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2025 Cigna Healthcare Small Group Plans

Arizona

LocalPlus® and Open Access Plus Plans – PPO
Off-Exchange Only

LocalPlus Plans

Cigna Healthcare LocalPlus Platinum \$750	. 2
Cigna Healthcare LocalPlus Gold \$1,250	. 3
Cigna Healthcare LocalPlus Gold \$1,800	. 3
Cigna Healthcare LocalPlus Gold \$2,750	. 3
Cigna Healthcare LocalPlus Silver \$3,550	. 4
Cigna Healthcare LocalPlus Silver \$4,250	. 4
Cigna Healthcare LocalPlus Silver \$5,000	. 4
Cigna Healthcare LocalPlus Bronze \$7,500	. 5
Cigna Healthcare LocalPlus Bronze \$6,000 HSA	. 5
Cigna Healthcare LocalPlus Bronze \$7,900 HSA	. 5

Open Access Plus Plans

Cigna Healthcare Open Access Plus Platinum \$750\$	6
Cigna Healthcare Open Access Plus Gold \$1,250	7
Cigna Healthcare Open Access Plus Gold \$1,800	7
Cigna Healthcare Open Access Plus Gold \$2,750	7
Cigna Healthcare Open Access Plus Silver \$3,550	8
Cigna Healthcare Open Access Plus Silver \$4,250	8
Cigna Healthcare Open Access Plus Silver \$5,000	8
Cigna Healthcare Open Access Plus Bronze \$7,500	9
Cigna Healthcare Open Access Plus Bronze \$6,000 HSA	9
Ciana Healthcare Open Access Plus Bronze \$7.900 HSA	9

PLATINUM

LocalPlus – Arizona PPO – Off-Exchange Only

Plan Name	
Plan Name	PLATINUM \$750
Annual Medical Deductible (individual/family)	\$750/\$1,500
Coinsurance	You pay 15% after deductible
Annual Out-Of-Pocket Max (individual/family)	\$3,000/\$6,000
Physician Services (primary care/specialist)	You pay \$15, deductible waived/You pay \$20, deductible waived
Preventive Care ¹ (in-person & virtual)	You pay \$0, deductible waived
Inpatient Facility Services	You pay 15% after deductible
Lab Office & Independent/Outpatient	You pay \$0, deductible waived/You pay 15% after deductible
X-ray and Ultrasound	You pay 15% after deductible
Emergency Room Services	You pay \$300, deductible waived
Urgent Care	You pay \$50, deductible waived
MDLive® Virtual Urgent Acute Care²	You pay \$0, deductible waived
Speech, Occupational, and Physical Therapy	You pay \$15, deductible waived
Annual Pharmacy Deductible (individual/family)	Not Applicable
Tier 1 - Retail Preferred Generic	You pay \$0, deductible waived
Tier 2 - Retail Non-Preferred Generic	You pay \$15, deductible waived
Tier 3 - Retail Preferred Brand	You pay \$35, deductible waived
Tier 4 - Retail Non-Preferred Brand	You pay \$70, deductible waived
Tier 5 - Retail Specialty and other high-cost medications	You pay 40%, deductible waived
Preferred Insulin (Retail)	You pay up to \$25

GOLD

LocalPlus – Arizona PPO – Off-Exchange Only

Plan Name	CIGNA HEALI HCARE LOCALPLUS			
Tarrane	GOLD \$1,250	GOLD \$1,800	GOLD \$2,750	
Annual Medical Deductible (individual/family)	\$1,250/\$2,500	\$1,800/\$3,600	\$2,750/\$5,500	
Coinsurance	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible	
Annual Out-Of-Pocket Max (individual/family)	\$7,250/\$14,500	\$7,000/\$14,000	\$6,750/\$13,500	
Physician Services (primary care/specialist)	You pay \$35, deductible waived/You pay \$70, deductible waived	You pay \$25, deductible waived/You pay \$75, deductible waived	You pay \$20, deductible waived/You pay \$60, deductible waived	
Preventive Care ¹ (in-person & virtual)	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	
Inpatient Facility Services	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible	
Lab Office & Independent/Outpatient	You pay \$0, deductible waived/You pay 20% after deductible	You pay \$0, deductible waived/You pay 20% after deductible	You pay \$0, deductible waived/You pay 20% after deductible	
X-ray and Ultrasound	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible	
Emergency Room Services	You pay 20% after deductible	You pay \$500 after deductible	You pay \$600 after deductible	
Urgent Care	You pay \$60, deductible waived	You pay \$60, deductible waived	You pay \$60, deductible waived	
MDLive Virtual Urgent Acute Care ²	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	
Speech, Occupational, and Physical Therapy	You pay \$70, deductible waived	You pay \$75, deductible waived	You pay \$60, deductible waived	
Annual Pharmacy Deductible (individual/family)	Not Applicable	Not Applicable	Not Applicable	
Tier 1 - Retail Preferred Generic	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	
Tier 2 - Retail Non-Preferred Generic	You pay \$15, deductible waived	You pay \$15, deductible waived	You pay \$15, deductible waived	
Tier 3 - Retail Preferred Brand	You pay \$60, deductible waived	You pay \$60, deductible waived	You pay \$60, deductible waived	
Tier 4 - Retail Non-Preferred Brand	You pay \$130, deductible waived	You pay \$130, deductible waived	You pay \$130, deductible waived	
Tier 5 - Retail Specialty and other high-cost medications	You pay 40%, deductible waived	You pay 40%, deductible waived	You pay 40%, deductible waived	
Preferred Insulin (Retail)	You pay up to \$25	You pay up to \$25	You pay up to \$25	

SILVER

LocalPlus – Arizona PPO – Off-Exchange Only

Plan Name	CIGNA HEALTHCARE LOCALPLUS			
rian Name	SILVER \$3,550	SILVER \$4,250	SILVER \$5,000	
Annual Medical Deductible (individual/family)	\$3,550/\$7,100	\$4,250/\$8,500	\$5,000/\$10,000	
Coinsurance	You pay 30% after deductible	You pay 30% after deductible	You pay 30% after deductible	
Annual Out-Of-Pocket Max (individual/family)	\$9,200/\$18,400	\$9,200/\$18,400	\$8,500/\$17,000	
Physician Services (primary care/specialist)	You pay \$45, deductible waived/You pay \$95, deductible waived	You pay \$55, deductible waived/You pay \$85, deductible waived	You pay \$45, deductible waived/You pay \$95, deductible waived	
Preventive Care ¹ (in-person & virtual)	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	
Lab Office & Independent/Outpatient	You pay \$0, deductible waived/You pay 30% after deductible	You pay \$0, deductible waived/You pay 30% after deductible	You pay \$0, deductible waived/You pay 30% after deductible	
X-ray and Ultrasound	You pay 30% after deductible	You pay 30% after deductible	You pay 30% after deductible	
Emergency Room Services	You pay 30% after deductible	You pay \$800 after deductible	You pay \$700 after deductible	
Urgent Care	You pay \$90, deductible waived	You pay \$90, deductible waived	You pay \$90, deductible waived	
MDLive Virtual Urgent Acute Care ²	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	
Speech, Occupational, and Physical Therapy	You pay \$95, deductible waived	You pay \$85, deductible waived	You pay \$95, deductible waived	
Annual Pharmacy Deductible (individual/family)	Not Applicable	Not Applicable	\$500/\$1,000	
Tier 1 - Retail Preferred Generic	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	
Tier 2 - Retail Non-Preferred Generic	You pay \$25, deductible waived	You pay \$25, deductible waived	You pay \$25, deductible waived	
Tier 3 - Retail Preferred Brand	You pay \$90, deductible waived	You pay \$90, deductible waived	You pay \$90 after pharmacy deductible	
Tier 4 - Retail Non-Preferred Brand	You pay \$190, deductible waived	You pay \$190, deductible waived	You pay \$190 after pharmacy deductible	
Tier 5 - Retail Specialty and other high-cost medications	You pay 40%, deductible waived	You pay 40%, deductible waived	You pay 40%, deductible waived	
Preferred Insulin (Retail)	You pay up to \$25	You pay up to \$25	You pay up to \$25	

BRONZE

LocalPlus – Arizona PPO – Off-Exchange Only

Inpatient Facility Services You pay 30% after deductible You pay 50% afte	Dlam Name	CIGNA HEALI HCARE LOCALPLUS		
Coinsurance You pay 30% after deductible Annual Out-Of-Pocket Max (individual/family) S9,200/\$18,400 S8,000/\$16,000 S7,900/\$15,800 Physician Services (primary care/specialist) You pay \$60, deductible waived/You pay \$150, deductible waived You pay \$00, defuctible Y	Plan Name	BRONZE \$7,500	BRONZE \$6,000 HSA	BRONZE \$7,900 HSA
Annual Out-Of-Pocket Max (individual/family)\$9,200/\$18,400\$8,000/\$16,000\$7,900/\$15,800Physician Services (primary care/specialist)You pay \$60, deductible waived/You pay \$150, deductible waivedYou pay 30% after deductibleYou pay 90% after deductiblePreventive Care* (in-person & virtual)You pay 30% after deductible waivedYou pay 30% after deductibleYou pay 30% after deductibleInpatient Facility ServicesYou pay 30% after deductibleYou pay 30% after deductibleYou pay 30% after deductibleLab Office & Independent/OutpatientYou pay 30% after deductibleYou pay 30% after deductibleYou pay 30% after deductibleX-ray and UltrasoundYou pay 30% after deductibleYou pay 30% after deductibleYou pay 30% after deductibleEmergency Room ServicesYou pay 30% after deductibleYou pay 30% after deductibleUgent CareYou pay 30% after deductible waivedYou pay 30% after deductibleYou pay 90% after deductibleMDLive Virtual Urgent Acute Care*You pay 51,0, deductible waivedYou pay 90% after deductibleYou pay 90% after deductibleSpeech, Occupational, and Physical TherapyYou pay 30% after deductibleYou pay 90% after deductibleAnnual Pharmacy Deductible (individual/family)\$1,050/\$2,100Combined with MedicalCombined with MedicalTier 1 - Retail Preferred GenericYou pay 53, deductible waivedYou pay 50 after deductibleYou pay 90% after deductibleTier 2 - Retail Non-Preferred GenericYou pay 535, deductible waivedYou pay 55 after deductibleYou pay 90% after deductibleTier 3 - Retai	Annual Medical Deductible (individual/family)	\$7,500/\$10,000	\$6,000/\$12,000	\$7,900/\$15,800
Physician Services (primary care/specialisty) You pay 560, deductible waived/You pay \$150, deductible waived You pay 30% after deductible Preventive Care¹ (in-person & virtual) You pay 500, deductible waived You pay 30% after deductible You	Coinsurance	You pay 30% after deductible	You pay 30% after deductible	You pay 0% after deductible
Preventive Care¹ (in-person & virtual) Nou pay \$0, deductible waived Nou pay \$0, deductible Nou pay \$0, defuctible Nou pay \$0, defuctible	Annual Out-Of-Pocket Max (individual/family)	\$9,200/\$18,400	\$8,000/\$16,000	\$7,900/\$15,800
Inpatient Facility Services You pay 30% after deductible You pay 30% after	Physician Services (primary care/specialist)	You pay \$60, deductible waived/You pay \$150, deductible waived	You pay 30% after deductible	You pay 0% after deductible
Lab Office & Independent/Outpatient You pay 30% after deductible You pay 90% after deductible You pay 575 after deductible You pay 90% after deductible You pay 575 after deductible You pay 90% after deductible	Preventive Care ¹ (in-person & virtual)	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
X-ray and UltrasoundYou pay 30% after deductibleYou pay 30% after deductibleYou pay 30% after deductibleEmergency Room ServicesYou pay 30% after deductibleYou pay 30% after deductibleYou pay 30% after deductibleUrgent CareYou pay \$120, deductible waivedYou pay 30% after deductibleYou pay 0% after deductibleMDLive Virtual Urgent Acute Care²You pay \$0, deductible waivedYou pay 0% after deductibleYou pay 0% after deductibleSpeech, Occupational, and Physical TherapyYou pay 30% after deductibleYou pay 30% after deductibleAnnual Pharmacy Deductible (individual/family)\$1,050/\$2,100Combined with MedicalCombined with MedicalTier 1 - Retail Preferred GenericYou pay \$0, deductible waivedYou pay \$0 after deductibleYou pay 0% after deductibleTier 2 - Retail Non-Preferred GenericYou pay \$35, deductible waivedYou pay \$25 after deductibleYou pay 0% after deductibleTier 3 - Retail Preferred BrandYou pay \$100 after pharmacy deductibleYou pay \$75 after deductibleYou pay 0% after deductibleTier 4 - Retail Non-Preferred BrandYou pay \$200 after pharmacy deductibleYou pay \$150 after deductibleYou pay 0% after deductible	Inpatient Facility Services	You pay 30% after deductible	You pay 30% after deductible	You pay 0% after deductible
Emergency Room Services You pay 30% after deductible You pay 0% after deductible You pay 50 after deductible You pay 50 after deductible You pay 50 after deductible You pay 525 after deductible You pay 575 after deductible You pay 0% after deductible You pay 0% after deductible You pay 575 after deductible You pay 0% after deductible You pay 0% after deductible You pay 0% after deductible You pay 575 after deductible You pay 0% after deductible You pay 0% after deductible You pay 0% after deductible You pay 575 after deductible You pay 0% after deductible You pay 0% after deductible You pay 0% after deductible You pay 575 after deductible You pay 0% after deductible	Lab Office & Independent/Outpatient	You pay 30% after deductible/You pay 40% after deductible	You pay 30% after deductible	You pay 0% after deductible
Urgent CareYou pay \$120, deductible waivedYou pay 30% after deductibleYou pay 0% after deductibleMDLive Virtual Urgent Acute Care2You pay \$0, deductible waivedYou pay 0% after deductibleYou pay 0% after deductibleSpeech, Occupational, and Physical TherapyYou pay 30% after deductibleYou pay 30% after deductibleYou pay 90% after deductibleAnnual Pharmacy Deductible (individual/family)\$1,050/\$2,100Combined with MedicalCombined with MedicalTier 1 - Retail Preferred GenericYou pay \$0, deductible waivedYou pay \$0 after deductibleYou pay 0% after deductibleTier 2 - Retail Non-Preferred GenericYou pay \$35, deductible waivedYou pay \$25 after deductibleYou pay 0% after deductibleTier 3 - Retail Preferred BrandYou pay \$100 after pharmacy deductibleYou pay \$75 after deductibleYou pay 0% after deductibleTier 4 - Retail Non-Preferred BrandYou pay \$200 after pharmacy deductibleYou pay \$150 after deductibleYou pay 0% after deductible	X-ray and Ultrasound	You pay 30% after deductible	You pay 30% after deductible	You pay 0% after deductible
MDLive Virtual Urgent Acute Care ² You pay \$0, deductible waived You pay 0% after deductible You pay 0% after deductible You pay 30% after deductible Ombined with Medical Combined with Medical Tier 1 - Retail Preferred Generic You pay \$0, deductible waived You pay \$0 after deductible You pay \$0 after deductible You pay 90% after deductible	Emergency Room Services	You pay 30% after deductible	You pay 30% after deductible	You pay 0% after deductible
Speech, Occupational, and Physical TherapyYou pay 30% after deductibleYou pay 30% after deductibleAnnual Pharmacy Deductible (individual/family)\$1,050/\$2,100Combined with MedicalCombined with MedicalTier 1 - Retail Preferred GenericYou pay \$0, deductible waivedYou pay \$0 after deductibleYou pay 0% after deductibleTier 2 - Retail Non-Preferred GenericYou pay \$35, deductible waivedYou pay \$25 after deductibleYou pay 0% after deductibleTier 3 - Retail Preferred BrandYou pay \$100 after pharmacy deductibleYou pay \$75 after deductibleYou pay 0% after deductibleTier 4 - Retail Non-Preferred BrandYou pay \$200 after pharmacy deductibleYou pay \$150 after deductibleYou pay 0% after deductible	Urgent Care	You pay \$120, deductible waived	You pay 30% after deductible	You pay 0% after deductible
Annual Pharmacy Deductible (individual/family) \$1,050/\$2,100 Combined with Medical You pay \$0 after deductible You pay \$0 after deductible You pay \$25 after deductible You pay \$75 after deductible You pay 0% after deductible You pay \$75 after deductible You pay 0% after deductible You pay \$75 after deductible You pay 0% after deductible You pay 0% after deductible You pay 0% after deductible	MDLive Virtual Urgent Acute Care ²	You pay \$0, deductible waived	You pay 0% after deductible	You pay 0% after deductible
Tier 1 - Retail Preferred Generic You pay \$0, deductible waived You pay \$0 after deductible You pay \$25 after deductible You pay \$25 after deductible You pay \$75 after deductible You pay \$75 after deductible You pay \$0% after deductible You pay 0% after deductible You pay \$00 after deductible You pay \$100 after pharmacy deductible You pay \$75 after deductible You pay \$150 after deductible You pay 0% after deductible	Speech, Occupational, and Physical Therapy	You pay 30% after deductible	You pay 30% after deductible	You pay 0% after deductible
Tier 2 - Retail Non-Preferred Generic You pay \$35, deductible waived You pay \$25 after deductible You pay \$75 after deductible You pay \$75 after deductible You pay \$75 after deductible You pay \$100 after pharmacy deductible You pay \$100 after pharmacy deductible You pay \$150 after deductible You pay \$150 after deductible	Annual Pharmacy Deductible (individual/family)	\$1,050/\$2,100	Combined with Medical	Combined with Medical
Tier 3 - Retail Preferred Brand You pay \$100 after pharmacy deductible You pay \$75 after deductible You pay \$75 after deductible You pay \$150 after deductible You pay 0% after deductible	Tier 1 - Retail Preferred Generic	You pay \$0, deductible waived	You pay \$0 after deductible	You pay 0% after deductible
Tier 4 - Retail Non-Preferred Brand You pay \$200 after pharmacy deductible You pay \$150 after deductible You pay 0% after deductible	Tier 2 - Retail Non-Preferred Generic	You pay \$35, deductible waived	You pay \$25 after deductible	You pay 0% after deductible
	Tier 3 - Retail Preferred Brand	You pay \$100 after pharmacy deductible	You pay \$75 after deductible	You pay 0% after deductible
Tier 5 - Retail Specialty and other high-cost medications You pay 40%, deductible waived You pay 40% after deductible You pay 40% after deductible	Tier 4 - Retail Non-Preferred Brand	You pay \$200 after pharmacy deductible	You pay \$150 after deductible	You pay 0% after deductible
	Tier 5 - Retail Specialty and other high-cost medications	You pay 40%, deductible waived	You pay 40% after deductible	You pay 0% after deductible
Preferred Insulin (Retail)You pay up to \$25You pay up to \$25 after deductibleYou pay up to \$25 after deductible	Preferred Insulin (Retail)	You pay up to \$25	You pay up to \$25 after deductible	You pay up to \$25 after deductible

PLATINUM

Open Access Plus - Arizona PPO - Off-Exchange Only

Annual Medical Deductible (individual/family) Coinsurance Annual Medical Deductible (individual/family) Coinsurance Annual Medical Deductible (individual/family) Preventive Care' (in-person & virtual) Preventive Care' (in-person & virtual) Diffice & Individual/family Preventive Care' (in-person & virtual) Diffice & Individual/family You pay 50, deductible waived You pay 50, deductible waived Individual Virgation Note Virtual Urgent Acute Care' You pay 50, deductible waived Individual Virgational, and Physical Therapy Annual Pharmacy Deductible (individual/family) Iter 1 - Retail Preferred Generic Tier 2 - Retail Non-Preferred Generic Tier 3 - Retail Preferred Brand Tier 4 - Retail Non-Preferred Brand Tier 4 - Retail Specialty and other high-cost medications You pay 500, deductible waived You pay 500, deductible waived	Plan Name	CIGNA HEALI HCARE OPEN ACCESS PLUS		
Coinsurance You pay 15% after deductible Annual Out-Of-Pocket Max (individual/family) \$3,000/\$6,000 Physician Services (primary care/specialist) You pay 515, deductible waived Impatient Facility Services You pay 50, deductible waived Lab Office & Independent/Outpatient You pay 15% after deductible X-ray and Ultrasound You pay 15% after deductible Emergency Room Services You pay 500, deductible waived Urgent Care You pay 500, deductible waived MDLive Virtual Urgent Acute Care² You pay 500, deductible waived Speech, Occupational, and Physical Therapy You pay 515, deductible waived Annual Pharmacy Deductible (individual/family) Not Applicable Tier 1 - Retail Preferred Generic You pay 500, deductible waived Tier 2 - Retail Non-Preferred Generic You pay 515, deductible waived Tier 3 - Retail Preferred Brand You pay 515, deductible waived Tier 3 - Retail Preferred Brand You pay 515, deductible waived Tier 5 - Retail Specialty and other high-cost medications You pay 700, deductible waived	Plan Name	PLATINUM \$750		
Annual Out-Of-Pocket Max (individual/family) Physician Services (primary care/specialist) Preventive Care' (in-person & virtual) Inpatient Facility Services Inpatient Facility Services Lab Office & Independent/Outpatient You pay 50, deductible waived Inpatient Facility Services Lab Office & Independent/Outpatient You pay 50, deductible waived You pay 15% after deductible Emergency Room Services You pay 5300, deductible waived Urgent Care You pay 5300, deductible waived Urgent Care You pay 5300, deductible waived Wolfice Wirtual Urgent Acute Care' You pay 5300, deductible waived Wolfice Wirtual Urgent Acute Care' You pay 5300, deductible waived Wolfice Wirtual Urgent Acute Care' You pay 5300, deductible waived Wolfice Wirtual Urgent Acute Care' You pay 5300, deductible waived Wolfice Wirtual Urgent Acute Care' You pay 50, deductible waived Tier 1 - Retail Preferred Generic You pay 530, deductible waived Tier 2 - Retail Non-Preferred Generic You pay 530, deductible waived Tier 3 - Retail Preferred Generic You pay 530, deductible waived Tier 3 - Retail Preferred Generic You pay 530, deductible waived Tier 4 - Retail Non-Preferred Generic You pay 530, deductible waived Tier 4 - Retail Non-Preferred Generic You pay 530, deductible waived Tier 4 - Retail Non-Preferred Generic You pay 530, deductible waived Tier 5 - Retail Preferred Brand You pay 530, deductible waived Tier 5 - Retail Specialty and other high-cost medications You pay 496, deductible waived	Annual Medical Deductible (individual/family)	\$750/\$1,500		
Physician Services (primary care/specialist) Preventive Care' (in-person & virtual) Inpatient Facility Services Inpatient Facility Services Lab Office & Independent/Outpatient Lab Office & Independent/Outpatient X-ray and Ultrasound Emergency Room Services Vou pay 50, deductible waived Vou pay 15% after deductible Emergency Room Services Vou pay 50, deductible waived	Coinsurance	You pay 15% after deductible		
Preventive Care' (in-person & virtual) Inpatient Facility Services Inpatient Facility Services Lab Office & Independent/Outpatient X-ray and Ultrasound You pay 15% after deductible Emergency Room Services Vou pay 15% after deductible waived/ You pay 15% after deductible Emergency Room Services Vou pay 500, deductible waived Urgent Acute Care' You pay 500, deductible waived Speech, Occupational, and Physical Therapy Annual Pharmacy Deductible (individual/family) Tier 1 - Retail Preferred Generic Tier 2 - Retail Non-Preferred Generic Tier 3 - Retail Preferred Brand Tier 4 - Retail Non-Preferred Brand Tier 5 - Retail Specialty and other high-cost medications You pay 500, deductible waived You pay 515, deductible waived You pay 570, deductible waived	Annual Out-Of-Pocket Max (individual/family)	\$3,000/\$6,000		
Inpatient Facility Services Lab Office & Independent/Outpatient You pay 15% after deductible You pay 15% after deductible You pay 15% after deductible You pay 15% after deductible You pay 15% after deductible You pay 15% after deductible You pay 15% after deductible You pay 15% after deductible You pay 15% after deductible You pay 15% after deductible You pay 15% after deductible You pay 500, deductible waived You pay 50, deductible waived You pay 50, deductible waived You pay 51, deductible waived You pay 51, deductible waived Tier 1 - Retail Preferred Generic You pay 51, deductible waived	Physician Services (primary care/specialist)	You pay \$15, deductible waived/You pay \$20, deductible waived		
Lab Office & Independent/Outpatient You pay 50, deductible waived/You pay 15% after deductible You pay 15% after deductible You pay 15% after deductible You pay 530, deductible waived You pay 530, deductible waived You pay 550, deductible waived MDLive Virtual Urgent Acute Care ² You pay 50, deductible waived Speech, Occupational, and Physical Therapy You pay 515, deductible waived Nou pay 515, deductible waived Tier 1 - Retail Preferred Generic You pay 50, deductible waived Tier 2 - Retail Non-Preferred Generic You pay 515, deductible waived Tier 3 - Retail Preferred Brand You pay 515, deductible waived Tier 4 - Retail Non-Preferred Brand You pay 570, deductible waived Tier 5 - Retail Specialty and other high-cost medications You pay 570, deductible waived You pay 570, deductible waived	Preventive Care ¹ (in-person & virtual)	You pay \$0, deductible waived		
X-ray and Ultrasound Emergency Room Services You pay \$300, deductible waived Urgent Care You pay \$50, deductible waived MDLive Virtual Urgent Acute Care² You pay \$50, deductible waived Not pay \$15, deductible waived Annual Pharmacy Deductible (individual/family) Not Applicable Tier 1 - Retail Preferred Generic You pay \$15, deductible waived You pay \$15, deductible waived Tier 2 - Retail Non-Preferred Generic You pay \$15, deductible waived Tier 3 - Retail Preferred Brand You pay \$35, deductible waived Tier 4 - Retail Non-Preferred Brand You pay \$70, deductible waived Tier 5 - Retail Specialty and other high-cost medications You pay \$400, deductible waived You pay \$70, deductible waived	Inpatient Facility Services	You pay 15% after deductible		
Emergency Room ServicesYou pay \$300, deductible waivedUrgent CareYou pay \$50, deductible waivedMDLive Virtual Urgent Acute Care2You pay \$50, deductible waivedSpeech, Occupational, and Physical TherapyYou pay \$15, deductible waivedAnnual Pharmacy Deductible (individual/family)Not ApplicableTier 1 - Retail Preferred GenericYou pay \$0, deductible waivedTier 2 - Retail Non-Preferred GenericYou pay \$15, deductible waivedTier 3 - Retail Preferred BrandYou pay \$35, deductible waivedTier 4 - Retail Non-Preferred BrandYou pay \$70, deductible waivedTier 5 - Retail Specialty and other high-cost medicationsYou pay 400, deductible waived	Lab Office & Independent/Outpatient	You pay \$0, deductible waived/You pay 15% after deductible		
Urgent Care You pay \$50, deductible waived MDLive Virtual Urgent Acute Care ² You pay \$0, deductible waived Speech, Occupational, and Physical Therapy You pay \$15, deductible waived Annual Pharmacy Deductible (individual/family) Not Applicable Tier 1 - Retail Preferred Generic You pay \$0, deductible waived Tier 2 - Retail Non-Preferred Generic You pay \$15, deductible waived Tier 3 - Retail Preferred Brand You pay \$35, deductible waived Tier 4 - Retail Non-Preferred Brand You pay \$70, deductible waived Tier 5 - Retail Specialty and other high-cost medications You pay 40%, deductible waived	X-ray and Ultrasound	You pay 15% after deductible		
MDLive Virtual Urgent Acute Care ² Speech, Occupational, and Physical Therapy Annual Pharmacy Deductible (individual/family) Tier 1 - Retail Preferred Generic Tier 2 - Retail Non-Preferred Generic Tier 3 - Retail Preferred Brand Tier 4 - Retail Non-Preferred Brand Tier 5 - Retail Specialty and other high-cost medications You pay \$0, deductible waived You pay \$15, deductible waived You pay \$35, deductible waived You pay \$35, deductible waived You pay \$70, deductible waived You pay \$70, deductible waived	Emergency Room Services	You pay \$300, deductible waived		
Speech, Occupational, and Physical Therapy Annual Pharmacy Deductible (individual/family) Not Applicable Tier 1 - Retail Preferred Generic Tier 2 - Retail Non-Preferred Generic Tier 3 - Retail Preferred Brand Tier 4 - Retail Preferred Brand Tier 5 - Retail Specialty and other high-cost medications You pay \$70, deductible waived	Urgent Care	You pay \$50, deductible waived		
Annual Pharmacy Deductible (individual/family) Tier 1 - Retail Preferred Generic Tier 2 - Retail Non-Preferred Generic Tier 3 - Retail Preferred Brand Tier 4 - Retail Non-Preferred Brand Tier 5 - Retail Specialty and other high-cost medications Not Applicable You pay \$0, deductible waived You pay \$15, deductible waived You pay \$35, deductible waived You pay \$70, deductible waived You pay \$70, deductible waived	MDLive Virtual Urgent Acute Care ²	You pay \$0, deductible waived		
Tier 1 - Retail Preferred Generic Tou pay \$0, deductible waived You pay \$15, deductible waived You pay \$35, deductible waived You pay \$35, deductible waived Tier 3 - Retail Preferred Brand You pay \$70, deductible waived	Speech, Occupational, and Physical Therapy	You pay \$15, deductible waived		
Tier 2 - Retail Non-Preferred Generic You pay \$15, deductible waived You pay \$35, deductible waived Tier 3 - Retail Preferred Brand You pay \$70, deductible waived Tier 4 - Retail Non-Preferred Brand You pay \$70, deductible waived You pay 40%, deductible waived	Annual Pharmacy Deductible (individual/family)	Not Applicable		
Tier 3 - Retail Preferred Brand Tier 4 - Retail Non-Preferred Brand Tier 5 - Retail Specialty and other high-cost medications You pay \$35, deductible waived You pay \$70, deductible waived You pay 40%, deductible waived	Tier 1 - Retail Preferred Generic	You pay \$0, deductible waived		
Tier 4 - Retail Non-Preferred Brand You pay \$70, deductible waived Tier 5 - Retail Specialty and other high-cost medications You pay 40%, deductible waived	Tier 2 - Retail Non-Preferred Generic	You pay \$15, deductible waived		
Tier 5 - Retail Specialty and other high-cost medications You pay 40%, deductible waived	Tier 3 - Retail Preferred Brand	You pay \$35, deductible waived		
	Tier 4 - Retail Non-Preferred Brand	You pay \$70, deductible waived		
Preferred Insulin (Retail) You pay up to \$25	Tier 5 - Retail Specialty and other high-cost medications	You pay 40%, deductible waived		
	Preferred Insulin (Retail)	You pay up to \$25		

GOLD

Open Access Plus - Arizona PPO - Off-Exchange Only

Plan Name	CIGNA HEALI HCARE OPEN ACCESS PLUS			
Flan Name	GOLD \$1,250	GOLD \$1,800	GOLD \$2,750	
Annual Medical Deductible (individual/family)	\$1,250/\$2,500	\$1,800/\$3,600	\$2,750/\$5,500	
Coinsurance	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible	
Annual Out-Of-Pocket Max (individual/family)	\$7,250/\$14,500	\$7,000/\$14,000	\$6,750/\$13,500	
Physician Services (primary care/specialist)	You pay \$35, deductible waived/You pay \$70, deductible waived	You pay \$25, deductible waived/You pay \$75, deductible waived	You pay \$20, deductible waived/You pay \$60, deductible waived	
Preventive Care ¹ (in-person & virtual)	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	
Inpatient Facility Services	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible	
Lab Office & Independent/Outpatient	You pay \$0, deductible waived/You pay 20% after deductible	You pay \$0, deductible waived/You pay 20% after deductible	You pay \$0, deductible waived/You pay 20% after deductible	
X-ray and Ultrasound	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible	
Emergency Room Services	You pay 20% after deductible	You pay \$500 after deductible	You pay \$600 after deductible	
Urgent Care	You pay \$60, deductible waived	You pay \$60, deductible waived	You pay \$60, deductible waived	
MDLive Virtual Urgent Acute Care ²	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	
Speech, Occupational, and Physical Therapy	You pay \$70, deductible waived	You pay \$75, deductible waived	You pay \$60, deductible waived	
Annual Pharmacy Deductible (individual/family)	Not Applicable	Not Applicable	Not Applicable	
Tier 1 - Retail Preferred Generic	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	
Tier 2 - Retail Non-Preferred Generic	You pay \$15, deductible waived	You pay \$15, deductible waived	You pay \$15, deductible waived	
Tier 3 - Retail Preferred Brand	You pay \$60, deductible waived	You pay \$60, deductible waived	You pay \$60, deductible waived	
Tier 4 - Retail Non-Preferred Brand	You pay \$130, deductible waived	You pay \$130, deductible waived	You pay \$130, deductible waived	
Tier 5 - Retail Specialty and other high-cost medications	You pay 40%, deductible waived	You pay 40%, deductible waived	You pay 40%, deductible waived	
Preferred Insulin (Retail)	You pay up to \$25	You pay up to \$25	You pay up to \$25	

SILVER

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Dlam Names	CIGNA HEALTHCARE OPEN ACCESS PLUS			
Plan Name	SILVER \$3,550	SILVER \$4,250	SILVER \$5,000	
Annual Medical Deductible (individual/family)	\$3,550/\$7,100	\$4,250/\$8,500	\$5,000/\$10,000	
Coinsurance	You pay 30% after deductible	You pay 30% after deductible	You pay 30% after deductible	
Annual Out-Of-Pocket Max (individual/family)	\$9,200/\$18,400	\$9,200/\$18,400	\$8,500/\$17,000	
Physician Services (primary care/specialist)	You pay \$45, deductible waived/You pay \$95, deductible waived	You pay \$55, deductible waived/You pay \$85, deductible waived	You pay \$45, deductible waived/You pay \$95, deductible waived	
Preventive Care ¹ (in-person & virtual)	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	
Lab Office & Independent/Outpatient	You pay \$0, deductible waived/You pay 30% after deductible	You pay \$0, deductible waived/You pay 30% after deductible	You pay \$0, deductible waived/You pay 30% after deductible	
X-ray and Ultrasound	You pay 30% after deductible	You pay 30% after deductible	You pay 30% after deductible	
Emergency Room Services	You pay 30% after deductible	You pay \$800 after deductible	You pay \$700 after deductible	
Urgent Care	You pay \$90, deductible waived	You pay \$90, deductible waived	You pay \$90, deductible waived	
MDLive Virtual Urgent Acute Care ²	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	
Speech, Occupational, and Physical Therapy	You pay \$95, deductible waived	You pay \$85, deductible waived	You pay \$95, deductible waived	
Annual Pharmacy Deductible (individual/family)	Not Applicable	Not Applicable	\$500/\$1,000	
Tier 1 - Retail Preferred Generic	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	
Tier 2 - Retail Non-Preferred Generic	You pay \$25, deductible waived	You pay \$25, deductible waived	You pay \$25, deductible waived	
Tier 3 - Retail Preferred Brand	You pay \$90, deductible waived	You pay \$90, deductible waived	You pay \$90 after pharmacy deductible	
Tier 4 - Retail Non-Preferred Brand	You pay \$190, deductible waived	You pay \$190, deductible waived	You pay \$190 after pharmacy deductible	
Tier 5 - Retail Specialty and other high-cost medications	You pay 40%, deductible waived	You pay 40%, deductible waived	You pay 40%, deductible waived	
Preferred Insulin (Retail)	You pay up to \$25	You pay up to \$25	You pay up to \$25	

BRONZE

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Annual Medical Deductible (individual/family) 57,500/s10,000 \$6,000/s12,000 \$6,000/s12,000 \$7,900/s15,800 Coinsurance Nou pay 30% after deductible You pay 50% deductible waived You pay 30% after deductible You pay 50, deductible waived You pay 30% after deductible You pay 50, deductible waived You pay 30% after deductible You pay 50% deductible waived You pay 30% after deductible You pay 50% after deductible	Plan Name	CIGNA HEALI HCARE OPEN ACCESS PLUS		
Coinsurance You pay 30% after deductible You pay 30% after deductible Annual Out-Of-Pocket Max (individual/family) \$9,200/518,400 \$8,000/516,000 \$7,900/518,600 \$7,900/	Plan Name	BRONZE \$7,500	BRONZE \$6,000 HSA	BRONZE \$7,900 HSA
Annual Out-Of-Pocket Max (individual/family) \$9,200/\$18,400 \$8,000/\$16,000 \$7,900/\$15,800 Physician Services (primary care/specialist) You pay \$6, deductible waived You pay \$0, deductible You pay \$0, defer deductible You pay \$0, defe	Annual Medical Deductible (individual/family)	\$7,500/\$10,000	\$6,000/\$12,000	\$7,900/\$15,800
Physician Services (primary care/specialist) You pay \$60, deductible waived /You pay \$100, deductible waived You pay \$100, deductible You pay \$100, deductible You pay \$100, deductible You pay \$100, deductible You pay \$100, defer deductible	Coinsurance	You pay 30% after deductible	You pay 30% after deductible	You pay 0% after deductible
Preventive Care¹ (in-person & virtual) You pay 50, deductible waived Inpatient Facility Services You pay 30% after deductible You pa	Annual Out-Of-Pocket Max (individual/family)	\$9,200/\$18,400	\$8,000/\$16,000	\$7,900/\$15,800
Inpatient Facility Services You pay 30% after deductible Wou pay 30% after deductible You pay 30% after	Physician Services (primary care/specialist)	You pay \$60, deductible waived/You pay \$150, deductible waived	You pay 30% after deductible	You pay 0% after deductible
Lab Office & Independent/Outpatient You pay 30% after deductible You pay 3	Preventive Care ¹ (in-person & virtual)	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
You pay 30% after deductible Frengency Room Services You pay 30% after deductible You pay 0% after deductible You pay 50 after deductible	Inpatient Facility Services	You pay 30% after deductible	You pay 30% after deductible	You pay 0% after deductible
Emergency Room Services You pay 30% after deductible You pay 30% after deductible You pay 30% after deductible You pay 930% after deductible You pay 930% after deductible You pay 90% after deductible Annual Pharmacy Deductible (individual/family) \$1,050/\$2,100 Combined with Medical Tier 1 - Retail Preferred Generic You pay \$0, deductible waived You pay \$0 after deductible You pay 90% after deductible	Lab Office & Independent/Outpatient	You pay 30% after deductible/You pay 40% after deductible	You pay 30% after deductible	You pay 0% after deductible
Urgent CareYou pay \$120, deductible waivedYou pay 30% after deductibleYou pay 90% after deductibleMDLive Virtual Urgent Acute Care2You pay \$0, deductible waivedYou pay 90% after deductibleYou pay 0% after deductibleSpeech, Occupational, and Physical TherapyYou pay 30% after deductibleYou pay 30% after deductibleYou pay 90% after deductibleAnnual Pharmacy Deductible (individual/family)\$1,050/\$2,100Combined with MedicalCombined with MedicalTier 1 - Retail Preferred GenericYou pay \$0, deductible waivedYou pay \$0 after deductibleYou pay 90% after deductibleTier 2 - Retail Non-Preferred GenericYou pay \$35, deductible waivedYou pay \$25 after deductibleYou pay 0% after deductibleTier 3 - Retail Preferred BrandYou pay \$100 after pharmacy deductibleYou pay \$75 after deductibleYou pay 0% after deductibleTier 4 - Retail Non-Preferred BrandYou pay \$200 after pharmacy deductibleYou pay \$150 after deductibleYou pay 0% after deductibleTier 5 - Retail Specialty and other high-cost medicationsYou pay 40%, deductible waivedYou pay 40% after deductibleYou pay 0% after deductible	X-ray and Ultrasound	You pay 30% after deductible	You pay 30% after deductible	You pay 0% after deductible
MDLive Virtual Urgent Acute Care ² You pay \$0, deductible waived You pay 0% after deductible Tier 1 - Retail Preferred Generic You pay \$0, deductible waived You pay \$0, deductible waived You pay \$25 after deductible You pay \$0 after deductible You pay 0% after deductible	Emergency Room Services	You pay 30% after deductible	You pay 30% after deductible	You pay 0% after deductible
Speech, Occupational, and Physical Therapy You pay 30% after deductible You pay 30% after deductible You pay 30% after deductible You pay 0% after deductible You pay 50 after deductible You pay 60 after deductible	Urgent Care	You pay \$120, deductible waived	You pay 30% after deductible	You pay 0% after deductible
Annual Pharmacy Deductible (individual/family) \$1,050/\$2,100 Combined with Medical You pay \$0 after deductible You pay \$0 after deductible You pay \$0 after deductible You pay \$25 after deductible You pay \$75 after deductible	MDLive Virtual Urgent Acute Care ²	You pay \$0, deductible waived	You pay 0% after deductible	You pay 0% after deductible
Tier 1 - Retail Preferred Generic You pay \$0, deductible waived You pay \$0 after deductible You pay \$25 after deductible You pay \$75 after deductible You pay \$75 after deductible You pay \$75 after deductible You pay \$100 after deductible Tier 4 - Retail Non-Preferred Brand You pay \$200 after pharmacy deductible You pay \$150 after deductible You pay 40% after deductible You pay 90% after deductible	Speech, Occupational, and Physical Therapy	You pay 30% after deductible	You pay 30% after deductible	You pay 0% after deductible
Tier 2 - Retail Non-Preferred Generic You pay \$35, deductible waived You pay \$25 after deductible You pay \$75 after deductible You pay \$75 after deductible You pay \$75 after deductible You pay \$100 after pharmacy deductible You pay \$150 after deductible You pay \$150 after deductible You pay 0% after deductible You pay 90% after deductible You pay 40% after deductible You pay 40% after deductible You pay 90% after deductible	Annual Pharmacy Deductible (individual/family)	\$1,050/\$2,100	Combined with Medical	Combined with Medical
Tier 3 - Retail Preferred Brand You pay \$100 after pharmacy deductible You pay \$75 after deductible You pay \$75 after deductible You pay \$150 after deductible You pay 0% after deductible You pay 40% after deductible You pay 40% after deductible You pay 0% after deductible	Tier 1 - Retail Preferred Generic	You pay \$0, deductible waived	You pay \$0 after deductible	You pay 0% after deductible
Tier 4 - Retail Non-Preferred Brand You pay \$200 after pharmacy deductible You pay \$150 after deductible You pay 40% after deductible You pay 40% after deductible You pay 40% after deductible	Tier 2 - Retail Non-Preferred Generic	You pay \$35, deductible waived	You pay \$25 after deductible	You pay 0% after deductible
Tier 5 - Retail Specialty and other high-cost medications You pay 40%, deductible waived You pay 40% after deductible You pay 0% after deductible	Tier 3 - Retail Preferred Brand	You pay \$100 after pharmacy deductible	You pay \$75 after deductible	You pay 0% after deductible
	Tier 4 - Retail Non-Preferred Brand	You pay \$200 after pharmacy deductible	You pay \$150 after deductible	You pay 0% after deductible
Preferred Insulin (Retail) You pay up to \$25 You pay up to \$25 after deductible You pay up to \$25 after deductible	Tier 5 - Retail Specialty and other high-cost medications	You pay 40%, deductible waived	You pay 40% after deductible	You pay 0% after deductible
	Preferred Insulin (Retail)	You pay up to \$25	You pay up to \$25 after deductible	You pay up to \$25 after deductible



^{2. \$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.

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