



2024 Cigna Healthcare Plans

Cigna Connect Plans – Colorado

Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimar, Teller, Weld

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| BRONZE | Cigna Connect Flex Bronze 7200 | Cigna Connect Flex Bronze 0 | Cigna Connect Colorado Option Bronze | Cigna Connect Flex Bronze 9450 Rx Copay | Cigna Connect HSA Bronze 6500 |
|---|---|---|---|---|---|
| | In-Network | In-Network | In-Network | In-Network | In-Network |
| MEDICAL | | | | | |
| Annual Deductible¹ (individual/family) | \$7,200/\$14,400 | \$0 Medical; \$4,950/\$9,900 Pharmacy | \$7,500/\$15,000 | \$9,450/\$18,900 | \$6,500/\$13,000 |
| Coinsurance² | You pay 50% after deductible | You pay 50% | You pay 50% after deductible | You pay 0% after deductible | You pay 30% 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 | \$7,500/\$15,000 |
| Physician Services (primary care/specialist) | You pay \$40, deductible waived/ You pay \$90, deductible waived | You pay \$45/You pay \$110 | You pay \$0 for first 3 visits, thereafter \$50 copay after deductible/You pay 50% after deductible | You pay 0% after deductible/ You pay 0% after deductible | You pay 30% after deductible/ You pay 30% after deductible |
| Preventive Care⁴ | You pay \$0, deductible waived | You pay \$0 | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0, deductible waived |
| Inpatient Facility Services | You pay 50% after deductible | You pay \$2,500 copay per day for the first 3 days, then 0% | You pay 50% after deductible | You pay 0% after deductible | You pay 30% after deductible |
| Lab | You pay \$75, deductible waived | You pay \$75 | You pay 50% after deductible | You pay 0% after deductible | You pay 30% after deductible |
| X-ray and Ultrasound | You pay 50% after deductible | You pay 50% | You pay 50% after deductible | You pay 0% after deductible | You pay 30% after deductible |
| Emergency Room Services | You pay 50% after deductible | You pay \$1,500 | You pay 50% after deductible | You pay 0% after deductible | You pay 30% after deductible |
| Urgent Care | You pay \$60, deductible waived | You pay \$50 | You pay 50% after deductible | You pay 0% after deductible | You pay 30% after deductible |
| MDLive Virtual Urgent Acute Care⁵ | You pay \$0, deductible waived | You pay \$0 | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0 after deductible |
| Speech Therapy | You pay 50% after deductible | You pay 50% | You pay 50% after deductible | You pay 0% after deductible | You pay 30% after deductible |
| Occupational and Physical Therapy | You pay \$40, deductible waived | You pay \$45 | You pay 50% after deductible | You pay 0% 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 Preventive | 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 Generic | You pay 50% after deductible | You pay \$35, deductible waived | You pay \$30, deductible waived | You pay \$35, deductible waived | You pay 30% after deductible |
| Tier 3 - Retail Preferred Brand | You pay 50% after deductible | You pay \$200, deductible waived | You pay \$200, deductible waived | You pay \$250, deductible waived | You pay 30% after deductible |
| Tier 4 - Retail Non-Preferred Brand | You pay 50% after deductible | You pay 50% after deductible | You pay \$350, deductible waived | You pay \$700, deductible waived | You pay 30% after deductible |
| Tier 5 - Retail Specialty and Other High Cost Medications | You pay 50% after deductible | You pay 50% after deductible | You pay \$700, deductible waived | You pay \$775, deductible waived | You pay 30% 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 | You pay \$0 after deductible |
| 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 | You pay no more than \$25 |



| | Base Plan Name - Cigna Connect Flex Silver 3750 | | | |
|---|---|---|--|---|
| | Cigna Connect Flex Silver 3750 | Cigna Connect Flex Silver 3750 (200-250% FPL) | Cigna Connect Flex Silver 3750 (150-200% FPL) | Cigna Connect Flex Silver 3750 (100-150% FPL) |
| MEDICAL | In-Network | In-Network | In-Network | In-Network |
| Annual Deductible¹ (individual/family) | \$3,750/\$7,500 | \$3,250/\$6,500 | \$550/\$1,100 | \$0/\$0 |
| Coinsurance² | You pay 35% after deductible | You pay 35% after deductible | You pay 10% after deductible | You pay 10% |
| Annual Out-Of-Pocket Max³ (individual/family) | \$9,450/\$18,900 | \$7,350/\$14,700 | \$3,150/\$6,300 | \$2,450/\$4,900 |
| Physician Services (primary care/specialist) | You pay \$10, deductible waived/You pay \$80, deductible waived | You pay \$10, deductible waived/You pay \$75, deductible waived | You pay \$0, 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 35% after deductible | You pay 35% after deductible | You pay 10% after deductible | You pay 10% |
| Lab | You pay 35% after deductible | You pay 35% after deductible | You pay 10% after deductible | You pay 10% |
| X-ray and Ultrasound | You pay 35% after deductible | You pay 35% after deductible | You pay 10% after deductible | You pay 10% |
| Emergency Room Services | You pay 35% after deductible | You pay 35% after deductible | You pay 10% after deductible | You pay 10% |
| Urgent Care | You pay \$50, deductible waived | You pay \$50, deductible waived | You pay \$50, deductible waived | You pay \$25 |
| MDLive Virtual Urgent Acute Care⁵ | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0 |
| Speech Therapy | You pay 35% after deductible | You pay 35% after deductible | You pay 10% after deductible | You pay 10% |
| Occupational and Physical Therapy | You pay \$10, deductible waived | You pay \$10, deductible waived | You pay \$0, deductible waived | You pay \$0 |
| 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 Preventive | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0 |
| Tier 2 - Retail Generic | You pay \$20, deductible waived | You pay \$20, deductible waived | You pay \$20, deductible waived | You pay \$10 |
| Tier 3 - Retail Preferred Brand | You pay \$80, deductible waived | You pay \$80, deductible waived | You pay \$75, deductible waived | You pay \$25 |
| Tier 4 - Retail Non-Preferred Brand | You pay \$500, deductible waived | You pay \$500, deductible waived | You pay \$200, deductible waived | You pay \$200 |
| Tier 5 - Retail Specialty and Other High Cost Medications | You pay 50% after deductible | You pay 50% after deductible | You pay 40% after deductible | You pay 40% |
| 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 |



| | Base Plan Name - Cigna Connect Flex Silver 5750 | | | |
|---|--|--|--|---|
| | Cigna Connect Flex Silver 5750 | Cigna Connect Flex Silver 5750 (200-250% FPL) | Cigna Connect Flex Silver 5750 (150-200% FPL) | Cigna Connect Flex Silver 5750 (100-150% FPL) |
| MEDICAL | In-Network | In-Network | In-Network | In-Network |
| Annual Deductible¹ (individual/family) | \$5,750/\$11,500 | \$4,000/\$8,000 | \$400/\$800 | \$0/\$0 |
| Coinsurance² | You pay 25% after deductible | You pay 25% after deductible | You pay 20% after deductible | You pay 5% |
| Annual Out-Of-Pocket Max³ (individual/family) | \$9,350/\$18,700 | \$7,550/\$15,100 | \$3,150/\$6,300 | \$3,150/\$6,300 |
| Physician Services (primary care/specialist) | You pay \$0, deductible waived/You pay \$90, deductible waived | You pay \$0, deductible waived/You pay \$90, deductible waived | You pay \$0, deductible waived/You pay \$35, 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 25% after deductible | You pay 25% after deductible | You pay 20% after deductible | You pay 5% |
| Lab | You pay 25% after deductible | You pay 25% after deductible | You pay 20% after deductible | You pay 5% |
| X-ray and Ultrasound | You pay 25% after deductible | You pay 25% after deductible | You pay 20% after deductible | You pay 5% |
| Emergency Room Services | You pay \$600 after deductible | You pay \$600 after deductible | You pay \$550 after deductible | You pay \$200 |
| Urgent Care | You pay \$50, deductible waived | You pay \$50, deductible waived | You pay \$40, deductible waived | You pay \$15 |
| MDLive Virtual Urgent Acute Care⁵ | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0 |
| Speech Therapy | You pay 25% after deductible | You pay 25% after deductible | You pay 20% after deductible | You pay 5% |
| Occupational and Physical Therapy | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0 |
| 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 Preventive | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0 |
| Tier 2 - Retail Generic | You pay \$20, deductible waived | You pay \$20, deductible waived | You pay \$20, deductible waived | You pay \$5 |
| Tier 3 - Retail Preferred Brand | You pay \$90, deductible waived | You pay \$90, deductible waived | You pay \$75, deductible waived | You pay \$40 |
| Tier 4 - Retail Non-Preferred Brand | You pay 50% after deductible | You pay 50% after deductible | You pay 50% after deductible | You pay 50% |
| Tier 5 - Retail Specialty and Other High Cost Medications | You pay 50% after deductible | You pay 50% after deductible | You pay 40% after deductible | You pay 40% |
| 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 |



|  SILVER | Base Plan Name - Cigna Connect Colorado Option Silver | | | |
|---|--|--|--|--|
| | Cigna Connect Colorado Option Silver | Cigna Connect Colorado Option Silver 73% AV | Cigna Connect Colorado Option Silver 87% AV | Cigna Connect Colorado Option Silver 94% AV |
| MEDICAL | In-Network | In-Network | In-Network | In-Network |
| Annual Deductible¹ (individual/family) | \$4,750/\$9,500 | \$3,450/\$6,900 | \$800/\$1,600 | \$100/\$200 |
| Coinsurance² | You pay 40% after deductible | You pay 40% after deductible | You pay 30% after deductible | You pay 20% after deductible |
| Annual Out-Of-Pocket Max³ (individual/family) | \$9,450/\$18,900 | \$7,450/\$14,900 | \$3,150/\$6,300 | \$1,100/\$2,200 |
| Physician Services (primary care/specialist) | You pay \$0, deductible waived/You pay \$80, deductible waived | You pay \$0, deductible waived/You pay \$80, deductible waived | You pay \$0, deductible waived/You pay \$60, deductible waived | You pay \$0, deductible waived/You pay \$40, 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 30% after deductible | You pay 20% after deductible |
| Lab | You pay 40% after deductible | You pay 40% after deductible | You pay 30% after deductible | You pay 20% after deductible |
| X-ray and Ultrasound | You pay 40% after deductible | You pay 40% after deductible | You pay 30% after deductible | You pay 20% after deductible |
| Emergency Room Services | You pay 40% after deductible | You pay 40% after deductible | You pay 30% after deductible | You pay 20% after deductible |
| Urgent Care | You pay \$80, deductible waived | You pay \$80, deductible waived | You pay \$60, deductible waived | You pay \$40, 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 Therapy | You pay 40% after deductible | You pay 40% after deductible | You pay 30% after deductible | You pay 20% after deductible |
| Occupational and Physical Therapy | You pay 40% after deductible | You pay 40% after deductible | You pay 30% after deductible | You pay 20% 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 Preventive | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0, deductible waived |
| Tier 2 - Retail Generic | You pay \$20, deductible waived | You pay \$20, deductible waived | You pay \$0, deductible waived | You pay \$0, deductible waived |
| Tier 3 - Retail Preferred Brand | You pay \$125, deductible waived | You pay \$125, deductible waived | You pay \$60, deductible waived | You pay \$20, deductible waived |
| Tier 4 - Retail Non-Preferred Brand | You pay \$300, deductible waived | You pay \$300, deductible waived | You pay \$120, deductible waived | You pay \$40, deductible waived |
| Tier 5 - Retail Specialty and Other High Cost Medications | You pay \$650, deductible waived | You pay \$600, deductible waived | You pay \$180, deductible waived | You pay \$60, deductible waived |
| 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 - Cigna Connect Flex Silver 2750 Rx Copay | | | |
|---|--|--|--|--|
| | Cigna Connect Flex Silver 2750 Rx Copay | Cigna Connect Flex Silver 2750 Rx Copay (200-250% FPL) | Cigna Connect Flex Silver 2750 Rx Copay (150-200% FPL) | Cigna Connect Flex Silver 2750 Rx Copay (100-150% FPL) |
| MEDICAL | In-Network | In-Network | In-Network | In-Network |
| Annual Deductible¹ (individual/family) | \$2,750/\$5,500 | \$2,750/\$5,500 | \$500/\$1,000 | \$75/\$150 |
| Coinsurance² | You pay 35% after deductible | You pay 35% after deductible | You pay 10% after deductible | You pay 5% after deductible |
| Annual Out-Of-Pocket Max³ (individual/family) | \$9,450/\$18,900 | \$7,550/\$15,100 | \$3,150/\$6,300 | \$2,500/\$5,000 |
| Physician Services (primary care/specialist) | You pay \$0, deductible waived/You pay \$90, deductible waived | You pay \$0, deductible waived/You pay \$85, deductible waived | You pay \$0, deductible waived/You pay \$40, 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 10% after deductible | You pay 5% after deductible |
| Lab | You pay 35% after deductible | You pay 35% after deductible | You pay 10% after deductible | You pay 5% after deductible |
| X-ray and Ultrasound | You pay 35% after deductible | You pay 35% after deductible | You pay 10% after deductible | You pay 5% after deductible |
| Emergency Room Services | You pay 35% after deductible | You pay 35% after deductible | You pay 10% after deductible | You pay 5% after deductible |
| Urgent Care | You pay \$50, deductible waived | You pay \$50, deductible waived | You pay \$40, deductible waived | You pay \$25, 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 Therapy | You pay 35% after deductible | You pay 35% after deductible | You pay 10% after deductible | You pay 5% after deductible |
| Occupational and Physical Therapy | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0, 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 Preventive | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0, deductible waived |
| Tier 2 - Retail Generic | You pay \$25, deductible waived | You pay \$25, deductible waived | You pay \$20, deductible waived | You pay \$10, deductible waived |
| Tier 3 - Retail Preferred Brand | You pay \$90, deductible waived | You pay \$90, deductible waived | You pay \$75, deductible waived | You pay \$30, deductible waived |
| Tier 4 - Retail Non-Preferred Brand | You pay \$500, deductible waived | You pay \$500, deductible waived | You pay \$200, deductible waived | You pay \$200, deductible waived |
| Tier 5 - Retail Specialty and Other High Cost Medications | You pay \$725, deductible waived | You pay \$580, deductible waived | You pay \$250, deductible waived | You pay \$225, deductible waived |
| 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 |



| | Off Exchange* | Off Exchange* | Off Exchange* | Off Exchange** | Off Exchange** |
|---|--|--|---|--|--|
| | Cigna Connect Silver 5750-A | Cigna Connect Silver 2750-A Rx Copay | Cigna Connect Silver 3750-A | Cigna Connect Colorado Option Silver Off Exchange | Cigna Colorado Option Silver Enhanced 94% |
| MEDICAL | In-Network | In-Network | In-Network | In-Network | In-Network |
| Annual Deductible¹ (individual/family) | \$5,750/\$11,500 | \$2,750/\$5,500 | \$3,750/\$7,500 | \$4,750/\$9,500 | \$100/\$200 |
| Coinsurance² | You pay 25% after deductible | You pay 35% after deductible | You pay 35% after deductible | You pay 40% after deductible | You pay 20% after deductible |
| Annual Out-Of-Pocket Max³ (individual/family) | \$9,350/\$18,700 | \$9,450/\$18,900 | \$9,450/\$18,900 | \$9,450/\$18,900 | \$1,100/\$2,200 |
| Physician Services (primary care/specialist) | You pay \$0, deductible waived/ You pay \$90, deductible waived | You pay \$0, deductible waived/ You pay \$90, deductible waived | You pay \$10, deductible waived/ You pay \$80, deductible waived | You pay \$0, deductible waived/ You pay \$80, deductible waived | You pay \$0, deductible waived/ You pay \$40, deductible waived |
| Preventive Care⁴ | 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 25% after deductible | You pay 35% after deductible | You pay 35% after deductible | You pay 40% after deductible | You pay 20% after deductible |
| Lab | You pay 25% after deductible | You pay 35% after deductible | You pay 35% after deductible | You pay 40% after deductible | You pay 20% after deductible |
| X-ray and Ultrasound | You pay 25% after deductible | You pay 35% after deductible | You pay 35% after deductible | You pay 40% after deductible | You pay 20% after deductible |
| Emergency Room Services | You pay \$600 after deductible | You pay 35% after deductible | You pay 35% after deductible | You pay 40% after deductible | You pay 20% after deductible |
| Urgent Care | You pay \$50, deductible waived | You pay \$50, deductible waived | You pay \$50, deductible waived | You pay \$80, deductible waived | You pay \$40, 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 | You pay \$0, deductible waived |
| Speech Therapy | You pay 25% after deductible | You pay 35% after deductible | You pay 35% after deductible | You pay 40% after deductible | You pay 20% after deductible |
| Occupational and Physical Therapy | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$10, deductible waived | You pay 40% after deductible | You pay 20% 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 Preventive | 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 Generic | You pay \$20, deductible waived | You pay \$25, deductible waived | You pay \$20, deductible waived | You pay \$20, deductible waived | You pay \$0, deductible waived |
| Tier 3 - Retail Preferred Brand | You pay \$90, deductible waived | You pay \$90, deductible waived | You pay \$80, deductible waived | You pay \$125, deductible waived | You pay \$20, deductible waived |
| Tier 4 - Retail Non-Preferred Brand | You pay 50% after deductible | You pay \$500, deductible waived | You pay \$500, deductible waived | You pay \$300, deductible waived | You pay \$40, deductible waived |
| Tier 5 - Retail Specialty and Other High Cost Medications | You pay 50% after deductible | You pay \$725, deductible waived | You pay 50% after deductible | You pay \$650, deductible waived | You pay \$60, deductible waived |
| 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 | 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 | You pay no more than \$25 |



| | Cigna Connect Flex Gold 2700 | Cigna Connect Colorado Option Gold | Cigna Connect Flex Gold 700 Rx Copay |
|---|--|--|--|
| MEDICAL | In-Network | In-Network | In-Network |
| Annual Deductible¹ (individual/family) | \$2,700/\$5,400 | \$1,700/\$3,400 | \$700/\$1,400 |
| Coinsurance² | You pay 20% after deductible | You pay 30% after deductible | You pay 25% after deductible |
| Annual Out-Of-Pocket Max³ (individual/family) | \$8,700/\$17,400 | \$8,700/\$17,400 | \$9,000/\$18,000 |
| Physician Services (primary care/specialist) | You pay \$0, deductible waived/You pay \$60, deductible waived | You pay \$0, deductible waived/You pay \$50, deductible waived | You pay \$0, deductible waived/You pay \$60, deductible waived |
| Preventive Care⁴ | 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 30% after deductible | You pay 25% after deductible |
| Lab | You pay \$50, deductible waived | You pay 30% after deductible | You pay \$50, deductible waived |
| X-ray and Ultrasound | You pay 20% after deductible | You pay 30% after deductible | You pay 25% after deductible |
| Emergency Room Services | You pay \$500, deductible waived | You pay 30% after deductible | You pay \$500 after deductible |
| Urgent Care | You pay \$40, deductible waived | You pay \$50, deductible waived | You pay \$40, deductible waived |
| MDLive Virtual Urgent Acute Care⁵ | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0, deductible waived |
| Speech Therapy | You pay 20% after deductible | You pay 30% after deductible | You pay 25% after deductible |
| Occupational and Physical Therapy | You pay \$0, deductible waived | You pay 30% after deductible | You pay \$0, 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 Preventive | You pay \$0, deductible waived | You pay \$0, deductible waived | You pay \$0, deductible waived |
| Tier 2 - Retail Generic | You pay \$10, deductible waived | You pay \$10, deductible waived | You pay \$10, deductible waived |
| Tier 3 - Retail Preferred Brand | You pay \$50, deductible waived | You pay \$50, deductible waived | You pay \$55, deductible waived |
| Tier 4 - Retail Non-Preferred Brand | You pay 50% after deductible | You pay \$200, deductible waived | You pay \$500, deductible waived |
| Tier 5 - Retail Specialty and Other High Cost Medications | You pay 50% after deductible | You pay \$600, deductible waived | You pay \$725, deductible waived |
| Formulary Diabetic Supplies, including Metformin (non-insulin) | 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 |

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

**Coverage must be enrolled via Connect for Health Colorado.

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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