**
Annual Deductible[1] (individual/family)	$4,750/$9,500	$3,000/$6,000	$4,400/$800	$0/$0
Coinsurance[2]	You pay 50% after deductible	You pay 30% after deductible	You pay 30% after deductible	You pay 5%
Annual Out-Of-Pocket Max[3] (individual/family)	$8,200/$16,400	$7,600/$15,200	$2,950/$5,900	$2,400/$4,800
Physician Services (primary care/specialist*)	You pay $20, deductible waived/You pay $90, deductible waived	You pay $10, deductible waived/You pay $75, deductible waived	You pay $5, deductible waived/You pay $50, 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 50% after deductible	You pay 30% after deductible	You pay 30% after deductible	You pay 5%
Lab	You pay $60, deductible waived	You pay $40, deductible waived	You Pay $20, deductible waived	You pay $10
X-ray and Ultrasound	You pay 50% after deductible	You pay 30% after deductible	You pay 30% after deductible	You pay 5%
Emergency Room Services	You pay 50% after deductible	You pay 30% after deductible	You pay 30% after deductible	You pay 20%
Urgent Care	You pay $40, deductible waived	You pay $30, deductible waived	You pay $30, deductible waived	You pay $10
Mental Health/Substance Use Outpatient Office Visit	You pay $90, deductible waived	You pay $75, deductible waived	You pay $50, 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 50% after deductible	You pay 30% after deductible	You pay 30% after deductible	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 $3, deductible waived	You pay $0, deductible waived	You pay $0, deductible waived	You pay $0
Tier 2 - Retail Non-Preferred Generic	You pay $20, deductible waived	You pay $15, deductible waived	You pay $15, deductible waived	You pay $10
Tier 3 - Retail Preferred Brand	You pay $90, deductible waived	You pay $75, deductible waived	You pay $75, deductible waived	You pay $30
Tier 4 - Retail Non-Preferred Brand	You pay 49% after deductible	You pay 49% after deductible	You pay 49% after deductible	You pay 49%
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

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

SILVER	Off Exchange	Off Exchange
	Connect Silver 6000 Indiv Med Deductible	Connect Silver 1500 Indiv Med Deductible
MEDICAL	**In-Network**	**In-Network**
Annual Deductible[1] (individual/family)	$6,000/$12,000	$1,500/$3,000
Coinsurance[2]	You pay 50% after deductible	You pay 50% after deductible
Annual Out-Of-Pocket Max[3] (individual/family)	$9,600/$19,200	$10,000/$20,000
Physician Services (primary care/specialist*)	You pay $30, deductible waived/You pay $90, deductible waived	You pay $25, deductible waived/You pay $80, deductible waived
Preventive Care[4]	You pay $0, deductible waived	You pay $0, deductible waived
Inpatient Facility Services	You pay 50% after deductible	You pay 50% after deductible
Lab	You pay 50% after deductible	You pay 50% after deductible
X-ray and Ultrasound	You pay 50% after deductible	You pay 50% after deductible
Emergency Room Services	You pay 50% after deductible	You pay 50% after deductible
Urgent Care	You pay $40, deductible waived	You pay $40, deductible waived
Mental Health/Substance Use Outpatient Office Visit	You pay $90, deductible waived	You pay $80, 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, deductible waived	You pay $25, deductible waived
Prescription Medications – Tier 1, 2, 3 and 4: Up to a 30-day supply at any participating retail pharmacy or up to a 90-day supply at any participating 90-day retail pharmacy. **Tier 5:** Up to a 30-day supply at any participating retail pharmacy or up to a 30-day supply at any participating 90-day retail pharmacy.		
Tier 1 - Retail Preferred Generic	You pay $3, deductible waived	You pay $3, deductible waived
Tier 2 - Retail Non-Preferred Generic	You pay $20, deductible waived	You pay $20, deductible waived
Tier 3 - Retail Preferred Brand	You pay $90, deductible waived	You pay $75, 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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GOLD

	Connect Gold 750 Indiv Med Deductible	Connect Gold 2500 Indiv Med Deductible	Connect myDiabetesCare Gold 1800 Indiv Med Deductible	Connect Gold 2750 Indiv Med Deductible	Connect myHeartCare Gold 950 Indiv Med Deductible
MEDICAL	**In-Network**	**In-Network**	**In-Network**	**In-Network**	**In-Network**
Annual Deductible[1] (individual/family)	$750/$1,500	$2,500/$5,000	$1,800/$3,600	$2,750/$5,500	$950/$1,900
Coinsurance[2]	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 25% after deductible
Annual Out-Of-Pocket Max[3] (individual/family)	$10,000/$20,000	$9,500/$19,000	$10,500/$21,000	$9,000/$18,000	$10,000/$20,000
Physician Services (primary care/specialist*)	You pay $0, deductible waived/You pay 30% after deductible	You pay $0, deductible waived/You pay $55, deductible waived	You pay $5, deductible waived/You pay $35, deductible waived	You pay $5, deductible waived/You pay $40, deductible waived	You pay $5, 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	You pay $0, deductible waived
Inpatient Facility Services	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 25% after deductible
Lab	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay $40, deductible waived
X-ray and Ultrasound	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 25% after deductible
Emergency Room Services	You pay 30% after deductible	You pay 40% after deductible	You pay 25% after deductible	You pay 20% after deductible	You pay 25% after deductible
Urgent Care	You pay $30, deductible waived	You pay $30, deductible waived	You pay $30, deductible waived	You pay $30, deductible waived	You pay $30, deductible waived
Mental Health/Substance Use Outpatient Office Visit	You pay 30% after deductible	You pay 20%, deductible waived	You Pay $35, deductible waived	You pay $40, deductible waived	You pay $40, 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	You pay $0, deductible waived
Speech, Occupational, and Physical Therapy	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 20% 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 $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 $15, deductible waived	You pay $5, deductible waived	You pay $5, deductible waived	You pay $5, deductible waived	You pay $5, deductible waived
Tier 3 - Retail Preferred Brand	You pay 30% after deductible	You pay $80, deductible waived	You pay $35, deductible waived	You pay $45, 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	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

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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)	$10,000/$20,000
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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Cigna Connect CMS Standard Plans – Virginia

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

SILVER	Connect Silver CMS Standard	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)	$6,000/$12,000	$3,000/$6,000	$700/$1,400	$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)	$8,900/$17,800	$7,400/$14,800	$3,300/$6,600	$2,200/$4,400
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

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

Cigna Connect CMS Standard Plans – Virginia

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

GOLD	Connect Gold CMS Standard
MEDICAL	**In-Network**
Annual Deductible[1] (individual/family)	$2,000/$4,000
Coinsurance[2]	You pay 25% after deductible
Annual Out-Of-Pocket Max[3] (individual/family)	$8,200/$16,400
Physician Services (primary care/specialist*)	You pay $30, deductible waived/You pay $60, deductible waived
Preventive Care[4]	You pay $0, deductible waived
Inpatient Facility Services	You pay 25% after deductible
Lab	You pay 25% after deductible
X-ray and Ultrasound	You pay 25% after deductible
Emergency Room Services	You pay 25% after deductible
Urgent Care	You pay $45, deductible waived
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

*Including Heartbeat Health - a new virtual provider for cardiac care.[6]
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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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