



2024 Cigna Healthcare Plans - Georgia

Cigna HealthcareSM Connect Plans – Georgia

Banks, Barrow, Bartow, Bryan, Bulloch, Butts, Candler, Chatham, Chattahoochee, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, Dekalb, Douglas, Effingham, Elbert, Evans, Fayette, Forsyth, Franklin, Fulton, Gilmer, Greene, Gwinnett, Habersham, Hall, Harris, Hart, Henry, Jackson, Jasper, Lamar, Liberty, Long, Lumpkin, Macon, Madison, Marion, Meriwether, Morgan, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Pickens, Pike, Rabun, Rockdale, Screven, Spalding, Stephens, Stewart, Talbot, Tattnall, Taylor, Towns, Troup, Union, Upson, Walton, Webster, White

Connect/Bronze

- Connect Bronze 8500 Indiv Med Deductible 2
- Connect Bronze 0 Indiv Med Deductible 2
- Connect Bronze 6500 Indiv Med Deductible 2
- Connect Bronze 4500 Indiv Med Deductible Enhanced Diabetes Care 3
- Connect Bronze 7500 Indiv Med Deductible 3
- Connect Bronze 7000 HSA Indiv Med Deductible 3

Connect/Silver

- Connect Silver 3700 Indiv Med Deductible 4
- Connect Silver-2 3000 Indiv Med Deductible 4
- Connect Silver-3 700 Indiv Med Deductible 4
- Connect Silver-4 200 Indiv Med Deductible 4
- Connect Silver 5000 Indiv Med Deductible 5
- Connect Silver-2 3800 Indiv Med Deductible 5

- Connect Silver-3 550 Indiv Med Deductible 5
- Connect Silver-4A 0 Indiv Med Deductible 5
- Connect Silver 7000 Indiv Med Deductible 6
- Connect Silver-2 4250 Indiv Med Deductible 6
- Connect Silver-3 450 Indiv Med Deductible 6
- Connect Silver-4B 0 Indiv Med Deductible 6
- Connect Silver 2700 Indiv Med Deductible Enhanced Diabetes Care 7
- Connect Silver-2 2100 Indiv Med Deductible Enhanced Diabetes Care 7
- Connect Silver-3 550 Indiv Med Deductible Enhanced Diabetes Care 7
- Connect Silver-4 40 Indiv Med Deductible Enhanced Diabetes Care 7

Connect/Gold

- Connect Gold 500 Indiv Med Deductible 8



 BRONZE	Connect Bronze 8500 Indiv Med Deductible	Connect Bronze 0 Indiv Med Deductible	Connect Bronze 6500 Indiv Med Deductible
	In-Network	In-Network	In-Network
MEDICAL			
Annual Deductible¹ (individual/family)	\$8,500/\$17,000	\$0 Medical, \$5,500/\$11,000 Pharmacy	\$6,500/\$13,000
Coinsurance²	You pay 50% after deductible	You pay 50%	You pay 50% after deductible
Annual Out-Of-Pocket Max³ (individual/family)	\$9,200/\$18,400	\$9,200/\$18,400	\$9,200/\$18,400
Physician Services (primary care/specialist)	You pay \$45, deductible waived/You pay 50% after deductible	You pay \$55/You pay \$125	You pay \$35, deductible waived/You pay \$100, deductible waived
Preventive Care⁴ (in-person & virtual)	You pay \$0, deductible waived	You pay \$0	You pay \$0, deductible waived
Inpatient Facility Services	You pay 50% after deductible	You pay \$2,350 copay per day For 4 days, then 0%	You pay 50% after deductible
Lab	You pay 50% after deductible	You pay \$70	You pay 50% after deductible
X-ray and Ultrasound	You pay 50% after deductible	You pay 50%	You pay 50% after deductible
Emergency Room Services	You pay 50% after deductible	You pay \$1,800	You pay 50% after deductible
Urgent Care	You pay 50% after deductible	You pay \$75	You pay 50% after deductible
Mental Health/Substance Use Outpatient Office Visit	You pay 50% after deductible	You pay \$125	You pay \$100, deductible waived
MDLive[®] Virtual Urgent Acute Care⁵	You pay \$0, deductible waived	You pay \$0	You pay \$0, deductible waived
Speech, Occupational, and Physical Therapy	You pay 50% after deductible	You pay 50%	You pay 50% 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 \$5, deductible waived	You pay \$0, deductible waived
Tier 2 - Retail Non-Preferred Generic	You pay \$25, deductible waived	You pay \$40, deductible waived	You pay \$25, deductible waived
Tier 3 - Retail Preferred Brand	You pay 49% after deductible	You pay \$250, deductible waived	You pay 49% after deductible
Tier 4 - Retail Non-Preferred Brand	You pay 49% after deductible	You pay 49% after deductible	You pay 49% 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
Preferred Insulin (Retail)	You pay no more than \$25	You pay no more than \$25	You pay no more than \$25



BRONZE	Connect Bronze 4500 Indiv Med Deductible Enhanced Diabetes Care	Connect Bronze 7500 Indiv Med Deductible	Connect Bronze 7000 HSA Indiv Med Deductible
	In-Network	In-Network	In-Network
MEDICAL			
Annual Deductible¹ (individual/family)	\$4,500/\$9,000	\$7,500/\$15,000	\$7,000/\$14,000
Coinsurance²	You pay 40% after deductible	You pay 50% after deductible	You pay 50% after deductible
Annual Out-Of-Pocket Max³ (individual/family)	\$9,200/\$18,400	\$9,200/\$18,400	\$8,000/\$16,000
Physician Services (primary care/specialist)	You pay \$25, deductible waived/You pay \$95, deductible waived	You pay \$35, deductible waived/You pay \$95, deductible waived	You pay \$50 after deductible/You pay 50% after deductible
Preventive Care⁴ (in-person & virtual)	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 50% after deductible	You pay 50% after deductible
Lab	You pay 40% after deductible	You pay 50% after deductible	You pay 50% after deductible
X-ray and Ultrasound	You pay 40% after deductible	You pay 50% after deductible	You pay 50% after deductible
Emergency Room Services	You pay 40% after deductible	You pay 50% after deductible	You pay 50% after deductible
Urgent Care	You pay \$75, deductible waived	You pay \$75, deductible waived	You pay 50% after deductible
Mental Health/Substance Use Outpatient Office Visit	You pay \$95, deductible waived	You pay \$60, deductible waived	You pay 50% after deductible
MDLive Virtual Urgent Acute Care⁵	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0 after deductible
Speech, Occupational, and Physical Therapy	You pay 40% after deductible	You pay 50% after deductible	You pay 50% 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 \$2, deductible waived	You pay \$0, deductible waived	You pay 50% after deductible
Tier 2 - Retail Non-Preferred Generic	You pay \$25, deductible waived	You pay \$25, deductible waived	You pay 50% after deductible
Tier 3 - Retail Preferred Brand	You pay 40% after deductible	You pay \$50 after deductible	You pay 50% after deductible
Tier 4 - Retail Non-Preferred Brand	You pay 49% after deductible	You pay \$100 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
Preferred Insulin (Retail)	You pay \$0, deductible waived	You pay no more than \$25	You pay no more than \$25 after deductible



	Base Plan Name - Connect Silver 3700 Indiv Med Deductible			
	Connect Silver 3700 Indiv Med Deductible	Connect Silver-2 3000 Indiv Med Deductible	Connect Silver-3 700 Indiv Med Deductible	Connect Silver-4 200 Indiv Med Deductible
MEDICAL	In-Network	In-Network	In-Network	In-Network
Annual Deductible¹ (individual/family)	\$3,700/\$7,400	\$3,000/\$6,000	\$700/\$1,400	\$200/\$400
Coinsurance²	You pay 40% after deductible	You pay 35% after deductible	You pay 30% after deductible	You pay 5% after deductible
Annual Out-Of-Pocket Max³ (individual/family)	\$9,200/\$18,400	\$7,350/\$14,700	\$3,025/\$6,050	\$1,650/\$3,330
Physician Services (primary care/specialist)	You pay \$10, deductible waived/You pay \$70, deductible waived	You pay \$10, deductible waived/You pay \$70, deductible waived	You pay \$5, deductible waived/You pay \$25, deductible waived	You pay \$0, deductible waived/You pay \$5, deductible waived
Preventive Care⁴ (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 40% after deductible	You pay 35% after deductible	You pay 30% after deductible	You pay 5% after deductible
Lab	You pay 40% after deductible	You pay 35% after deductible	You pay 30% after deductible	You pay 5% after deductible
X-ray and Ultrasound	You pay 40% after deductible	You pay 35% after deductible	You pay 30% after deductible	You pay 5% after deductible
Emergency Room Services	You pay 40% after deductible	You pay 35% after deductible	You pay 30% after deductible	You pay 5% after deductible
Urgent Care	You pay \$50, deductible waived	You pay \$50, deductible waived	You pay \$25, deductible waived	You pay \$5, deductible waived
Mental Health/Substance Use Outpatient Office Visit	You Pay \$25, deductible waived	You Pay \$25, deductible waived	You Pay \$15, deductible waived	You Pay \$5, 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 35% after deductible	You pay 30% after deductible	You pay 5% 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 \$2, deductible waived	You pay \$2, deductible waived	You pay \$2, deductible waived	You pay \$2, deductible waived
Tier 2 - Retail Non-Preferred Generic	You pay \$20, deductible waived	You pay \$20, deductible waived	You pay \$15, deductible waived	You pay \$10, deductible waived
Tier 3 - Retail Preferred Brand	You pay \$65 after deductible	You pay \$55 after deductible	You pay \$45 after deductible	You pay \$30 after deductible
Tier 4 - Retail Non-Preferred Brand	You pay 45% after deductible	You pay 45% after deductible	You pay 45% after deductible	You pay 45% 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
Preferred Insulin (Retail)	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 5000 Indiv Med Deductible			
	Connect Silver 5000 Indiv Med Deductible	Connect Silver-2 3800 Indiv Med Deductible	Connect Silver-3 550 Indiv Med Deductible	Connect Silver-4A 0 Indiv Med Deductible
MEDICAL	In-Network	In-Network	In-Network	In-Network
Annual Deductible¹ (individual/family)	\$5,000/\$10,000	\$3,800/\$7,600	\$550/\$1,100	\$0/\$0
Coinsurance²	You pay 40% after deductible	You pay 40% after deductible	You pay 35% after deductible	You pay 20%
Annual Out-Of-Pocket Max³ (individual/family)	\$9,025/\$18,050	\$7,350/\$14,700	\$3,050/\$6,100	\$1,700/\$3,400
Physician Services (primary care/specialist)	You pay \$5, deductible waived/You pay \$55, deductible waived	You pay \$5, deductible waived/You pay \$55, deductible waived	You pay \$5, deductible waived/You pay \$30, deductible waived	You pay \$0/You pay \$5
Preventive Care⁴ (in-person & virtual)	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 35% after deductible	You pay 20%
Lab	You pay 40% after deductible	You pay 40% after deductible	You pay 35% after deductible	You pay 20%
X-ray and Ultrasound	You pay 40% after deductible	You pay 40% after deductible	You pay 35% after deductible	You pay 20%
Emergency Room Services	You Pay \$450 Copay And 40% Coinsurance after deductible	You Pay \$450 And 40% Coinsurance after deductible	You Pay \$300 And 40% Coinsurance after deductible	You Pay \$20 And 20% Coinsurance
Urgent Care	You pay \$50, deductible waived	You pay \$50, deductible waived	You pay \$25, deductible waived	You pay \$5
Mental Health/Substance Use Outpatient Office Visit	You Pay \$25, deductible waived	You Pay \$25, deductible waived	You Pay \$15, deductible waived	You Pay \$0
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% after deductible	You pay 40% after deductible	You pay 35% after deductible	You pay 20%
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 \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0
Tier 2 - Retail Non-Preferred Generic	You pay \$15, deductible waived	You pay \$15, deductible waived	You pay \$14, deductible waived	You pay \$10
Tier 3 - Retail Preferred Brand	You pay \$45 after deductible	You pay \$45 after deductible	You pay \$45 after deductible	You pay \$20
Tier 4 - Retail Non-Preferred Brand	You pay 45% after deductible	You pay 45% after deductible	You pay 45% after deductible	You pay 45%
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%
Preferred Insulin (Retail)	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 7000 Indiv Med Deductible			
	Connect Silver 7000 Indiv Med Deductible	Connect Silver-2 4250 Indiv Med Deductible	Connect Silver-3 450 Indiv Med Deductible	Connect Silver-4B 0 Indiv Med Deductible
MEDICAL	In-Network	In-Network	In-Network	In-Network
Annual Deductible¹ (individual/family)	\$7,000/\$14,000	\$4,250/\$8,500	\$450/\$900	\$0/\$0
Coinsurance²	You pay 50% after deductible	You pay 50% after deductible	You pay 45% after deductible	You pay 25%
Annual Out-Of-Pocket Max³ (individual/family)	\$9,100/\$18,200	\$7,350/\$14,700	\$3,050/\$6,400	\$1,450/\$2,900
Physician Services (primary care/specialist)	You pay \$5, deductible waived/You pay \$60, deductible waived	You pay \$5, deductible waived/You pay \$60, deductible waived	You pay \$0, deductible waived/You pay \$30, deductible waived	You pay \$0/You pay \$5
Preventive Care⁴ (in-person & virtual)	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0
Inpatient Facility Services	You pay 50% after deductible	You pay 50% after deductible	You pay 45% after deductible	You pay 25%
Lab	You pay 50% after deductible	You pay 50% after deductible	You pay 45% after deductible	You pay 25%
X-ray and Ultrasound	You pay 50% after deductible	You pay 50% after deductible	You pay 45% after deductible	You pay 25%
Emergency Room Services	You pay 50% after deductible	You pay 50% after deductible	You pay 45% after deductible	You pay 25%
Urgent Care	You pay \$50, deductible waived	You pay \$50, deductible waived	You pay \$25, deductible waived	You pay \$5
Mental Health/Substance Use Outpatient Office Visit	You Pay \$20, deductible waived	You Pay \$20, deductible waived	You Pay \$10, 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 50% after deductible	You pay 50% after deductible	You pay 45% after deductible	You pay 25%
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 \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0
Tier 2 - Retail Non-Preferred Generic	You pay \$20, deductible waived	You pay \$20, deductible waived	You pay \$15, deductible waived	You pay \$10
Tier 3 - Retail Preferred Brand	You pay \$45, deductible waived	You pay \$45, deductible waived	You pay \$45, deductible waived	You pay \$20
Tier 4 - Retail Non-Preferred Brand	You pay 45% after deductible	You pay 45% after deductible	You pay 45% after deductible	You pay 45%
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%
Preferred Insulin (Retail)	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 2700 Indiv Med Deductible Enhanced Diabetes Care			
	Connect Silver 2700 Indiv Med Deductible Enhanced Diabetes Care	Connect Silver-2 2100 Indiv Med Deductible Enhanced Diabetes Care	Connect Silver-3 550 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)	\$2,700/\$5,400	\$2,100/\$4,200	\$550/\$1,100	\$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	\$7,350/\$14,700	\$3,050/\$6,100	\$1,700/\$3,400
Physician Services (primary care/specialist)	You pay \$15, deductible waived/You pay \$75, deductible waived	You pay \$15, deductible waived/You pay \$70, deductible waived	You pay \$5, deductible waived/You pay \$40, deductible waived	You pay \$0, deductible waived/You pay \$15, deductible waived
Preventive Care⁴ (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 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 40% after deductible	You pay 40% after deductible	You pay 25% after deductible	You pay 10% after deductible
Urgent Care	You pay \$35, deductible waived	You pay \$35, deductible waived	You pay \$25, deductible waived	You pay \$15, deductible waived
Mental Health/Substance Use Outpatient Office Visit	You Pay \$30, deductible waived	You Pay \$25, deductible waived	You Pay \$20, deductible waived	You Pay \$10, 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 \$75, deductible waived	You pay \$75, deductible waived	You pay \$40, deductible waived	You pay \$25, deductible waived
Tier 4 - Retail Non-Preferred Brand	You pay 45% after deductible	You pay 45% after deductible	You pay 45% after deductible	You pay 45% 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
Preferred Insulin (Retail)	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 Deductible¹ (individual/family)	\$500/\$1,000
Coinsurance²	You pay 20% after deductible
Annual Out-Of-Pocket Max³ (individual/family)	\$9,200/\$18,400
Physician Services (primary care/specialist)	You pay \$15, deductible waived/You pay \$70, deductible waived
Preventive Care⁴ (in-person & virtual)	You pay \$0, deductible waived
Inpatient Facility Services	You pay 20% after deductible
Lab	You pay 20% after deductible
X-ray and Ultrasound	You pay 20% after deductible
Emergency Room Services	You pay 20% after deductible
Urgent Care	You pay \$40, deductible waived
Mental Health/Substance Use Outpatient Office Visit	You Pay \$35, deductible waived
MDLive Virtual Urgent Acute Care⁵	You pay \$0, deductible waived
Speech, Occupational, and Physical Therapy	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 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 30% after deductible
Tier 4 - Retail Non-Preferred Brand	You pay 49% after deductible
Tier 5 - Retail Specialty and Other High Cost Medications	You pay 50% after deductible
Preferred Insulin (Retail)	You pay no more than \$25

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 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. 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 dermatological visits through MDLIVE are completed via asynchronous messaging. Diagnoses requiring testing cannot be confirmed. Customers will be referred to seek in-person care.
 - 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%. \$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. The Cigna Healthcare name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

971256 08/24 © 2024 Cigna Healthcare

