



**B** BRONZE

|   | Cigna Connect 6750   | Cigna Connect 7000             |
|---|--|--------------------------------|
| <b>MEDICAL</b>  | <b>In-Network</b>  | <b>In-Network</b>              |
| Annual Deductible <sup>1</sup> individual/family  | \$6,750/\$13,500   | \$7,000/\$14,000               |
| Coinsurance <sup>2</sup>  | You pay 40% after deductible                                 | You pay 40% after deductible   |
| Annual out-of-pocket max <sup>3</sup> individual/family   | \$8,150/\$16,300   | \$8,150/\$16,300               |
| Physician services (primary care/specialist)  | You pay \$30, deductible waived/You pay 40% after deductible | You pay 40% after deductible   |
| Preventive Care   | You pay 0%, deductible waived                                | You pay 0%, deductible waived  |
| Inpatient facility and physician services   | You pay 40% after deductible                                 | You pay 40% after deductible   |
| Lab, X-ray and Ultrasound   | You pay 40% after deductible                                 | You pay 40% after deductible   |
| Emergency Room Services   | You pay 50% after deductible                                 | You pay 50% after deductible   |
| Urgent Care   | You pay \$40, deductible waived                              | You pay 40% after deductible   |
| Telehealth  | You pay \$0, deductible waived                               | You pay \$0, deductible waived |
| <b>RX DRUGS - Tier 1, 2, 3 and 4:</b> Up to a 30-day supply at participating pharmacy or up to a 90-day supply at 90-day retail pharmacy. <b>Tier 5:</b> Up to a 30-day supply at participating pharmacy or 90-day retail pharmacy. |  |                                |
| Tier 1 - Retail pref. generic   | You pay \$8, deductible waived for each 30 day supply        | You pay 40% after deductible   |
| Tier 2 - Retail non-pref. generic   | You pay 40% after deductible                                 | You pay 40% after deductible   |
| Tier 3 - Retail pref. brands  | You pay 40% after deductible                                 | You pay 40% after deductible   |
| Tier 4 - Retail non-pref. brands  | You pay 50% after deductible                                 | You pay 50% after deductible   |
| Tier 5 - Retail specialty   | You pay 50% after deductible                                 | You pay 50% after deductible   |

This summary contains highlights only. See plan coverage documents for full benefit information

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)





**MEDICAL**

**Annual Deductible<sup>1</sup> individual/family**

**Coinsurance<sup>2</sup>**

**Annual out-of-pocket max<sup>3</sup> individual/family**

**Physician services (primary care/specialist)**

**Preventive Care**

**Inpatient facility and physician services**

**Lab, X-ray and Ultrasound**

**Emergency Room Services**

**Urgent Care**

**Telehealth**



**SILVER**

**Cigna Connect 4500**

**Cigna Connect 6500**

**In-Network**

**In-Network**

\$4,500/\$9,000

\$6,500/\$13,000

You pay 20% after deductible

You pay 30% after deductible

\$8,150/\$16,300

\$8,150/\$16,300

You pay \$15, deductible waived/You pay 20% after deductible

You pay \$20, deductible waived/You pay 30% after deductible

You pay 0%, deductible waived

You pay 0%, deductible waived

You pay 20% after deductible

You pay 30% after deductible

You pay 20% after deductible

You pay 30% after deductible

You pay \$500 after deductible

You pay 50% after deductible

You pay \$30, deductible waived

You pay \$30, deductible waived

You pay \$0, deductible waived

You pay \$0, deductible waived

**RX DRUGS – Tier 1, 2, 3 and 4:** Up to a 30-day supply at participating pharmacy or up to a 90-day supply at 90-day retail pharmacy. **Tier 5:** Up to a 30-day supply at participating pharmacy or 90-day retail pharmacy.

**Tier 1 - Retail pref. generic**

You pay \$4, deductible waived for each 30 day supply

You pay \$4, deductible waived for each 30 day supply

**Tier 2 - Retail non-pref. generic**

You pay \$20, deductible waived for each 30 day supply

You pay \$20, deductible waived for each 30 day supply

**Tier 3 - Retail pref. brands**

You pay \$55, deductible waived for each 30 day supply

You pay \$60, deductible waived for each 30 day supply

**Tier 4 - Retail non-pref. brands**

You pay 50% after deductible

You pay 50% after deductible

**Tier 5 - Retail specialty**

You pay 40% after deductible

You pay 50% after deductible

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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)



**MEDICAL**

Annual Deductible<sup>1</sup> individual/family

Coinsurance<sup>2</sup>

Annual out-of-pocket max<sup>3</sup> individual/family

Physician services (primary care/specialist)

Preventive Care

Inpatient facility and physician services

Lab, X-ray and Ultrasound

Emergency Room Services

Urgent Care

Telehealth



Cigna Connect 1500

**In-Network**

\$1,500/\$3,000

You pay 15% after deductible

\$8,150/\$16,300

You pay \$25, deductible waived/You pay 15% after deductible

You pay 0%, deductible waived

You pay 15% after deductible

You pay 15% after deductible

You pay 15% after deductible

You pay \$50, deductible waived

You pay \$0, deductible waived

**RX DRUGS – Tier 1, 2, 3 and 4:** Up to a 30-day supply at participating pharmacy or up to a 90-day supply at 90-day retail pharmacy. **Tier 5:** Up to a 30-day supply at participating pharmacy or 90-day retail pharmacy.

Tier 1 - Retail pref. generic

You pay 15% after deductible

Tier 2 - Retail non-pref. generic

You pay 15% after deductible

Tier 3 - Retail pref. brands

You pay 15% after deductible

Tier 4 - Retail non-pref. brands

You pay 50% after deductible

Tier 5 - Retail specialty

You pay 50% after deductible

This summary contains highlights only. See plan coverage documents for full benefit information

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)

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