



2025 Cigna Healthcare Small Group Plans

Tennessee

LocalPlus® and Open Access Plus Plans – PPO

Off-Exchange Only

Pending Regulatory Approval

LocalPlus Plans

Cigna Healthcare LocalPlus Platinum \$0	2
Cigna Healthcare LocalPlus Gold \$0.....	3
Cigna Healthcare LocalPlus Gold \$3,000.....	3
Cigna Healthcare LocalPlus Silver \$3,500.....	4
Cigna Healthcare LocalPlus Silver \$4,250	4
Cigna Healthcare LocalPlus Silver \$5,500.....	4
Cigna Healthcare LocalPlus Silver \$6,450	4
Cigna Healthcare LocalPlus Silver \$3,500 HSA.....	4
Cigna Healthcare LocalPlus Bronze \$5,750	4
Cigna Healthcare LocalPlus Bronze \$6,000 HSA.....	5

Open Access Plus Plans

Cigna Healthcare Open Access Plus Platinum \$0.....	6
Cigna Healthcare Open Access Plus Gold \$0.....	7
Cigna Healthcare Open Access Plus Gold \$3,000	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 \$5,500	8
Cigna Healthcare Open Access Plus Silver \$6,450.....	8
Cigna Healthcare Open Access Plus Silver \$3,500 HSA	8
Cigna Healthcare Open Access Plus Bronze \$5,750.....	9
Cigna Healthcare Open Access Plus Bronze \$6,000 HSA.....	9

2025 Cigna Healthcare

PLATINUM

LocalPlus – Tennessee
PPO – Off-Exchange Only

Plan Name	CIGNA HEALTHCARE LOCALPLUS	
	PLATINUM \$0	
Annual Medical Deductible (individual/family)	\$0/\$0	
Coinsurance	You pay 50%	
Annual Out-Of-Pocket Max (individual/family)	\$2,250/\$4,500	
Physician Services (primary care/specialist)	You pay \$20/You pay \$40	
Preventive Care ¹ (in-person & virtual)	You pay \$0	
Inpatient Facility Services	You pay 50%	
Lab Office & Independent/Outpatient	You pay \$0/You pay 50%	
X-ray and Ultrasound	You pay 50%	
Emergency Room Services	You pay 50%	
Urgent Care	You pay \$50	
MDLive [®] Virtual Urgent Acute Care ²	You pay \$0	
Speech, Occupational, and Physical Therapy	You pay \$20	
Annual Pharmacy Deductible (individual/family)	Not Applicable	
Tier 1 - Retail Preferred Generic	You pay \$0	
Tier 2 - Retail Non-Preferred Generic	You pay \$25	
Tier 3 - Retail Preferred Brand	You pay \$50	
Tier 4 - Retail Non-Preferred Brand	You pay \$75	
Tier 5 - Retail Specialty and other high-cost medications	You pay \$750	
Preferred Insulin (Retail)	You pay up to \$25	

2025 Cigna Healthcare

GOLD

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

CIGNA HEALTHCARE LOCALPLUS

Plan Name	GOLD \$0	GOLD \$3,000
Annual Medical Deductible (individual/family)	\$0/\$0	\$3,000/\$6,000
Coinsurance	You pay 40%	You pay 20% after deductible
Annual Out-Of-Pocket Max (individual/family)	\$8,000/\$16,000	\$7,000/\$14,000
Physician Services (primary care/specialist)	You pay \$40/You pay \$80	You pay \$25, deductible waived/You pay \$60, deductible waived
Preventive Care ¹ (in-person & virtual)	You pay \$0	You pay \$0, deductible waived
Inpatient Facility Services	You pay \$550/day for up to 3 days	You pay 20% after deductible
Lab Office & Independent/Outpatient	You pay \$0/You pay 40%	You pay \$0, deductible waived/You pay 20% after deductible
X-ray and Ultrasound	You pay 40%	You pay 20% after deductible
Emergency Room Services	You pay \$700	You pay 20% after deductible
Urgent Care	You pay \$75	You pay \$50, deductible waived
MDLive Virtual Urgent Acute Care ²	You pay \$0	You pay \$0, deductible waived
Speech, Occupational, and Physical Therapy	You pay \$40	You pay \$25, deductible waived
Annual Pharmacy Deductible (individual/family)	Not Applicable	Not Applicable
Tier 1 - Retail Preferred Generic	You pay \$0	You pay \$0, deductible waived
Tier 2 - Retail Non-Preferred Generic	You pay \$25	You pay \$25, deductible waived
Tier 3 - Retail Preferred Brand	You pay \$65	You pay \$65, deductible waived
Tier 4 - Retail Non-Preferred Brand	You pay \$125	You pay \$125, deductible waived
Tier 5 - Retail Specialty and other high-cost medications	You pay \$750	You pay \$750, deductible waived
Preferred Insulin (Retail)	You pay up to \$25	You pay up to \$25

2025 Cigna Healthcare

SILVER

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

CIGNA HEALTHCARE LOCALPLUS

Plan Name	SILVER \$3,500	SILVER \$4,250	SILVER \$5,500	SILVER \$6,450	SILVER \$3,500 HSA
Annual Medical Deductible (individual/family)	\$3,500/\$7,000	\$4,250/\$8,500	\$5,500/\$11,000	\$6,450/\$12,900	\$3,500/\$7,000
Coinsurance	You pay 30% after deductible	You pay 25% after deductible	You pay 40% after deductible	You pay 40% after deductible	You pay 40% after deductible
Annual Out-Of-Pocket Max (individual/family)	\$9,100/\$18,200	\$9,200/\$18,400	\$9,000/\$18,000	\$9,200/\$18,400	\$7,000/\$14,000
Physician Services (primary care/specialist)	You pay \$60, deductible waived/You pay \$60 after deductible	You pay \$60, deductible waived/You pay \$125, deductible waived	You pay \$55, deductible waived/You pay \$110, deductible waived	You pay \$55, deductible waived/You pay \$110, deductible waived	You pay 40% after deductible
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	You pay \$0, deductible waived
Inpatient Facility Services	You pay 30% after deductible	You pay 25% after deductible	You pay 40% after deductible	You pay 40% after deductible	You pay 40% after deductible
Lab Office & Independent/Outpatient	You pay \$0, deductible waived/You pay 30% after deductible	You pay \$0, deductible waived/You pay 25% after deductible	You pay \$0, deductible waived/You pay 40% after deductible	You pay \$0, deductible waived/You pay 40% after deductible	You pay 0% after deductible/You pay 40% after deductible
X-ray and Ultrasound	You pay 30% after deductible	You pay 25% after deductible	You pay 40% after deductible waived	You pay 40% after deductible	You pay 40% after deductible
Emergency Room Services	You pay 30% after deductible	You pay 25% after deductible	You pay 40% after deductible	You pay 40% after deductible	You pay 40% after deductible
Urgent Care	You pay \$75, deductible waived	You pay \$75, deductible waived	You pay \$75, deductible waived	You pay \$75, deductible waived	You pay 40% after deductible
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	You pay 0% after deductible
Speech, Occupational, and Physical Therapy	You pay \$60, deductible waived	You pay \$60, deductible waived	You pay \$55, deductible waived	You pay \$55, deductible waived	You pay 40% after deductible
Annual Pharmacy Deductible (individual/family)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Combined with Medical
Tier 1 - Retail Preferred Generic	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0 after deductible
Tier 2 - Retail Non-Preferred Generic	You pay \$35, deductible waived	You pay \$35, deductible waived	You pay \$35, deductible waived	You pay \$35, deductible waived	You pay \$35 after deductible
Tier 3 - Retail Preferred Brand	You pay \$85, deductible waived	You pay \$85, deductible waived	You pay \$85, deductible waived	You pay \$85, deductible waived	You pay \$85 after deductible
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	You pay \$175 after deductible
Tier 5 - Retail Specialty and other high-cost medications	You pay \$750, deductible waived	You pay \$750, deductible waived	You pay \$750, deductible waived	You pay \$750, deductible waived	You pay \$750 after deductible
Preferred Insulin (Retail)	You pay up to \$25	You pay up to \$25	You pay up to \$25	You pay up to \$25	You pay up to \$25 after deductible

2025 Cigna Healthcare

BRONZE

LocalPlus – Tennessee
PPO – Off-Exchange Only

CIGNA HEALTHCARE LOCALPLUS

Plan Name	BRONZE \$5,750	BRONZE \$6,000 HSA
Annual Medical Deductible (individual/family)	\$5,750/\$11,500	\$6,000/\$12,000
Coinsurance	You pay 50% after deductible	You pay 40% after deductible
Annual Out-Of-Pocket Max (individual/family)	\$9,200/\$18,400	\$7,950/\$15,900
Physician Services (primary care/specialist)	You pay \$70, deductible waived/You pay 50% after deductible	You pay 40% after deductible
Preventive Care ¹ (in-person & virtual)	You pay \$0, deductible waived	You pay \$0, deductible waived
Inpatient Facility Services	You pay 50% after deductible	You pay 40% after deductible
Lab Office & Independent/Outpatient	You pay 0%, deductible waived/You pay 50% after deductible	You pay 0% after deductible/You pay 40% after deductible
X-ray and Ultrasound	You pay 50% after deductible	You pay 40% after deductible
Emergency Room Services	You pay 50% after deductible	You pay 40% after deductible
Urgent Care	You pay \$100, deductible waived	You pay 40% after deductible
MDLive Virtual Urgent Acute Care ²	You pay \$0, deductible waived	You pay 0% after deductible
Speech, Occupational, and Physical Therapy	You pay \$70, deductible waived	You pay 40% after deductible
Annual Pharmacy Deductible (individual/family)	Combined with Medical	Combined with Medical
Tier 1 - Retail Preferred Generic	You pay \$0, deductible waived	You pay \$0 after deductible
Tier 2 - Retail Non-Preferred Generic	You pay 50% after deductible	You pay \$35 after deductible
Tier 3 - Retail Preferred Brand	You pay 50% after deductible	You pay \$85 after deductible
Tier 4 - Retail Non-Preferred Brand	You pay 50% after deductible	You pay \$175 after deductible
Tier 5 - Retail Specialty and other high-cost medications	You pay 50% after deductible	You pay \$750 after deductible
Preferred Insulin (Retail)	You pay up to \$25	You pay up to \$25 after deductible

2025 Cigna Healthcare

Open Access Plus – Tennessee
PPO – Off-Exchange Only

PLATINUM

CIGNA HEALTHCARE OPEN ACCESS PLUS

Plan Name	PLATINUM \$0
Annual Medical Deductible (individual/family)	\$0/\$0
Coinsurance	You pay 50%
Annual Out-Of-Pocket Max (individual/family)	\$2,250/\$4,500
Physician Services (primary care/specialist)	You pay \$20/You pay \$40
Preventive Care ¹ (in-person & virtual)	You pay \$0
Inpatient Facility Services	You pay 50%
Lab Office & Independent/Outpatient	You pay \$0/You pay 50%
X-ray and Ultrasound	You pay 50%
Emergency Room Services	You pay 50%
Urgent Care	You pay \$50
MDLive Virtual Urgent Acute Care ²	You pay \$0
Speech, Occupational, and Physical Therapy	You pay \$20
Annual Pharmacy Deductible (individual/family)	Not Applicable
Tier 1 - Retail Preferred Generic	You pay \$0
Tier 2 - Retail Non-Preferred Generic	You pay \$25
Tier 3 - Retail Preferred Brand	You pay \$50
Tier 4 - Retail Non-Preferred Brand	You pay \$75
Tier 5 - Retail Specialty and other high-cost medications	You pay \$750
Preferred Insulin (Retail)	You pay up to \$25

2025 Cigna Healthcare

GOLD

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

CIGNA HEALTHCARE OPEN ACCESS PLUS

Plan Name	GOLD \$0	GOLD \$3,000
Annual Medical Deductible (individual/family)	\$0/\$0	\$3,000/\$6,000
Coinsurance	You pay 40%	You pay 20% after deductible
Annual Out-Of-Pocket Max (individual/family)	\$8,000/\$16,000	\$7,000/\$14,000
Physician Services (primary care/specialist)	You pay \$40/You pay \$80	You pay \$25, deductible waived/You pay \$60, deductible waived
Preventive Care ¹ (in-person & virtual)	You pay \$0	You pay \$0, deductible waived
Inpatient Facility Services	You pay \$550/day for up to 3 days	You pay 20% after deductible
Lab Office & Independent/Outpatient	You pay \$0/You pay 40%	You pay \$0, deductible waived/You pay 20% after deductible
X-ray and Ultrasound	You pay 40%	You pay 20% after deductible
Emergency Room Services	You pay \$700	You pay 20% after deductible
Urgent Care	You pay \$75	You pay \$50, deductible waived
MDLive Virtual Urgent Acute Care ²	You pay \$0	You pay \$0, deductible waived
Speech, Occupational, and Physical Therapy	You pay \$40	You pay \$25, deductible waived
Annual Pharmacy Deductible (individual/family)	Not Applicable	Not Applicable
Tier 1 - Retail Preferred Generic	You pay \$0	You pay \$0, deductible waived
Tier 2 - Retail Non-Preferred Generic	You pay \$25	You pay \$25, deductible waived
Tier 3 - Retail Preferred Brand	You pay \$65	You pay \$65, deductible waived
Tier 4 - Retail Non-Preferred Brand	You pay \$125	You pay \$125, deductible waived
Tier 5 - Retail Specialty and other high-cost medications	You pay \$750	You pay \$750, deductible waived
Preferred Insulin (Retail)	You pay up to \$25	You pay up to \$25

2025 Cigna Healthcare

SILVER

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

CIGNA HEALTHCARE OPEN ACCESS PLUS

Plan Name	SILVER \$3,500	SILVER \$4,250	SILVER \$5,500	SILVER \$6,450	SILVER \$3,500 HSA
Annual Medical Deductible (individual/family)	\$3,500/\$7,000	\$4,250/\$8,500	\$5,500/\$11,000	\$6,450/\$12,900	\$3,500/\$7,000
Coinsurance	You pay 30% after deductible	You pay 25% after deductible	You pay 40% after deductible	You pay 40% after deductible	You pay 40% after deductible
Annual Out-Of-Pocket Max (individual/family)	\$9,100/\$18,200	\$9,200/\$18,400	\$9,000/\$18,000	\$9,200/\$18,400	\$7,000/\$14,000
Physician Services (primary care/specialist)	You pay \$60, deductible waived/You pay \$60 after deductible	You pay \$60, deductible waived/You pay \$125, deductible waived	You pay \$55, deductible waived/You pay \$110, deductible waived	You pay \$55, deductible waived/You pay \$110, deductible waived	You pay 40% after deductible
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	You pay \$0, deductible waived
Inpatient Facility Services	You pay 30% after deductible	You pay 25% after deductible	You pay 40% after deductible	You pay 40% after deductible	You pay 40% after deductible
Lab Office & Independent/Outpatient	You pay \$0, deductible waived/You pay 30% after deductible	You pay \$0, deductible waived/You pay 25% after deductible	You pay \$0, deductible waived/You pay 40% after deductible	You pay \$0, deductible waived/You pay 40% after deductible	You pay 0% after deductible/You pay 40% after deductible
X-ray and Ultrasound	You pay 30% after deductible	You pay 25% after deductible	You pay 40% after deductible waived	You pay 40% after deductible	You pay 40% after deductible
Emergency Room Services	You pay 30% after deductible	You pay 25% after deductible	You pay 40% after deductible	You pay 40% after deductible	You pay 40% after deductible
Urgent Care	You pay \$75, deductible waived	You pay \$75, deductible waived	You pay \$75, deductible waived	You pay \$75, deductible waived	You pay 40% after deductible
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	You pay 0% after deductible
Speech, Occupational, and Physical Therapy	You pay \$60, deductible waived	You pay \$60, deductible waived	You pay \$55, deductible waived	You pay \$55, deductible waived	You pay 40% after deductible
Annual Pharmacy Deductible (individual/family)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Combined with Medical
Tier 1 - Retail Preferred Generic	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0 after deductible
Tier 2 - Retail Non-Preferred Generic	You pay \$35, deductible waived	You pay \$35, deductible waived	You pay \$35, deductible waived	You pay \$35, deductible waived	You pay \$35 after deductible
Tier 3 - Retail Preferred Brand	You pay \$85, deductible waived	You pay \$85, deductible waived	You pay \$85, deductible waived	You pay \$85, deductible waived	You pay \$85 after deductible
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	You pay \$175 after deductible
Tier 5 - Retail Specialty and other high-cost medications	You pay \$750, deductible waived	You pay \$750, deductible waived	You pay \$750, deductible waived	You pay \$750, deductible waived	You pay \$750 after deductible
Preferred Insulin (Retail)	You pay up to \$25	You pay up to \$25	You pay up to \$25	You pay up to \$25	You pay up to \$25 after deductible

2025 Cigna Healthcare

BRONZE

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

CIGNA HEALTHCARE OPEN ACCESS PLUS

Plan Name	BRONZE \$5,750	BRONZE \$6,000 HSA
Annual Medical Deductible (individual/family)	\$5,750/\$11,500	\$6,000/\$12,000
Coinsurance	You pay 50% after deductible	You pay 40% after deductible
Annual Out-Of-Pocket Max (individual/family)	\$9,200/\$18,400	\$7,950/\$15,900
Physician Services (primary care/specialist)	You pay \$70, deductible waived/You pay 50% after deductible	You pay 40% after deductible
Preventive Care ¹ (in-person & virtual)	You pay \$0, deductible waived	You pay \$0, deductible waived
Inpatient Facility Services	You pay 50% after deductible	You pay 40% after deductible
Lab Office & Independent/Outpatient	You pay 0%, deductible waived/You pay 50% after deductible	You pay 0% after deductible/You pay 40% after deductible
X-ray and Ultrasound	You pay 50% after deductible	You pay 40% after deductible
Emergency Room Services	You pay 50% after deductible	You pay 40% after deductible
Urgent Care	You pay \$100, deductible waived	You pay 40% after deductible
MDLive Virtual Urgent Acute Care ²	You pay \$0, deductible waived	You pay 0% after deductible
Speech, Occupational, and Physical Therapy	You pay \$70, deductible waived	You pay 40% after deductible
Annual Pharmacy Deductible (individual/family)	Combined with Medical	Combined with Medical
Tier 1 - Retail Preferred Generic	You pay \$0, deductible waived	You pay \$0 after deductible
Tier 2 - Retail Non-Preferred Generic	You pay 50% after deductible	You pay \$35 after deductible
Tier 3 - Retail Preferred Brand	You pay 50% after deductible	You pay \$85 after deductible
Tier 4 - Retail Non-Preferred Brand	You pay 50% after deductible	You pay \$175 after deductible
Tier 5 - Retail Specialty and other high-cost medications	You pay 50% after deductible	You pay \$750 after deductible
Preferred Insulin (Retail)	You pay up to \$25	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.

All Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group.
984925 08/24 © 2024 Cigna Healthcare. Some content provided under license.