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2025 Cigna Healthcare Small Group Plans

Georgia

LocalPlus® and Open Access Plus Plans – PPO

Off-Exchange Only

LocalPlus Plans

Cigna Healthcare LocalPlus Platinum \$900	2
Cigna Healthcare LocalPlus Gold \$0	3
Cigna Healthcare LocalPlus Gold \$1,250	3
Cigna Healthcare LocalPlus Gold \$2,500	3
Cigna Healthcare LocalPlus Gold \$3,500	3
Cigna Healthcare LocalPlus Silver \$3,500	4
Cigna Healthcare LocalPlus Silver \$4,250	4
Cigna Healthcare LocalPlus Silver \$5,000	4
Cigna Healthcare LocalPlus Silver \$6,550	4
Cigna Healthcare LocalPlus Bronze \$6,500 HSA	5

Open Access Plus Plans

Cigna Healthcare Open Access Plus Platinum \$900	6
Cigna Healthcare Open Access Plus Gold \$0	7
Cigna Healthcare Open Access Plus Gold \$1,250	7
Cigna Healthcare Open Access Plus Gold \$2,500	7
Cigna Healthcare Open Access Plus Gold \$3,500	7
Cigna Healthcare Open Access Plus Silver \$3,500	8
Cigna Healthcare Open Access Plus Silver \$4,250	8
Cigna Healthcare Open Access Plus Silver \$5,000	8
Cigna Healthcare Open Access Plus Silver \$6,550	8
Cigna Healthcare Open Access Plus Bronze \$6,500 HSA	9

2025 Cigna Healthcare

PLATINUM

LocalPlus – Georgia
PPO – Off-Exchange Only

CIGNA HEALTHCARE LOCALPLUS

Plan Name	PLATINUM \$900
Annual Medical Deductible (individual/family)	\$900/\$1,800
Coinsurance	You pay 0% after deductible
Annual Out-Of-Pocket Max (individual/family)	\$2,950/\$5,900
Physician Services (primary care/specialist)	You pay \$15/You pay \$35
Preventive Care ¹ (in-person & virtual)	You pay \$0, deductible waived
Inpatient Facility Services	You pay 0% after deductible
Lab Office & Independent/Outpatient	You pay 0%, deductible waived/You pay 0% after deductible
X-ray and Ultrasound	You pay 0%, deductible waived
Emergency Room Services	You pay \$400, deductible waived
Urgent Care	You pay \$100, deductible waived
MDLive [®] Virtual Urgent Acute Care ²	You pay \$0, deductible waived
Speech, Occupational, and Physical Therapy	You pay \$35, 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 \$25, deductible waived
Tier 3 - Retail Preferred Brand	You pay \$75, deductible waived
Tier 4 - Retail Non-Preferred Brand	You pay \$150, deductible waived
Tier 5 - Retail Specialty and other high-cost medications	You pay 30% to a maximum of \$1,500, deductible waived
Preferred Insulin (Retail)	You pay up to \$25

2025 Cigna Healthcare

GOLD

**LocalPlus – Georgia
PPO – Off-Exchange Only**

CIGNA HEALTHCARE LOCALPLUS

Plan Name	GOLD \$0	GOLD \$1,250	GOLD \$2,500	GOLD \$3,500
Annual Medical Deductible (individual/family)	\$0/\$0	\$1,250/\$2,500	\$2,500/\$5,000	\$3,500/\$7,000
Coinsurance	You pay 0%	You pay 20% after deductible	You pay 20% after deductible	You pay 0% after deductible
Annual Out-Of-Pocket Max (individual/family)	\$9,100/\$18,200	\$7,400/\$14,800	\$7,000/\$14,000	\$7,250/\$14,500
Physician Services (primary care/specialist)	You pay \$50/You pay \$80	You pay \$35, deductible waived/You pay \$75, deductible waived	You pay \$25, deductible waived/You pay \$75, deductible waived	You pay \$30, deductible waived/You pay \$80, deductible waived
Preventive Care ¹ (in-person & virtual)	You pay \$0	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Inpatient Facility Services	You pay \$1,750/day for up to 3 days	You pay 20% after deductible	You pay 20% after deductible	You pay 0% after deductible
Lab Office & Independent/Outpatient	You pay 0%	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 0% after deductible
X-ray and Ultrasound	You pay 0%	You pay 20% after deductible	You pay 20% after deductible	You pay 0%, deductible waived
Emergency Room Services	You pay \$700	You pay \$600 after deductible	You pay \$400, deductible waived	You pay \$450 after deductible
Urgent Care	You pay \$100	You pay \$100, deductible waived	You pay \$100, deductible waived	You pay \$100, deductible waived
MDLive Virtual Urgent Acute Care ²	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 \$80	You pay 20% after deductible	You pay 20% after deductible	You pay 0% after deductible
Annual Pharmacy Deductible (individual/family)	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Tier 1 - Retail Preferred Generic	You pay \$0	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Tier 2 - Retail Non-Preferred Generic	You pay \$25	You pay \$25, deductible waived	You pay \$25, deductible waived	You pay \$25, deductible waived
Tier 3 - Retail Preferred Brand	You pay \$75	You pay \$75, deductible waived	You pay \$75, deductible waived	You pay \$75, deductible waived
Tier 4 - Retail Non-Preferred Brand	You pay \$150	You pay \$150, deductible waived	You pay \$150, deductible waived	You pay \$150, deductible waived
Tier 5 - Retail Specialty and other high-cost medications	You pay 30% to a maximum of \$1,500	You pay 30% to a maximum of \$1,500, deductible waived	You pay 30% to a maximum of \$1,500, deductible waived	You pay 30% to a maximum of \$1,500, deductible waived
Preferred Insulin (Retail)	You pay up to \$25	You pay up to \$25	You pay up to \$25	You pay up to \$25

2025 Cigna Healthcare

SILVER

**LocalPlus – Georgia
PPO – Off-Exchange Only**

CIGNA HEALTHCARE LOCALPLUS

Plan Name	SILVER \$3,500	SILVER \$4,250	SILVER \$5,000	SILVER \$6,550
Annual Medical Deductible (individual/family)	\$3,500/\$7,000	\$4,250/\$8,500	\$5,000/\$10,000	\$6,550/\$13,100
Coinsurance	You pay 30% after deductible	You pay 30% after deductible	You pay 30% after deductible	You pay 20% after deductible
Annual Out-Of-Pocket Max (individual/family)	\$9,200/\$18,400	\$9,200/\$18,400	\$9,200/\$18,400	\$9,200/\$18,400
Physician Services (primary care/specialist)	You pay \$50, deductible waived/You pay \$125, deductible waived	You pay \$55, deductible waived/You pay \$100, deductible waived	You pay \$55, deductible waived/You pay \$100, deductible waived	You pay \$45, deductible waived/You pay \$125, deductible waived
Preventive Care ¹ (in-person & virtual)	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 20% 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	You pay 0%, deductible waived/You pay 20% after deductible
X-ray and Ultrasound	You pay 30% after deductible	You pay 30% after deductible	You pay 30% after deductible	You pay 20% after deductible
Emergency Room Services	You pay \$750 after deductible	You pay \$750 after deductible	You pay \$1,000 after deductible	You pay \$600 after deductible
Urgent Care	You pay \$100, deductible waived	You pay \$100, deductible waived	You pay \$100, deductible waived	You pay \$100, deductible waived
MDLive Virtual Urgent Acute Care ²	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 20% after deductible
Annual Pharmacy Deductible (individual/family)	Not Applicable	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	You pay \$0, deductible waived
Tier 2 - Retail Non-Preferred Generic	You pay \$30, deductible waived	You pay \$30, deductible waived	You pay \$30, deductible waived	You pay \$30, deductible waived
Tier 3 - Retail Preferred Brand	You pay \$80, deductible waived	You pay \$80, deductible waived	You pay \$80, deductible waived	You pay \$80, deductible waived
Tier 4 - Retail Non-Preferred Brand	You pay \$175, deductible waived	You pay \$175, deductible waived	You pay \$175, deductible waived	You pay \$175, deductible waived
Tier 5 - Retail Specialty and other high-cost medications	You pay 30% to a maximum of \$1,500, deductible waived	You pay 30% to a maximum of \$1,500, deductible waived	You pay 30% to a maximum of \$1,500, deductible waived	You pay 30% to a maximum of \$1,500, deductible waived
Preferred Insulin (Retail)	You pay up to \$25	You pay up to \$25	You pay up to \$25	You pay up to \$25

2025 Cigna Healthcare

BRONZE

LocalPlus – Georgia
PPO – Off-Exchange Only

CIGNA HEALTHCARE LOCALPLUS

Plan Name

	BRONZE \$6,500 HSA
Annual Medical Deductible (individual/family)	\$6,500/\$13,000
Coinsurance	You pay 10% after deductible
Annual Out-Of-Pocket Max (individual/family)	\$8,000/\$16,000
Physician Services (primary care/specialist)	You pay \$50 after deductible/You pay \$50 after deductible
Preventive Care ¹ (in-person & virtual)	You pay \$0, deductible waived
Inpatient Facility Services	You pay 10% after deductible
Lab Office & Independent/Outpatient	You pay 10% after deductible/You pay 20% after deductible
X-ray and Ultrasound	You pay 10% after deductible
Emergency Room Services	You pay \$700 after deductible
Urgent Care	You pay \$100 after deductible
MDLive Virtual Urgent Acute Care ²	You pay 0% after deductible
Speech, Occupational, and Physical Therapy	You pay 10% after deductible
Annual Pharmacy Deductible (individual/family)	Combined with Medical
Tier 1 - Retail Preferred Generic	You pay \$0 after deductible
Tier 2 - Retail Non-Preferred Generic	You pay \$25 after deductible
Tier 3 - Retail Preferred Brand	You pay \$80 after deductible
Tier 4 - Retail Non-Preferred Brand	You pay \$175 after deductible
Tier 5 - Retail Specialty and other high-cost medications	You pay 30% to a maximum of \$1,500 after deductible
Preferred Insulin (Retail)	You pay up to \$25 after deductible

2025 Cigna Healthcare

PLATINUM

Open Access Plus – Georgia
PPO – Off-Exchange Only

Plan Name	CIGNA HEALTHCARE OPEN ACCESS PLUS	
	PLATINUM \$900	
Annual Medical Deductible (individual/family)	\$900/\$1,800	
Coinsurance	You pay 0% after deductible	
Annual Out-Of-Pocket Max (individual/family)	\$2,950/\$5,900	
Physician Services (primary care/specialist)	You pay \$15/You pay \$35	
Preventive Care ¹ (in-person & virtual)	You pay \$0, deductible waived	
Inpatient Facility Services	You pay 0% after deductible	
Lab Office & Independent/Outpatient	You pay 0%, deductible waived/You pay 0% after deductible	
X-ray and Ultrasound	You pay 0%, deductible waived	
Emergency Room Services	You pay \$400, deductible waived	
Urgent Care	You pay \$100, deductible waived	
MDLive Virtual Urgent Acute Care ²	You pay \$0, deductible waived	
Speech, Occupational, and Physical Therapy	You pay \$35, 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 \$25, deductible waived	
Tier 3 - Retail Preferred Brand	You pay \$75, deductible waived	
Tier 4 - Retail Non-Preferred Brand	You pay \$150, deductible waived	
Tier 5 - Retail Specialty and other high-cost medications	You pay 30% to a maximum of \$1,500, deductible waived	
Preferred Insulin (Retail)	You pay up to \$25	

2025 Cigna Healthcare

GOLD

**Open Access Plus – Georgia
PPO – Off-Exchange Only**

CIGNA HEALTHCARE OPEN ACCESS PLUS

Plan Name	GOLD \$0	GOLD \$1,250	GOLD \$2,500	GOLD \$3,500
Annual Medical Deductible (individual/family)	\$0/\$0	\$1,250/\$2,500	\$2,500/\$5,000	\$3,500/\$7,000
Coinsurance	You pay 0%	You pay 20% after deductible	You pay 20% after deductible	You pay 0% after deductible
Annual Out-Of-Pocket Max (individual/family)	\$9,100/\$18,200	\$7,400/\$14,800	\$7,000/\$14,000	\$7,250/\$14,500
Physician Services (primary care/specialist)	You pay \$50/You pay \$80	You pay \$35, deductible waived/You pay \$75, deductible waived	You pay \$25, deductible waived/You pay \$75, deductible waived	You pay \$30, deductible waived/You pay \$80, deductible waived
Preventive Care ¹ (in-person & virtual)	You pay \$0	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Inpatient Facility Services	You pay \$1,750/day for up to 3 days	You pay 20% after deductible	You pay 20% after deductible	You pay 0% after deductible
Lab Office & Independent/Outpatient	You pay 0%	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 0% after deductible
X-ray and Ultrasound	You pay 0%	You pay 20% after deductible	You pay 20% after deductible	You pay 0%, deductible waived
Emergency Room Services	You pay \$700	You pay \$600 after deductible	You pay \$400, deductible waived	You pay \$450 after deductible
Urgent Care	You pay \$100	You pay \$100, deductible waived	You pay \$100, deductible waived	You pay \$100, deductible waived
MDLive Virtual Urgent Acute Care ²	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 \$80	You pay 20% after deductible	You pay 20% after deductible	You pay 0% after deductible
Annual Pharmacy Deductible (individual/family)	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Tier 1 - Retail Preferred Generic	You pay \$0	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived
Tier 2 - Retail Non-Preferred Generic	You pay \$25	You pay \$25, deductible waived	You pay \$25, deductible waived	You pay \$25, deductible waived
Tier 3 - Retail Preferred Brand	You pay \$75	You pay \$75, deductible waived	You pay \$75, deductible waived	You pay \$75, deductible waived
Tier 4 - Retail Non-Preferred Brand	You pay \$150	You pay \$150, deductible waived	You pay \$150, deductible waived	You pay \$150, deductible waived
Tier 5 - Retail Specialty and other high-cost medications	You pay 30% to a maximum of \$1,500	You pay 30% to a maximum of \$1,500, deductible waived	You pay 30% to a maximum of \$1,500, deductible waived	You pay 30% to a maximum of \$1,500, deductible waived
Preferred Insulin (Retail)	You pay up to \$25	You pay up to \$25	You pay up to \$25	You pay up to \$25

2025 Cigna Healthcare

SILVER

**Open Access Plus – Georgia
PPO – Off-Exchange Only**

CIGNA HEALTHCARE OPEN ACCESS PLUS

Plan Name	SILVER \$3,500	SILVER \$4,250	SILVER \$5,000	SILVER \$6,550
Annual Medical Deductible (individual/family)	\$3,500/\$7,000	\$4,250/\$8,500	\$5,000/\$10,000	\$6,550/\$13,100
Coinsurance	You pay 30% after deductible	You pay 30% after deductible	You pay 30% after deductible	You pay 20% after deductible
Annual Out-Of-Pocket Max (individual/family)	\$9,200/\$18,400	\$9,200/\$18,400	\$9,200/\$18,400	\$9,200/\$18,400
Physician Services (primary care/specialist)	You pay \$50, deductible waived/You pay \$125, deductible waived	You pay \$55, deductible waived/You pay \$100, deductible waived	You pay \$55, deductible waived/You pay \$100, deductible waived	You pay \$45, deductible waived/You pay \$125, deductible waived
Preventive Care ¹ (in-person & virtual)	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 20% 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	You pay 0%, deductible waived/You pay 20%, deductible waived
X-ray and Ultrasound	You pay 30% after deductible	You pay 30% after deductible	You pay 30% after deductible	You pay 20% after deductible
Emergency Room Services	You pay \$750 after deductible	You pay \$750 after deductible	You pay \$1,000 after deductible	You pay \$600 after deductible
Urgent Care	You pay \$100, deductible waived	You pay \$100, deductible waived	You pay \$100, deductible waived	You pay \$100, deductible waived
MDLive Virtual Urgent Acute Care ²	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 20% after deductible
Annual Pharmacy Deductible (individual/family)	Not Applicable	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	You pay \$0, deductible waived
Tier 2 - Retail Non-Preferred Generic	You pay \$30, deductible waived	You pay \$30, deductible waived	You pay \$30, deductible waived	You pay \$30, deductible waived
Tier 3 - Retail Preferred Brand	You pay \$80, deductible waived	You pay \$80, deductible waived	You pay \$80, deductible waived	You pay \$80, deductible waived
Tier 4 - Retail Non-Preferred Brand	You pay \$175, deductible waived	You pay \$175, deductible waived	You pay \$175, deductible waived	You pay \$175, deductible waived
Tier 5 - Retail Specialty and other high-cost medications	You pay 30% to a maximum of \$1,500, deductible waived	You pay 30% to a maximum of \$1,500, deductible waived	You pay 30% to a maximum of \$1,500, deductible waived	You pay 30% to a maximum of \$1,500, deductible waived
Preferred Insulin (Retail)	You pay up to \$25	You pay up to \$25	You pay up to \$25	You pay up to \$25

2025 Cigna Healthcare

BRONZE

Open Access Plus – Georgia
PPO – Off-Exchange Only

CIGNA HEALTHCARE OPEN ACCESS PLUS

Plan Name	BRONZE \$6,500 HSA
Annual Medical Deductible (individual/family)	\$6,500/\$13,000
Coinsurance	You pay 10% after deductible
Annual Out-Of-Pocket Max (individual/family)	\$8,000/\$16,000
Physician Services (primary care/specialist)	You pay \$50 after deductible/You pay \$50 after deductible
Preventive Care ¹ (in-person & virtual)	You pay \$0, deductible waived
Inpatient Facility Services	You pay 10% after deductible
Lab Office & Independent/Outpatient	You pay 10% after deductible/You pay 20% after deductible
X-ray and Ultrasound	You pay 10% after deductible
Emergency Room Services	You pay \$700 after deductible
Urgent Care	You pay \$100 after deductible
MDLive Virtual Urgent Acute Care ²	You pay 0% after deductible
Speech, Occupational, and Physical Therapy	You pay 10% after deductible
Annual Pharmacy Deductible (individual/family)	Combined with Medical
Tier 1 - Retail Preferred Generic	You pay \$0 after deductible
Tier 2 - Retail Non-Preferred Generic	You pay \$25 after deductible
Tier 3 - Retail Preferred Brand	You pay \$80 after deductible
Tier 4 - Retail Non-Preferred Brand	You pay \$175 after deductible
Tier 5 - Retail Specialty and other high-cost medications	You pay 30% to a maximum of \$1,500 after deductible
Preferred Insulin (Retail)	You pay up to \$25 after deductible

1. 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.

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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