

B BRONZE

(<300 NA/AN) plan

	Cigna Connect 7000 and Cigna Connect 7000-1	Cigna Connect 6750 and Cigna Connect 6750-1	Cigna Connect 5500 and Cigna Connect 5500-1	Cigna Connect-0
MEDICAL	In-Network	In-Network	In-Network	In-Network
Annual Deductible ¹ individual/family	\$7,000/\$14,000	\$6,750/\$13,500	\$5,500/\$11,000	\$0
Coinsurance ²	You pay 40% after deductible	You pay 40% after deductible	You pay 40% after deductible	You pay 0%
Annual out-of-pocket max ³ individual/family	\$8,550/\$17,100	\$8,550/\$17,100	\$8,550/\$17,100	\$0
Physician services (primary care/specialist)	You pay 40% after deductible	You pay \$30, deductible waived/You pay 40% after deductible	You pay \$40, deductible waived/You pay 40% after deductible	You pay \$0
Preventive Care ⁴	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%
Inpatient facility and physician services	You pay 40% after deductible	You pay 40% after deductible	You pay 40% after deductible	You pay 0%
Lab, X-ray and Ultrasound	You pay 40% after deductible	You pay 40% after deductible	You pay 40% after deductible	You pay 0%
Emergency Room Services	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 0%
Urgent Care	You pay 40% after deductible	You pay \$40, deductible waived	You pay \$75, deductible waived	You pay 0%
Virtual Care ⁵	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0
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 any participating pharmacy or up to a 30 day supply at a 90 day retail pharmacy.				
Tier 1 - Retail pref. generic	You pay 40% after deductible	You pay \$8, deductible waived for each 30 day supply	You pay \$10, deductible waived for each 30 day supply	You pay 0%
Tier 2 - Retail non-pref. generic	You pay 40% after deductible	You pay 40% after deductible	You pay 40% after deductible	You pay 0%
Tier 3 - Retail pref. brands	You pay 40% after deductible	You pay 40% after deductible	You pay 40% after deductible	You pay 0%
Tier 4 - Retail non-pref. brands	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 0%
Tier 5 - Retail specialty	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 0%
Formulary Diabetic Supplies	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%
Metformin (non-insulin)	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%

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

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>.

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. 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 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 or under all plan types. **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. A primary care provider referral is not required for this service.



SILVER						
	OFF MARKETPLACE ONLY			OFF MARKETPLACE ONLY		
	Cigna Connect 6500 and Cigna Connect 6500-1	Cigna Connect 5750	Cigna Connect 4500 + Acupuncture and Cigna Connect 4500-1 + Acupuncture	Cigna Connect 3500 and Cigna Connect 3500-1	Cigna Connect 3500 Diabetes Care and Cigna Connect 3500-1 Diabetes Care	Cigna Connect 1900
MEDICAL	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Annual Deductible ¹ individual/family	\$6,500/\$13,000	\$5,750/\$11,500	\$4,500/\$9,000	\$3,500/\$7,000	\$3,500/\$7,000	\$1,900/\$3,800
Coinsurance ²	You pay 40% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 50% after deductible
Annual out-of-pocket max ³ individual/family	\$8,550/\$17,100	\$8,550/\$17,100	\$8,550/\$17,100	\$8,550/\$17,100	\$8,550/\$17,100	\$8,550/\$17,100
Physician services (primary care/specialist)	You pay \$20, deductible waived/You pay 40% after deductible	You pay \$40, deductible waived/You pay \$75, deductible waived	You pay \$15, deductible waived/You pay 20% after deductible	You pay \$25, deductible waived/You pay \$75, deductible waived	You pay \$10, deductible waived/You pay 30% after deductible	You pay \$25, deductible waived/You pay \$50, deductible waived
Preventive Care ⁴	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	You pay 0%, deductible waived
Inpatient facility and physician services	You pay 40% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay \$500 copayment per day, for the first 5 days, deductible waived, then 0%/ You pay 40% after deductible	You pay 30% after deductible	You pay 50% after deductible
Lab, X-ray and Ultrasound	You pay 40% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 50% after deductible
Emergency Room Services	You pay 50% after deductible	You pay 50% after deductible	You pay \$500 after deductible	You pay 40% after deductible	You pay 50% after deductible	You pay 50% after deductible
Urgent Care	You pay \$30, deductible waived	You pay \$55, deductible waived	You pay \$30, deductible waived	You pay \$35, deductible waived	You pay \$35, deductible waived	You pay \$40, deductible waived
Virtual Care ⁵	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	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 any participating pharmacy or up to a 30 day supply at a 90 day retail pharmacy.						
Tier 1 - Retail pref. generic	You pay \$4, deductible waived for each 30 day supply	You pay \$10, deductible waived for each 30 day supply	You pay \$4, deductible waived for each 30 day supply	You pay \$5, deductible waived for each 30 day supply	You pay \$5, deductible waived for each 30 day supply	You pay \$6, 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 \$30, deductible waived for each 30 day supply	You pay \$20, deductible waived for each 30 day supply	You pay \$25, deductible waived for each 30 day supply	You pay \$20, deductible waived for each 30 day supply	You pay \$25, deductible waived for each 30 day supply
Tier 3 - Retail pref. brands	You pay \$60, deductible waived for each 30 day supply	You pay \$75, deductible waived for each 30 day supply	You pay \$55, deductible waived for each 30 day supply	You pay \$75, deductible waived for each 30 day supply	You pay \$70, deductible waived for each 30 day supply	You pay \$75, deductible waived for each 30 day supply
Tier 4 - Retail non-pref. brands	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Tier 5 - Retail specialty	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 40% after deductible	You pay 40% after deductible	You pay 50% after deductible
Formulary Diabetic Supplies	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	You pay 0%, deductible waived
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	You pay 0%, deductible waived

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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).

4. 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.

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 SILVER						
	Base Plan Name – Cigna Connect 6500			Base Plan Name – Cigna Connect 4500 + Acupuncture		
	Cigna Connect 3500-2	Cigna Connect 0-3	Cigna Connect 0-4A	Cigna Connect 3300-2 + Acupuncture	Cigna Connect 710-3 + Acupuncture	Cigna Connect 0-4B + Acupuncture
MEDICAL	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Annual Deductible ¹ individual/family	\$3,500/\$7,000	\$0	\$0	\$3,300/\$6,600	\$710/\$1,420	\$0
Coinsurance ²	You pay 40% after deductible	You pay 40%	You pay 10%	You pay 20% after deductible	You pay 20% after deductible	You pay 10%
Annual out-of-pocket max ³ individual/family	\$6,500/\$13,000	\$2,850/\$5,700	\$2,200/\$4,400	\$6,800/\$13,600	\$2,700/\$5,400	\$2,300/\$4,600
Physician services (primary care/specialist)	You pay \$10, deductible waived/You pay 40% after deductible	You pay \$10/You pay 40%	You pay \$5/You pay 10%	You pay \$15, deductible waived/You pay 20% after deductible	You pay \$10, deductible waived/You pay 20% after deductible	You pay \$0/You pay 10%
Preventive Care ⁴	You pay 0%, deductible waived	You pay 0%	You pay 0%	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%
Inpatient facility and physician services	You pay 40% after deductible	You pay 40%	You pay 10%	You pay 20% after deductible	You pay 20% after deductible	You pay 10%
Lab, X-ray and Ultrasound	You pay 40% after deductible	You pay 40%	You pay 10%	You pay 20% after deductible	You pay 20% after deductible	You pay 10%
Emergency Room Services	You pay 50% after deductible	You pay 50%	You pay 20%	You pay \$500 after deductible	You pay \$400 after deductible	You pay \$250
Urgent Care	You pay \$30, deductible waived	You pay \$25	You pay \$15	You pay \$30, deductible waived	You pay \$25, deductible waived	You pay \$15
Virtual Care ⁵	You pay \$0, deductible waived	You pay \$0	You pay \$0	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0

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 any participating pharmacy or up to a 30 day supply at a 90 day retail pharmacy.

Tier 1 - Retail pref. generic	You pay \$4, deductible waived for each 30 day supply	You pay \$4 for each 30 day supply	You pay \$2 for each 30 day supply	You pay \$4, deductible waived for each 30 day supply	You pay \$4, deductible waived for each 30 day supply	You pay \$2 for each 30 day supply
Tier 2 - Retail non-pref. generic	You pay \$15, deductible waived for each 30 day supply	You pay \$15 for each 30 day supply	You pay \$10 for each 30 day supply	You pay \$20, deductible waived for each 30 day supply	You pay \$10, deductible waived for each 30 day supply	You pay \$10 for each 30 day supply
Tier 3 - Retail pref. brands	You pay \$55, deductible waived for each 30 day supply	You pay \$55 for each 30 day supply	You pay \$30 for each 30 day supply	You pay \$55, deductible waived for each 30 day supply	You pay \$55, deductible waived for each 30 day supply	You pay \$30 for each 30 day supply
Tier 4 - Retail non-pref. brands	You pay 50% after deductible	You pay 50%	You pay 50%	You pay 50% after deductible	You pay 50% after deductible	You pay 50%
Tier 5 - Retail specialty	You pay 50% after deductible	You pay 50%	You pay 50%	You pay 40% after deductible	You pay 40% after deductible	You pay 40%
Formulary Diabetic Supplies	You pay 0%, deductible waived	You pay 0%	You pay 0%	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%
Metformin (non-insulin)	You pay 0%, deductible waived	You pay 0%	You pay 0%	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%

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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. 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 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 or under all plan types. **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. A primary care provider referral is not required for this service.



SILVER

	Base Plan Name – Cigna Connect 3500			Base Plan Name – Cigna Connect 3500 Diabetes Care		
	Cigna Connect 2500-2	Cigna Connect 500-3	Cigna Connect 50-4	Cigna Connect 2600-2 Diabetes Care	Cigna Connect 550-3 Diabetes Care	Cigna Connect 40-4 Diabetes Care
MEDICAL	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Annual Deductible¹ individual/family	\$2,500/\$5,000	\$500/\$1,000	\$50/\$100	\$2,600/\$5,200	\$550/\$1,100	\$40/\$80
Coinsurance²	You pay 40% after deductible	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 20% after deductible	You pay 10% after deductible
Annual out-of-pocket max³ individual/family	\$6,800/\$13,600	\$2,850/\$5,700	\$1,250/\$2,500	\$6,800/\$13,600	\$2,850/\$5,700	\$1,500/\$3,000
Physician services (primary care/specialist)	You pay \$15, deductible waived/You pay \$75, deductible waived	You pay \$5, deductible waived/You pay \$30, deductible waived	You pay \$5, deductible waived/You pay \$15, deductible waived	You pay \$0, deductible waived/You pay 30% after deductible	You pay \$0, deductible waived/You pay 20% after deductible	You pay \$0, deductible waived/You pay 10% after deductible
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	You pay 0%, deductible waived
Inpatient facility and physician services	You pay \$500 copayment per day, for the first 5 days, deductible waived, then 0%/You pay 40% after deductible	You pay \$400 copayment per day, for the first 5 days, deductible waived, then 0%/You pay 30% after deductible	You pay \$200 copayment per day, for the first 5 days, deductible waived, then 0%/You pay 20% after deductible	You pay 30% after deductible	You pay 20% after deductible	You pay 10% after deductible
Lab, X-ray and Ultrasound	You pay 40% after deductible	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 20% after deductible	You pay 10% after deductible
Emergency Room Services	You pay 40% after deductible	You pay 30% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 10% after deductible
Urgent Care	You pay \$35, deductible waived	You pay \$20, deductible waived	You pay \$15, deductible waived	You pay \$30, deductible waived	You pay \$25, deductible waived	You pay \$15, deductible waived
Virtual 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	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 any participating pharmacy or up to a 30 day supply at a 90 day retail pharmacy.

Tier 1 - Retail pref. generic	You pay \$5, deductible waived for each 30 day supply	You pay \$5, deductible waived for each 30 day supply	You pay \$0, deductible waived for each 30 day supply	You pay \$5, deductible waived for each 30 day supply	You pay \$5, deductible waived for each 30 day supply	You pay \$0, deductible waived for each 30 day supply
Tier 2 - Retail non-pref. generic	You pay \$25, deductible waived for each 30 day supply	You pay \$15, deductible waived for each 30 day supply	You pay \$10, deductible waived for each 30 day supply	You pay \$20, deductible waived for each 30 day supply	You pay \$15, deductible waived for each 30 day supply	You pay \$15, deductible waived for each 30 day supply
Tier 3 - Retail pref. brands	You pay \$75, deductible waived for each 30 day supply	You pay \$50, deductible waived for each 30 day supply	You pay \$30, deductible waived for each 30 day supply	You pay \$70, deductible waived for each 30 day supply	You pay \$55, deductible waived for each 30 day supply	You pay \$30, deductible waived for each 30 day supply
Tier 4 - Retail non-pref. brands	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Tier 5 - Retail specialty	You pay 40% after deductible	You pay 30% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 40% after deductible	You pay 40% after deductible
Formulary Diabetic Supplies	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	You pay 0%, deductible waived
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	You pay 0%, deductible waived

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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).

4. 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 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 or under all plan types. **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. A primary care provider referral is not required for this service.

	 SILVER	
	(<300 NA/AN) plan	(<300 NA/AN) plan
	Cigna Connect-0	Cigna Connect-0 + Acupuncture
MEDICAL	In-Network	In-Network
Annual Deductible ¹ individual/family	\$0	\$0
Coinsurance ²	You pay 0%	You pay 0%
Annual out-of-pocket max ³ individual/family	\$0	\$0
Physician services (primary care/specialist)	You pay \$0	You pay \$0
Preventive Care ⁴	You pay 0%	You pay 0%
Inpatient facility and physician services	You pay 0%	You pay 0%
Lab, X-ray and Ultrasound	You pay 0%	You pay 0%
Emergency Room Services	You pay 0%	You pay 0%
Urgent Care	You pay 0%	You pay 0%
Virtual Care ⁵	You pay \$0	You pay \$0
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 any participating pharmacy or up to a 30 day supply at a 90 day retail pharmacy.		
Tier 1 - Retail pref. generic	You pay 0%	You pay 0%
Tier 2 - Retail non-pref. generic	You pay 0%	You pay 0%
Tier 3 - Retail pref. brands	You pay 0%	You pay 0%
Tier 4 - Retail non-pref. brands	You pay 0%	You pay 0%
Tier 5 - Retail specialty	You pay 0%	You pay 0%
Formulary Diabetic Supplies	You pay 0%	You pay 0%
Metformin (non-insulin)	You pay 0%	You pay 0%

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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. 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.

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	(<300 NA/AN) plan		
	Cigna Connect 2000 and Cigna Connect 2000-1	Cigna Connect 1500 and Cigna Connect 1500-1	Cigna Connect-0
MEDICAL	In-Network	In-Network	In-Network
Annual Deductible¹ individual/family	\$2,000/\$4,000	\$1,500/\$3,000	\$0
Coinsurance²	You pay 25% after deductible	You pay 25% after deductible	You pay 0%
Annual out-of-pocket max³ individual/family	\$8,000/\$16,000	\$8,550/\$17,100	\$0
Physician services (primary care/specialist)	You pay \$20, deductible waived/You pay \$65, deductible waived	You pay \$25, deductible waived/You pay 25%, after deductible	You pay \$0
Preventive Care⁴	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%
Inpatient facility and physician services	You pay 25% after deductible	You pay 25% after deductible	You pay 0%
Lab, X-ray and Ultrasound	You pay 25% after deductible	You pay 25% after deductible	You pay 0%
Emergency Room Services	You pay 25% after deductible	You pay 35% after deductible	You pay 0%
Urgent Care	You pay \$40, deductible waived	You pay \$50, deductible waived	You pay 0%
Virtual Care⁵	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0
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 any participating pharmacy or up to a 30 day supply at a 90 day retail pharmacy.			
Tier 1 - Retail pref. generic	You pay \$8, deductible waived for each 30 day supply	You pay 25% after deductible	You pay 0%
Tier 2 - Retail non-pref. generic	You pay \$20, deductible waived for each 30 day supply	You pay 25% after deductible	You pay 0%
Tier 3 - Retail pref. brands	You pay \$50, deductible waived for each 30 day supply	You pay 25% after deductible	You pay 0%
Tier 4 - Retail non-pref. brands	You pay 50% after deductible	You pay 50% after deductible	You pay 0%
Tier 5 - Retail specialty	You pay 50% after deductible	You pay 50% after deductible	You pay 0%
Formulary Diabetic Supplies	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%
Metformin (non-insulin)	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%

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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).

4. 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 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 or under all plan types. **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. A primary care provider referral is not required for this service.

