



2024 Cigna Healthcare Plans

Cigna Connect and CMS Standard Plans – Indiana Boone, Hamilton, Hancock, Hendricks, Henry, Johnson, Marion, Shelby

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 BRONZE	Connect Bronze 0 Indiv Med Deductible	Connect Bronze 8500 Indiv Med Deductible	Connect Bronze 3500 Indiv Med Deductible	Connect Bronze 6500 Indiv Med Deductible Enhanced Diabetes Care
	In-Network	In-Network	In-Network	In-Network
MEDICAL				
Annual Deductible¹ (individual/family)	\$0 Medical; \$5,500/\$11,000 Pharmacy	\$8,500/\$17,000	\$3,500/\$7,000 Medical; \$5,000/\$10,000 Pharmacy	\$6,500/\$13,000
Coinsurance²	You pay 50%	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible
Annual Out-Of-Pocket Max³ (individual/family)	\$9,450/\$18,900	\$9,450/\$18,900	\$9,450/\$18,900	\$9,450/\$18,900
Physician Services (primary care/specialist)	You pay \$50/You pay \$100	You pay \$0, deductible waived/You pay \$100, deductible waived	You pay \$40, deductible waived/You pay \$80, deductible waived	You pay \$50, deductible waived/You pay \$90, deductible waived
Preventive Care⁴	You pay \$0	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Inpatient Facility Services	You pay \$3,000 per day for the first 3 days, then 0%	You pay 50% after deductible	You pay \$2,500 per day for the first 3 days, deductible waived, then 0%	You pay 40% after deductible
Lab	You pay \$75	You pay 50% after deductible	You pay \$75, deductible waived	You pay 40% after deductible
X-ray and Ultrasound	You pay 50%	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible
Emergency Room Services	You pay \$1,750	You pay 50% after deductible	You pay \$1,500 after deductible	You pay 40% after deductible
Urgent Care	You pay \$50	You pay \$75, deductible waived	You pay \$75, deductible waived	You pay \$75, deductible waived
MDLive Virtual Urgent Acute Care⁵	You pay \$0	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Speech, Occupational, and Physical Therapy	You pay 50%	You pay 50% 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 \$3, deductible waived	You pay \$3, deductible waived
Tier 2 - Retail Non-Preferred Generic	You pay \$50, deductible waived	You pay 50% after deductible	You pay 50% after deductible	You pay \$30, deductible waived
Tier 3 - Retail Preferred Brand	You pay \$200, deductible waived	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible
Tier 4 - Retail Non-Preferred Brand	You pay 50% after deductible	You pay 50% after deductible	You pay 50% 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
Formulary Diabetic Supplies, including Metformin (non-insulin)	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Retail Preferred Insulin	You pay no more than \$25	You pay no more than \$25	You pay no more than \$25	You pay \$0, deductible waived



SILVER	Base Plan Name - Connect Silver 7000 Indiv Med Deductible			
	Connect Silver 7000 Indiv Med Deductible	Connect Silver-2 6000 Indiv Med Deductible	Connect Silver-3 250 Indiv Med Deductible	Connect Silver-4A 100 Indiv Med Deductible
MEDICAL	In-Network	In-Network	In-Network	In-Network
Annual Deductible¹ (individual/family)	\$7,000/\$14,000	\$6,000/\$12,000	\$250/\$500	\$100/\$200
Coinsurance²	You pay 30% after deductible	You pay 30% after deductible	You pay 30% after deductible	You pay 10% after deductible
Annual Out-Of-Pocket Max³ (individual/family)	\$9,400/\$18,800	\$7,500/\$15,000	\$3,000/\$6,000	\$1,000/\$2,000
Physician Services (primary care/specialist)	You pay \$0, deductible waived/You pay \$100, deductible waived	You pay \$0, deductible waived/You pay \$80, deductible waived	You pay \$0, deductible waived/You pay \$50, deductible waived	You pay \$0, deductible waived/You pay \$10, deductible waived
Preventive Care⁴	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 \$45, deductible waived	You pay \$40, deductible waived	You pay \$20, deductible waived	You pay \$10, deductible waived
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 \$60, deductible waived	You pay \$40, deductible waived	You pay \$25, deductible waived	You pay \$15, deductible waived
MDLive Virtual Urgent Acute Care⁵	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 \$3, 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 \$50, deductible waived	You pay \$50, deductible waived	You pay \$50, deductible waived	You pay \$50, deductible waived
Tier 4 - Retail Non-Preferred Brand	You pay 50% after deductible	You pay 50% after deductible	You pay 50% 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
Formulary Diabetic Supplies, including Metformin (non-insulin)	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Retail Preferred Insulin	You pay no more than \$25	You pay no more than \$25	You pay no more than \$25	You pay no more than \$25



	Base Plan Name - Connect Silver 3000 Indiv Med Deductible			
	Connect Silver 3000 Indiv Med Deductible	Connect Silver-2 2500 Indiv Med Deductible	Connect Silver-3 300 Indiv Med Deductible	Connect Silver-4 150 Indiv Med Deductible
MEDICAL	In-Network	In-Network	In-Network	In-Network
Annual Deductible¹ (individual/family)	\$3,000/\$6,000 Medical; \$2,000/\$4,000 Pharmacy	\$2,500/\$5,000 Medical; \$1,000/\$2,000 Pharmacy	\$300/\$600 Medical; \$100/\$200 Pharmacy	\$150/\$300 Medical; \$100/\$200 Pharmacy
Coinsurance²	You pay 40% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 30% after deductible
Annual Out-Of-Pocket Max³ (individual/family)	\$9,300/\$18,600	\$7,500/\$15,000	\$2,650/\$5,300	\$750/\$1,500
Physician Services (primary care/specialist)	You pay \$25, deductible waived/You pay \$50, deductible waived	You pay \$25, deductible waived/You pay \$50, deductible waived	You pay \$20, deductible waived/You pay \$40, deductible waived	You pay \$5, deductible waived/You pay \$10, deductible waived
Preventive Care⁴	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 \$950 per day for the first 4 days, deductible waived, then 0%	You pay \$950 per day for the first 4 days, deductible waived, then 0%	You pay \$500 per day for the first 4 days, deductible waived, then 0%	You pay \$250 per day for the first 3 days, deductible waived, then 0%
Lab	You pay \$45, deductible waived	You pay \$40, deductible waived	You pay \$20, deductible waived	You pay \$10, deductible waived
X-ray and Ultrasound	You pay 40% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 30% after deductible
Emergency Room Services	You pay \$750 after deductible	You pay \$750 after deductible	You pay \$300 after deductible	You pay \$150 after deductible
Urgent Care	You pay \$70, deductible waived	You pay \$50, deductible waived	You pay \$30, deductible waived	You pay \$15, deductible waived
MDLive Virtual Urgent Acute Care⁵	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 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
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 \$50 after deductible	You pay \$50 after deductible	You pay \$50, deductible waived	You pay \$50, deductible waived
Tier 4 - Retail Non-Preferred Brand	You pay 50% after deductible	You pay 50% after deductible	You pay 50% 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
Formulary Diabetic Supplies, including Metformin (non-insulin)	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Retail Preferred Insulin	You pay no more than \$25	You pay no more than \$25	You pay no more than \$25	You pay no more than \$25



	Base Plan Name - Connect Silver 8000 Indiv Med Deductible			
	Connect Silver 8000 Indiv Med Deductible	Connect Silver-2 7000 Indiv Med Deductible	Connect Silver-3 1100 Indiv Med Deductible	Connect Silver-4B 100 Indiv Med Deductible
MEDICAL	In-Network	In-Network	In-Network	In-Network
Annual Deductible¹ (individual/family)	\$8,000/\$16,000	\$7,000/\$14,000	\$1,100/\$2,200	\$100/\$200
Coinsurance²	You pay 35% after deductible	You pay 35% after deductible	You pay 25% after deductible	You pay 10% after deductible
Annual Out-Of-Pocket Max³ (individual/family)	\$9,300/\$18,600	\$7,500/\$15,000	\$2,300/\$4,600	\$1,000/\$2,000
Physician Services (primary care/specialist)	You pay \$30, deductible waived/You pay \$60, deductible waived	You pay \$25, deductible waived/You pay \$50, deductible waived	You pay \$15, deductible waived/You pay \$30, deductible waived	You pay \$0, deductible waived/You pay \$10, deductible waived
Preventive Care⁴	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Inpatient Facility Services	You pay 35% after deductible	You pay 35% after deductible	You pay 25% after deductible	You pay 10% after deductible
Lab	You pay 35% after deductible	You pay 35% after deductible	You pay 25% after deductible	You pay 10% after deductible
X-ray and Ultrasound	You pay 35% after deductible	You pay 35% after deductible	You pay 25% after deductible	You pay 10% after deductible
Emergency Room Services	You pay 35% after deductible	You pay 35% after deductible	You pay 25% after deductible	You pay 10% after deductible
Urgent Care	You pay \$60, deductible waived	You pay \$45, deductible waived	You pay \$20, deductible waived	You pay \$15, deductible waived
MDLive Virtual Urgent Acute Care⁵	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 35% after deductible	You pay 35% after deductible	You pay 25% after deductible	You pay 10% after deductible
Prescription Medications – Tier 1, 2, 3 and 4: Up to a 30-day supply at any participating retail pharmacy or up to a 90-day supply at any participating 90-day retail pharmacy. Tier 5: Up to a 30-day supply at any participating retail pharmacy or up to a 30-day supply at any participating 90-day retail pharmacy.				
Tier 1 - Retail Preferred Generic	You pay \$3, deductible waived	You pay \$3, deductible waived	You pay \$3, deductible waived	You pay \$3, 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 \$20, deductible waived
Tier 3 - Retail Preferred Brand	You pay \$50, deductible waived	You pay \$50, deductible waived	You pay \$50, deductible waived	You pay \$50, deductible waived
Tier 4 - Retail Non-Preferred Brand	You pay 50% after deductible	You pay 50% after deductible	You pay 50% 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
Formulary Diabetic Supplies, including Metformin (non-insulin)	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Retail Preferred Insulin	You pay no more than \$25	You pay no more than \$25	You pay no more than \$25	You pay no more than \$25



SILVER	Base Plan Name - Connect Silver 4000 Indiv Med Deductible Enhanced Diabetes Care			
	Connect Silver 4000 Indiv Med Deductible Enhanced Diabetes Care	Connect Silver-2 3000 Indiv Med Deductible Enhanced Diabetes Care	Connect Silver-3 600 Indiv Med Deductible Enhanced Diabetes Care	Connect Silver-4 40 Indiv Med Deductible Enhanced Diabetes Care
MEDICAL	In-Network	In-Network	In-Network	In-Network
Annual Deductible¹ (individual/family)	\$4,000/\$8,000	\$3,000/\$6,000	\$600/\$1,200	\$40/\$80
Coinsurance²	You pay 40% after deductible	You pay 40% after deductible	You pay 25% after deductible	You pay 10% after deductible
Annual Out-Of-Pocket Max³ (individual/family)	\$9,200/\$18,400	\$7,300/\$14,600	\$3,000/\$6,000	\$1,800/\$3,600
Physician Services (primary care/specialist)	You pay \$20, deductible waived/You pay \$80, deductible waived	You pay \$15, deductible waived/You pay \$80, deductible waived	You pay \$10, deductible waived/You pay \$35, deductible waived	You pay \$0, deductible waived/You pay \$15, deductible waived
Preventive Care⁴	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Inpatient Facility Services	You pay 40% after deductible	You pay 40% after deductible	You pay 25% after deductible	You pay 10% after deductible
Lab	You pay 40% after deductible	You pay 40% after deductible	You pay 25% after deductible	You pay 10% after deductible
X-ray and Ultrasound	You pay 40% after deductible	You pay 40% after deductible	You pay 25% after deductible	You pay 10% after deductible
Emergency Room Services	You pay \$1,200, deductible waived	You pay \$1,200, deductible waived	You pay \$250, deductible waived	You pay \$100, deductible waived
Urgent Care	You pay \$35, deductible waived	You pay \$30, deductible waived	You pay \$25, deductible waived	You pay \$15, deductible waived
MDLive Virtual Urgent Acute Care⁵	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Speech, Occupational, and Physical Therapy	You pay 40% after deductible	You pay 40% after deductible	You pay 25% after deductible	You pay 10% after deductible
Prescription Medications – Tier 1, 2, 3 and 4: Up to a 30-day supply at any participating retail pharmacy or up to a 90-day supply at any participating 90-day retail pharmacy. Tier 5: Up to a 30-day supply at any participating retail pharmacy or up to a 30-day supply at any participating 90-day retail pharmacy.				
Tier 1 - Retail Preferred Generic	You pay \$3, deductible waived	You pay \$3, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Tier 2 - Retail Non-Preferred Generic	You pay \$30, deductible waived	You pay \$30, deductible waived	You pay \$15, deductible waived	You pay \$10, deductible waived
Tier 3 - Retail Preferred Brand	You pay \$100, deductible waived	You pay \$75, deductible waived	You pay \$75, deductible waived	You pay \$30, deductible waived
Tier 4 - Retail Non-Preferred Brand	You pay 50% after deductible	You pay 50% after deductible	You pay 50% 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
Formulary Diabetic Supplies, including Metformin (non-insulin)	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Retail Preferred Insulin	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived



Connect Gold 500 Indiv Med Deductible

MEDICAL

In-Network

Annual Deductible ¹ (individual/family)	\$500/\$1,000 Medical; \$2,500/\$5,000 Pharmacy
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 \$25, deductible waived/You pay \$50, deductible waived
Preventive Care ⁴	You pay \$0, deductible waived
Inpatient Facility Services	You pay \$950 per day for the first 4 days, deductible waived, then 0%
Lab	You pay \$25, deductible waived
X-ray and Ultrasound	You pay 25% after deductible
Emergency Room Services	You pay \$500 after deductible
Urgent Care	You pay \$35, deductible waived
MDLive Virtual Urgent Acute Care ⁵	You pay \$0, deductible waived
Speech, Occupational, and Physical Therapy	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
Tier 2 - Retail Non-Preferred Generic	You pay \$30, deductible waived
Tier 3 - Retail Preferred Brand	You pay \$50, deductible waived
Tier 4 - Retail Non-Preferred Brand	You pay 50% after deductible
Tier 5 - Retail Specialty and Other High Cost Medications	You pay 50% after deductible
Formulary Diabetic Supplies, including Metformin (non-insulin)	You pay \$0, deductible waived
Retail Preferred Insulin	You pay no more than \$25



 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)	\$9,400/\$18,800
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
MDLive Virtual Urgent Acute Care ⁵	You pay \$0, deductible waived
Speech, Occupational, and Physical Therapy	You pay \$50, deductible waived
<p>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.</p>	
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
Formulary Diabetic Supplies, including Metformin (non-insulin)	You pay \$0, deductible waived
Retail Preferred Insulin	You pay no more than \$25



	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 Deductible¹ (individual/family)	\$5,900/\$11,800	\$5,700/\$11,400	\$700/\$1,400	\$0/\$0
Coinsurance²	You pay 40% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 25%
Annual Out-Of-Pocket Max³ (individual/family)	\$9,100/\$18,200	\$7,200/\$14,400	\$3,000/\$6,000	\$1,800/\$3,600
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 Care⁴	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
MDLive Virtual Urgent Acute Care⁵	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
Formulary Diabetic Supplies, including Metformin (non-insulin)	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0
Retail Preferred Insulin	You pay no more than \$25	You pay no more than \$25	You pay no more than \$25	You pay no more than \$25



 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)	\$8,700/\$17,400
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
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
Formulary Diabetic Supplies, including Metformin (non-insulin)	You pay \$0, deductible waived
Retail Preferred Insulin	You pay no more than \$25

*Unless indicated above, all plans will be available on and off the marketplace.

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 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.

All IFP plans subscribers have access to the following Virtual Care benefits:

- Virtual Care routine visit – Physician's office (PCP) = matches in office PCP cost share
- Virtual Care Wellness – Physician's office (PCP) = \$0 / 0%
- Virtual Care – Physician's office (SPC) = matches in office SPC cost share
- Virtual Care – Dermatology = matches in office SPC cost share
- Virtual Care – Behavioral Health = matches in office BH cost share
- MDLive Primary Care Physician = matches in office PCP cost share
- MDLive Specialty Care Physician = matches in office SPC cost share (this is a dermatology benefit)
- MDLive Urgent Care = \$0 / 0%

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