

# NORTH CAROLINA

Cigna HealthCare of North Carolina, Inc. – Raleigh/Durham, Broad



# SALES AREA RALEIGH/DURHAM

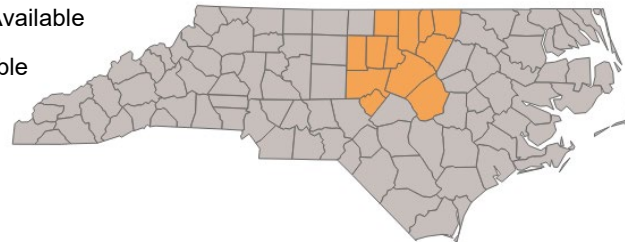
Plan availability for both ON and OFF the Federal Facilitated Marketplace (FFM)

**New for 2021!: Expansion in Raleigh/Durham and New Network Partners!**

**CIGNA CONNECT** Alamance, Chatham, Durham, Franklin, Granville, Johnston, Lee, Orange, Person, Vance, Wake, Warren

- **5 \*new\* plans in 2021:** 1 bronze, 4 silver
- **10 plans available** (3 bronze, 6 silver, 1 gold)
  - 3 bronze (on/off)
  - 4 silver (on/off)
  - 2 silver (*off only*)
  - 1 gold (on/off)
- **\*New\* Cigna Diabetes Care Plan**
  - \$0 out-of-pocket costs on diabetes supplies and equipment
  - All Cigna plans include additional savings on insulin costs and diabetes care through the *Patient Assurance Program*

 Connect Plans Available  
 No Plans Available



**Network Partners<sup>1</sup>:**  
Duke Health and WakeMed

1. Please note that this provider list is not complete. Visit [Cigna.com/ifp-providers](https://cigna.com/ifp-providers) to verify a provider's network status.

# SALES AREA RALEIGH/DURHAM

Plan availability for both ON and OFF the Federal Facilitated Marketplace (FFM)

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- **Pediatric dental**
  - (Off exchange) is bundled
- **PCP Encouraged**
- **Referral Encouraged**
- **Virtual Care** – \$0 copay
- **National network for pharmacy, urgent care, and retail clinics**
  - **Cigna 90 Now<sup>SM</sup>**

## **CIGNA CONNECT Raleigh/Durham – What to Remember:**

- ✓ New anchor partners for 2021: Duke Health and WakeMed
- ✓ New Name on ID Card for 2021 – “HMO Connect Raleigh/Durham with Duke Health and WakeMed”
- ✓ Expanded in 2021 from 5 to 12 counties
- ✓ **\*New\*** Off exchange only silver plans
  - Affordable and robust plan options to fit consumer needs
- ✓ **\*New\*** Diabetes Care Plans & Additional Diabetes Care Solutions
  - Diabetics will save on their insulin medications and diabetes care<sup>1</sup>

1. Discounts available with the Cigna Patient Assurance Program. \$25 is the maximum out-of-pocket cost for a 30-day supply.

Note: Cigna provides access to virtual care through national telehealth providers as part of your health plan. \$0 telehealth benefit not available for all plans in CO. Some plans may apply a copay, coinsurance or deductible. Dedicated virtual providers are independent contractors and separate from Plan network providers. Video chat may not be available in all areas or with all providers. PCP referral is not required. Refer to plan documents for a complete description of virtual care services and costs, including other telehealth/telemedicine benefits. Provided by MDLIVE

# SALES AREA RALEIGH/DURHAM

Plan availability for both ON and OFF the Federal Facilitated Marketplace (FFM)

**New for 2021!: Expansion in Raleigh/Durham and New Network Partners!**

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**ID card:**



# 2021 RALEIGH/DURHAM BRONZE

Individual and Family Plans  
Cigna Health and Life Insurance Company

## 2021 Cigna Health Plans

CIGNA CONNECT PLANS - North Carolina  
Raleigh/Durham (with Duke Health and WakeMed)

B BRONZE				
	(<300 NA/AN) plan			
	Cigna Connect 8550 and Cigna Connect 8550-1	Cigna Connect 6900 and Cigna Connect 6900-1	Cigna Connect 5900 and Cigna Connect 5900-1	Cigna Connect-0
MEDICAL	In-Network	In-Network	In-Network	In-Network
Annual Deductible <sup>1</sup> individual/family	\$8,550/\$17,100	\$6,900/\$13,800	\$5,900/\$11,800	\$0
Coinsurance <sup>2</sup>	You pay 0% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 0%
Annual out-of-pocket max <sup>3</sup> individual/family	\$8,550/\$17,100	\$8,550/\$17,100	\$8,550/\$17,100	\$0
Physician services (primary care/specialist)	You pay 0% after deductible	You pay \$50, deductible waived/You pay 50% after deductible	You pay \$50, deductible waived/You pay 50% after deductible	You pay 0%
Preventive Care <sup>4</sup>	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 0% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 0%
Lab, X-ray and Ultrasound	You pay 0% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 0%
Emergency Room Services	You pay 0% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 0%
Urgent Care	You pay 0% after deductible	You pay \$60, deductible waived	You pay \$60, deductible waived	You pay 0%
Virtual Care <sup>5</sup>	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0
<b>RX DRUGS – Tier 1, 2, 3, 4 and 5: Up to a 30-day supply at participating pharmacy or up to a 90-day supply at 90-day retail pharmacy.</b>				
Tier 1 - Retail pref. generic	You pay 0% after deductible	You pay \$10, 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 0% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 0%
Tier 3 - Retail pref. brands	You pay 0% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 0%
Tier 4 - Retail non-pref. brands	You pay 0% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 0%
Tier 5 - Retail specialty	You pay 0% 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>.

Notice for North Carolina residents: Your actual expenses for covered services may exceed the stated coinsurance percentage or copayment amount because the actual provider charges may not be used to determine plan and member payment obligations.

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.

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# 2021 RALEIGH/DURHAM SILVER

## Individual and Family Plans Cigna Health and Life Insurance Company

## 2021 Cigna Health Plans

## CIGNA CONNECT PLANS – North Carolina Raleigh/Durham (with Duke Health and WakeMed)

SILVER						
	OFF MARKETPLACE ONLY					OFF MARKETPLACE ONLY
	Cigna Connect 5750	Cigna Connect 5500 and Cigna Connect 5500-1	Cigna Connect 4250 and Cigna Connect 4250-1	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 <sup>1</sup> individual/family	\$5,750/\$11,500	\$5,500/\$11,000	Medical: \$4,250/\$8,500 Rx: \$1,500/\$3,000	\$5,500/\$11,000	\$3,500/\$7,000	\$1,900/\$3,800
Coinsurance <sup>2</sup>	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 25% after deductible	You pay 30% after deductible	You pay 50% after deductible
Annual out-of-pocket max <sup>3</sup> 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 \$40, deductible waived/You pay \$75, deductible waived	You pay \$20, deductible waived/You pay \$75, deductible waived	You pay \$25, deductible waived/You pay 40% after deductible	You pay \$20, deductible waived/You pay 25% after deductible	You pay \$10, deductible waived/You pay 30% after deductible	You pay \$25, deductible waived/You pay \$50, deductible waived
Preventive Care <sup>4</sup>	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 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 25% after deductible	You pay 30% after deductible	You pay 50% after deductible
Lab, X-ray and Ultrasound	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 25% 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 \$1,000 after deductible	You pay \$1,000 after deductible	You pay 50% after deductible	You pay 50% after deductible
Urgent Care	You pay \$55, deductible waived	You pay \$35, deductible waived	You pay \$35, deductible waived	You pay \$35, deductible waived	You pay \$35, deductible waived	You pay \$40, deductible waived
Virtual Care <sup>5</sup>	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, 4 and 5: Up to a 30-day supply at participating pharmacy or up to a 90-day supply at 90-day retail pharmacy.						
Tier 1 - Retail pref. generic	You pay \$10, deductible waived for each 30 day supply	You pay \$8, deductible waived for each 30 day supply	You pay \$10, deductible waived for each 30 day supply	You pay \$10, 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 \$30, deductible waived for each 30 day supply	You pay \$25, deductible waived for each 30 day supply	You pay \$25, 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 \$75, deductible waived for each 30 day supply	You pay 50% after deductible	You pay \$55 after deductible for each 30 day supply	You pay \$60, 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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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.

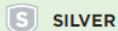


# 2021 RALEIGH/DURHAM SILVER

Individual and Family Plans  
Cigna Health and Life Insurance Company

## 2021 Cigna Health Plans

**CIGNA CONNECT PLANS – North Carolina  
Raleigh/Durham (with Duke Health and WakeMed)**



SILVER

	Base Plan Name – Cigna Connect 5500			Base Plan Name – Cigna Connect 4250		
	Cigna Connect 2800-2	Cigna Connect 0-3	Cigna Connect 0-4A	Cigna Connect 3000-2	Cigna Connect 600-3	Cigna Connect 0-4
<b>MEDICAL</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>
<b>Annual Deductible<sup>1</sup> individual/family</b>	\$2,800/\$5,600	\$0	\$0	Medical: \$3,000/\$6,000 Rx: \$300/\$600	Medical: \$600/\$1,200 Rx: \$0/\$0	\$0
<b>Coinsurance<sup>2</sup></b>	You pay 40% after deductible	You pay 40%	You pay 20%	You pay 30% after deductible	You pay 30% after deductible	You pay 30%
<b>Annual out-of-pocket max<sup>3</sup> individual/family</b>	\$6,800/\$13,600	\$2,850/\$5,700	\$1,200/\$2,400	\$6,800/\$13,600	\$2,850/\$5,700	\$900/\$1,800
<b>Physician services (primary care/specialist)</b>	You pay \$15, deductible waived/You pay \$55, deductible waived	You pay \$0/You pay \$35	You pay \$0/You pay \$15	You pay \$15, deductible waived/You pay 30% after deductible	You pay \$0, deductible waived/You pay 30% after deductible	You pay \$0/You pay 30%
<b>Preventive Care<sup>4</sup></b>	You pay 0%, deductible waived	You pay 0%	You pay 0%	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%
<b>Inpatient facility and physician services</b>	You pay 40% after deductible	You pay 40%	You pay 20%	You pay 30% after deductible	You pay 30% after deductible	You pay 30%
<b>Lab, X-ray and Ultrasound</b>	You pay 40% after deductible	You pay 40%	You pay 20%	You pay 30% after deductible	You pay 30% after deductible	You pay 30%
<b>Emergency Room Services</b>	You pay 40% after deductible	You pay 40%	You pay 20%	You pay \$750 after deductible	You pay \$600 after deductible	You pay \$400
<b>Urgent Care</b>	You pay \$35, deductible waived	You pay \$20	You pay \$15	You pay \$35, deductible waived	You pay \$20, deductible waived	You pay \$15
<b>Virtual Care<sup>5</sup></b>	You pay \$0, deductible waived	You pay \$0	You pay \$0	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0
<b>RX DRUGS – Tier 1, 2, 3, 4 and 5: Up to a 30-day supply at participating pharmacy or up to a 90-day supply at 90-day retail pharmacy.</b>						
<b>Tier 1 - Retail pref. generic</b>	You pay \$8, deductible waived for each 30 day supply	You pay \$0	You pay \$0	You pay \$10, deductible waived for each 30 day supply	You pay \$0, deductible waived for each 30 day supply	You pay \$0 for each 30 day supply
<b>Tier 2 - Retail non-pref. generic</b>	You pay \$25, 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 \$25, 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
<b>Tier 3 - Retail pref. brands</b>	You pay 40% after deductible	You pay 40%	You pay 20%	You pay \$55 after deductible for each 30 day supply	You pay \$30, deductible waived for each 30 day supply	You pay \$30 for each 30 day supply
<b>Tier 4 - Retail non-pref. brands</b>	You pay 50% after deductible	You pay 50%	You pay 50%	You pay 50% after deductible	You pay 50%	You pay 50%
<b>Tier 5 - Retail specialty</b>	You pay 40% after deductible	You pay 40%	You pay 20%	You pay 40% after deductible	You pay 30%	You pay 30%
<b>Formulary Diabetic Supplies</b>	You pay 0%, deductible waived	You pay 0%	You pay 0%	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%
<b>Metformin (non-insulin)</b>	You pay 0%, deductible waived	You pay 0%	You pay 0%	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.

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<https://www.cigna.com/individuals-families/policy>.

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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.





# 2021 RALEIGH/DURHAM SILVER

Individual and Family Plans  
Cigna Health and Life Insurance Company

## 2021 Cigna Health Plans

CIGNA CONNECT PLANS – North Carolina  
Raleigh/Durham (with Duke Health and WakeMed)

	SILVER						
	Base Plan Name – Cigna Connect 3500			Base Plan Name – Cigna Connect 3500 Diabetes Care			(<300 NA/AN) plan
	Cigna Connect 2650-2	Cigna Connect 700-3	Cigna Connect 150-4	Cigna Connect 2600-2 Diabetes Care	Cigna Connect 550-3 Diabetes Care	Cigna Connect 40-4 Diabetes Care	Cigna Connect- 0
MEDICAL	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Annual Deductible <sup>1</sup> individual/family	\$2,650/\$5,300	\$700/\$1,400	\$150/\$300	\$2,600/\$5,200	\$550/\$1,100	\$40/\$80	\$0
Coinsurance <sup>2</sup>	You pay 25% after deductible	You pay 20% after deductible	You pay 10% after deductible	You pay 30% after deductible	You pay 20% after deductible	You pay 10% after deductible	You pay 0%
Annual out-of-pocket max <sup>3</sup> individual/family	\$6,800/\$13,600	\$2,850/\$5,700	\$900/\$1,800	\$6,800/\$13,600	\$2,850/\$5,700	\$1,500/\$3,000	\$0
Physician services (primary care/specialist)	You pay \$15, deductible waived/You pay 25% after deductible	You pay \$0, deductible waived/You pay 20% after deductible	You pay \$0, deductible waived/You pay 10% after deductible	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	You pay 0%
Preventive Care <sup>4</sup>	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	You pay 0%
Inpatient facility and physician services	You pay 25% after deductible	You pay 20% after deductible	You pay 10% after deductible	You pay 30% after deductible	You pay 20% after deductible	You pay 10% after deductible	You pay 0%
Lab, X-ray and Ultrasound	You pay 25% after deductible	You pay 20% after deductible	You pay 10% after deductible	You pay 30% after deductible	You pay 20% after deductible	You pay 10% after deductible	You pay 0%
Emergency Room Services	You pay \$1,000 after deductible	You pay \$600 after deductible	You pay \$200 after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 10% after deductible	You pay 0%
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	You pay 0%
Virtual Care <sup>5</sup>	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	You pay \$0
RX DRUGS – Tier 1, 2, 3, 4 and 5: Up to a 30-day supply at participating pharmacy or up to a 90-day supply at 90-day retail pharmacy.							
Tier 1 - Retail pref. generic	You pay \$10, deductible waived for each 30 day supply	You pay \$0, 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	You pay 0%
Tier 2 - Retail non-pref. generic	You pay \$25, deductible waived for each 30 day supply	You pay \$10, 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	You pay 0%
Tier 3 - Retail pref. brands	You pay \$60, deductible waived for each 30 day supply	You pay \$30, 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	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 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 0%
Tier 5 - Retail specialty	You pay 40% after deductible	You pay 30% after deductible	You pay 30% after deductible	You pay 40% after deductible	You pay 40% after deductible	You pay 40% 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%, 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%, deductible waived	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).

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# 2021 RALEIGH/DURHAM GOLD

Individual and Family Plans  
Cigna Health and Life Insurance Company

## 2021 Cigna Health Plans

CIGNA CONNECT PLANS – North Carolina  
Raleigh/Durham (with Duke Health and WakeMed)

G GOLD		
		(<300 NA/AN) plan
	Cigna Connect 1000 and Cigna Connect 1000-1	Cigna Connect-0
MEDICAL	In-Network	In-Network
Annual Deductible <sup>1</sup> individual/family	\$1,000/\$2,000	\$0
Coinsurance <sup>2</sup>	You pay 40% after deductible	You pay 0%
Annual out-of-pocket max <sup>3</sup> individual/family	\$7,000/\$14,000	\$0
Physician services (primary care/specialist)	You pay \$10, deductible waived/You pay \$60, deductible waived	You pay 0%
Preventive Care <sup>4</sup>	You pay 0%, deductible waived	You pay 0%
Inpatient facility and physician services	You pay 40% after deductible	You pay 0%
Lab, X-ray and Ultrasound	You pay 40% after deductible	You pay 0%
Emergency Room Services	You pay \$750 after deductible	You pay 0%
Urgent Care	You pay \$30, deductible waived	You pay 0%
Virtual Care <sup>5</sup>	You pay \$0, deductible waived	You pay \$0
<b>RX DRUGS – Tier 1, 2, 3, 4 and 5: Up to a 30-day supply at participating pharmacy or up to a 90-day supply at 90-day retail pharmacy.</b>		
Tier 1 - Retail pref. generic	You pay \$5, deductible waived for each 30 day supply	You pay 0%
Tier 2 - Retail non-pref. generic	You pay \$20, deductible waived for each 30 day supply	You pay 0%
Tier 3 - Retail pref. brands	You pay \$50, deductible waived for each 30 day supply	You pay 0%
Tier 4 - Retail non-pref. brands	You pay 50% after deductible	You pay 0%
Tier 5 - Retail specialty	You pay 40% after deductible	You pay 0%
Formulary Diabetic Supplies	You pay 0%, deductible waived	You pay 0%
Metformin (non-insulin)	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>.

Notice for North Carolina residents: Your actual expenses for covered services may exceed the stated coinsurance percentage or copayment amount because the actual provider charges may not be used to determine plan and member payment obligations.

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.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Cigna HealthCare of Arizona, Inc., Cigna HealthCare of Illinois, Inc., and Cigna HealthCare of North Carolina, Inc. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

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# SALES AREA NC BROAD

Plan availability for both ON and OFF the Federal Facilitated Marketplace (FFM)

## New for 2021! – 2nd Rural Network – NC Broad

### CIGNA CONNECT Broad

- **10 \*brand new\* plans offered in 2021**
  - 3 bronze (on/off)
  - 4 silver (on/off)
  - 2 silver (*off only*)
  - 1 gold (on/off)
- **\*New\* Cigna Diabetes Care Plan – Cigna Connect 3500 Diabetes Care**
  - \$0 out-of-pocket costs on diabetes supplies and equipment
  - All Cigna plans include additional savings on insulin costs and diabetes care through the *Patient Assurance Program*

**Network Partners<sup>1</sup>:**  
Various locations within  
the Broad Network

#### Individual medical offered in the following counties:

Avery, Beaufort, Bertie, Bladen, Buncombe, Camden, Carteret, Cherokee, Chowan, Clay, Craven, Cumberland, Currituk, Dare, Duplin, Edgecombe, Gates, Graham, Greene, Halifax, Harnett, Haywood, Henderson, Hertford, Hoke, Hyde, Jackson, Jones, Lenoir, Macon, Madison, Martin, McDowell, Mitchell, Montgomery, Moore, Nash, Northhampton, Onslow, Pamlico, Pasquotank, Perquimans, Pitt, Polk, Richmond, Robeson, Rutherford, Sampson, Scotland, Swain, Transylvania, Tyrell, Washington, Wayne, Wilson, Yancey



1. Please note that this provider list is not complete. Visit [Cigna.com/ifp-providers](https://cigna.com/ifp-providers) to verify a provider's network status.

# SALES AREA NC BROAD

Plan availability for both ON and OFF the Federal Facilitated Marketplace (FFM)

## New for 2021! – 2nd Rural Network – NC Broad

### CIGNA CONNECT Broad

- **Pediatric dental** (Off exchange) is bundled
  - **PCP** Encouraged
  - **Referral** Encouraged
  - **Virtual Care** \$0 copay
  - **National network for pharmacy, urgent care, and retail clinics**
- *Cigna 90 Now<sup>SM</sup>*

**Individual medical offered in the following counties:** Avery, Beaufort, Bertie, Bladen, Buncombe, Camden, Carteret, Cherokee, Chowan, Clay, Craven, Cumberland, Currituk, Dare, Duplin, Edgecombe, Gates, Graham, Greene, Halifax, Harnett, Haywood, Henderson, Hertford, Hoke, Hyde, Jackson, Jones, Lenoir, Macon, Madison, Martin, McDowell, Mitchell, Montgomery, Moore, Nash, Northhampton, Onslow, Pamlico, Pasquotank, Perquimans, Pitt, Polk, Richmond, Robeson, Rutherford, Sampson, Scotland, Swain, Transylvania, Tyrell, Washington, Wayne, Wilson, Yancey

### CIGNA CONNECT BROAD – What to Remember:

- ✓ New network expansion in 2021 into 56 rural counties
- ✓ Broad network of 40 hospitals
- ✓ New Name on ID Card – “NC HMO Connect Broad”
- ✓ **\*New\*** Off exchange only silver plans
  - Affordable and robust plan options to fit consumer needs
- ✓ **\*New\*** Diabetes Care Plans & Additional Diabetes Care Solutions
  - Diabetics will save on their insulin medications and diabetes care<sup>1</sup>

1. Discounts available with the Cigna Patient Assurance Program. \$25 is the maximum out-of-pocket cost for a 30-day supply.

Note: Cigna provides access to virtual care through national telehealth providers as part of your health plan. \$0 telehealth benefit not available for all plans in CO. Some plans may apply a copay, coinsurance or deductible. Dedicated virtual providers are independent contractors and separate from Plan network providers. Video chat may not be available in all areas or with all providers. PCP referral is not required. Refer to plan documents for a complete description of virtual care services and costs, including other telehealth/telemedicine benefits. Provided by MDLIVE



# SALES AREA NC BROAD

Plan availability for both ON and OFF the Federal Facilitated Marketplace (FFM)

**New for 2021! – 2nd Rural Network – NC Broad**

## CIGNA CONNECT Broad

ID card:



# 2021 NC BROAD BRONZE

Individual and Family Plans  
Cigna Health and Life Insurance Company

## 2021 Cigna Health Plans

CIGNA CONNECT PLANS – North Carolina  
Broad Network

	B BRONZE			
				(<300 NA/AN) plan
	Cigna Connect 8550 and Cigna Connect 8550-1	Cigna Connect 6900 and Cigna Connect 6900-1	Cigna Connect 5900 and Cigna Connect 5900-1	Cigna Connect-0
MEDICAL	In-Network	In-Network	In-Network	In-Network
Annual Deductible <sup>1</sup> individual/family	\$8,550/\$17,100	\$6,900/\$13,800	\$5,900/\$11,800	\$0
Coinsurance <sup>2</sup>	You pay 0% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 0%
Annual out-of-pocket max <sup>3</sup> individual/family	\$8,550/\$17,100	\$8,550/\$17,100	\$8,550/\$17,100	\$0
Physician services (primary care/specialist)	You pay 0% after deductible/You pay 0% after deductible	You pay \$50, deductible waived/You pay 50% after deductible	You pay \$50, deductible waived/You pay 50% after deductible	You pay 0%
Preventive Care <sup>4</sup>	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 0% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 0%
Lab, X-ray and Ultrasound	You pay 0% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 0%
Emergency Room Services	You pay 0% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 0%
Urgent Care	You pay 0% after deductible	You pay \$60, deductible waived	You pay \$60, deductible waived	You pay 0%
Virtual Care <sup>5</sup>	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0, deductible waived	You pay \$0
RX DRUGS – Tier 1, 2, 3, 4 and 5: Up to a 30-day supply at participating pharmacy or up to a 90-day supply at 90-day retail pharmacy.				
Tier 1 - Retail pref. generic	You pay 0% after deductible	You pay \$10, 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 0% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 0%
Tier 3 - Retail pref. brands	You pay 0% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 0%
Tier 4 - Retail non-pref. brands	You pay 0% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 0%
Tier 5 - Retail specialty	You pay 0% 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>.

Notice for North Carolina residents: Your actual expenses for covered services may exceed the stated coinsurance percentage or copayment amount because the actual provider charges may not be used to determine plan and member payment obligations.

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.

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# 2021 NC BROAD SILVER

Individual and Family Plans  
Cigna Health and Life Insurance Company

## 2021 Cigna Health Plans

CIGNA CONNECT PLANS - North Carolina  
Broad Network

SILVER						
OFF MARKETPLACE ONLY						OFF MARKETPLACE ONLY
	Cigna Connect 5750	Cigna Connect 5500 and Cigna Connect 5500-1	Cigna Connect 5000 and Cigna Connect 5000-1	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 <sup>1</sup> individual/family	\$5,750/\$11,500	\$5,500/\$11,000	\$5,500/\$10,000	\$3,500/\$7,000	\$3,500/\$7,000	\$1,900/\$3,800
Coinurance <sup>2</sup>	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 50% after deductible
Annual out-of-pocket max <sup>3</sup> 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 \$40, deductible waived/You pay \$75, deductible waived	You pay \$20, deductible waived/You pay \$75, deductible waived	You pay \$20, deductible waived/You pay \$75, deductible waived	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 <sup>4</sup>	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 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay \$500 per day for 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 50% after deductible	You pay 50% after deductible	You pay 50% 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 \$700 after deductible	You pay 40% after deductible	You pay 50% after deductible	You pay 50% after deductible
Urgent Care	You pay \$55, deductible waived	You pay \$35, deductible waived	You pay \$35, deductible waived	You pay \$35, deductible waived	You pay \$35, deductible waived	You pay \$35, deductible waived
Virtual Care <sup>5</sup>	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, 4 and 5: Up to a 30-day supply at participating pharmacy or up to a 90-day supply at 90-day retail pharmacy.						
Tier 1 - Retail pref. generic	You pay \$10, deductible waived for each 30 day supply	You pay \$8, deductible waived for each 30 day supply	You pay \$10, 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 \$30, deductible waived for each 30 day supply	You pay \$25, deductible waived for each 30 day supply	You pay \$30, 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 \$75, deductible waived for each 30 day supply	You pay 50% after deductible	You pay 50% after deductible	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 50% after deductible	You pay 50% 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

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>.

Notice for North Carolina residents: Your actual expenses for covered services may exceed the stated coinsurance percentage or copayment amount because the actual provider charges may not be used to determine plan and member payment obligations.

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.

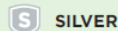


# 2021 NC BROAD SILVER

Individual and Family Plans  
Cigna Health and Life Insurance Company

## 2021 Cigna Health Plans

**CIGNA CONNECT PLANS – North Carolina  
Broad Network**



**SILVER**

	Base Plan Name – Cigna Connect 5500			Base Plan Name – Cigna Connect 5000		
	Cigna Connect 2800-2	Cigna Connect 0-3	Cigna Connect 0-4	Cigna Connect 1900-2	Cigna Connect 0-3A	Cigna Connect 0-4A
<b>MEDICAL</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>
<b>Annual Deductible<sup>1</sup> individual/family</b>	\$2,800/\$5,600	\$0	\$0	\$1,900/\$3,800	\$0	\$0
<b>Coinsurance<sup>2</sup></b>	You pay 40% after deductible	You pay 40%	You pay 20%	You pay 50% after deductible	You pay 50%	You pay 10%
<b>Annual out-of-pocket max<sup>3</sup> individual/family</b>	\$6,800/\$13,600	\$2,850/\$5,700	\$1,200/\$2,400	\$6,800/\$13,600	\$2,850/\$5,700	\$1,600/\$3,200
<b>Physician services (primary care/specialist)</b>	You pay \$15, deductible waived/You pay \$55, deductible waived	You pay \$0/You pay \$35	You pay \$0/You pay \$15	You pay \$20, deductible waived/You pay \$50, deductible waived	You pay \$0/You pay \$25	You pay \$0/You pay \$15
<b>Preventive Care<sup>4</sup></b>	You pay 0%, deductible waived	You pay \$0	You pay 0%	You pay 0%, deductible waived	You pay 0%	You pay 0%
<b>Inpatient facility and physician services</b>	You pay 40% after deductible	You pay 40%	You pay 20%	You pay 50% after deductible	You pay 50%	You pay 10%
<b>Lab, X-ray and Ultrasound</b>	You pay 40% after deductible	You pay 40%	You pay 20%	You pay 50% after deductible	You pay 50%	You pay 10%
<b>Emergency Room Services</b>	You pay 40% after deductible	You pay 40%	You pay 20%	You pay \$500 after deductible	You pay \$500	You pay \$100
<b>Urgent Care</b>	You pay \$35, deductible waived	You pay \$20	You pay \$15	You pay \$35, deductible waived	You pay \$20	You pay \$15
<b>Virtual Care<sup>5</sup></b>	You pay \$0, deductible waived	You pay \$0	You pay \$0	You pay \$0, deductible waived	You pay \$0	You pay \$0
<b>RX DRUGS – Tier 1, 2, 3, 4 and 5: Up to a 30-day supply at participating pharmacy or up to a 90-day supply at 90-day retail pharmacy.</b>						
<b>Tier 1 - Retail pref. generic</b>	You pay \$8, deductible waived for each 30 day supply	You pay \$0	You pay \$0	You pay \$8, deductible waived for each 30 day supply	You pay \$0	You pay \$0
<b>Tier 2 - Retail non-pref. generic</b>	You pay \$25, 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 \$25, deductible waived for each 30 day supply	You pay \$12 for each 30 day supply	You pay \$8 for each 30 day supply
<b>Tier 3 - Retail pref. brands</b>	You pay 40% after deductible	You pay 40%	You pay 20%	You pay 50% after deductible	You pay 50%	You pay 10%
<b>Tier 4 - Retail non-pref. brands</b>	You pay 50% after deductible	You pay 50%	You pay 50%	You pay 50% after deductible	You pay 50%	You pay 50%
<b>Tier 5 - Retail specialty</b>	You pay 40% after deductible	You pay 40%	You pay 40%	You pay 40% after deductible	You pay 40%	You pay 40%
<b>Formulary Diabetic Supplies</b>	You pay 0%, deductible waived	You pay 0%	You pay 0%	You pay 0%, deductible waived	You pay 0%	You pay 0%
<b>Metformin (non-insulin)</b>	You pay 0%, deductible waived	You pay 0%	You pay 0%	You pay 0%, deductible waived	You pay 0%	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>.

Notice for North Carolina residents: Your actual expenses for covered services may exceed the stated coinsurance percentage or copayment amount because the actual provider charges may not be used to determine plan and member payment obligations.

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.





# 2021 NC BROAD SILVER

## Individual and Family Plans Cigna Health and Life Insurance Company

## 2021 Cigna Health Plans

## CIGNA CONNECT PLANS – North Carolina Broad Network

SILVER							
	Base Plan Name – Cigna Connect 3500			Base Plan Name – Cigna Connect 3500 Diabetes Care			(<300 NA/AN) plan
	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	Cigna Connect-0
<b>MEDICAL</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>
Annual Deductible <sup>1</sup> individual/family	\$2,600/\$5,000	\$500/\$1,000	\$50/\$100	\$2,600/\$5,200	\$550/\$1,100	\$40/\$80	\$0
Coinsurance <sup>2</sup>	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	You pay 0%
Annual out-of-pocket max <sup>3</sup> individual/family	\$6,800/\$13,600	\$2,850/\$5,700	\$1,075/\$2,150	\$6,800/\$13,600	\$2,850/\$5,700	\$1,500/\$3,000	\$0
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	You pay 0%
Preventive Care <sup>4</sup>	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	You pay 0%
Inpatient facility and physician services	You pay \$500 per day for the first 5 days, deductible waived then 0%/ You pay 40% after deductible	You pay \$400 per day for the first 5 days, deductible waived then 0%/ You pay 30% after deductible	You pay \$200 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	You pay 0%
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	You pay 0%
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	You pay 0%
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	You pay 0%
Virtual Care <sup>5</sup>	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	You pay \$0
<b>RX DRUGS – Tier 1, 2, 3, 4 and 5: Up to a 30-day supply at participating pharmacy or up to a 90-day supply at 90-day retail pharmacy.</b>							
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 \$5, 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	You pay 0%
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	You pay 0%
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	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 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 0%
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	You pay 0%
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	You pay 0%
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	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>

Notice for North Carolina residents: Your actual expenses for covered services may exceed the stated coinsurance percentage or copayment amount because the actual provider charges may not be used to determine plan and member payment obligations.

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.



# 2021 NC BROAD GOLD

Individual and Family Plans  
Cigna Health and Life Insurance Company

## 2021 Cigna Health Plans

**CIGNA CONNECT PLANS - North Carolina  
Broad Network**

G GOLD		
		(<300 NA/AN) plan
	Cigna Connect 2000 and Cigna Connect 2000-1	Cigna Connect-0
MEDICAL	In-Network	In-Network
Annual Deductible <sup>1</sup> individual/family	\$2,000/\$4,000	\$0
Coinsurance <sup>2</sup>	You pay 25% after deductible	You pay 0%
Annual out-of-pocket max <sup>3</sup> individual/family	\$8,000/\$16,000	\$0
Physician services (primary care/specialist)	You pay \$10, deductible waived/You pay \$65, deductible waived	You pay 0%
Preventive Care <sup>4</sup>	You pay 0%, deductible waived	You pay 0%
Inpatient facility and physician services	You pay 25% after deductible	You pay 0%
Lab, X-ray and Ultrasound	You pay 25% after deductible	You pay 0%
Emergency Room Services	You pay 25% after deductible	You pay 0%
Urgent Care	You pay \$25, deductible waived	You pay 0%
Virtual Care <sup>5</sup>	You pay \$0, deductible waived	You pay \$0
<b>RX DRUGS – Tier 1, 2, 3, 4 and 5: Up to a 30-day supply at participating pharmacy or up to a 90-day supply at 90-day retail pharmacy.</b>		
Tier 1 - Retail pref. generic	You pay \$8, deductible waived for each 30 day supply	You pay 0%
Tier 2 - Retail non-pref. generic	You pay \$20, deductible waived for each 30 day supply	You pay 0%
Tier 3 - Retail pref. brands	You pay \$50, deductible waived for each 30 day supply	You pay 0%
Tier 4 - Retail non-pref. brands	You pay 50% after deductible	You pay 0%
Tier 5 - Retail specialty	You pay 40% after deductible	You pay 0%
Formulary Diabetic Supplies	You pay 0%, deductible waived	You pay 0%
Metformin (non-insulin)	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).

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