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Cigna Healthcare

Connect Bronze CMS Standard

Easy pricing

Bronze EPO Plan ID: **99248TN0060110**

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Quick tips

[Review plan category fast facts](#)

[Think about all costs, not just the premium](#)

[Consider plans with easy pricing](#)

Highlights




Monthly premium	\$1,360.96
Deductible	<p>\$7,500 Individual total \$15,000 Family total (health & drug combined)</p> <p>Get details: Jump to costs for medical care and drugs</p>
Out-of-pocket maximum	<p>\$9,200 Individual total \$18,400 Family total</p>
Estimated total yearly costs	<p>\$21,430 Family total</p> <p>Based on your predicted use of medical services</p> <p>Edit yearly cost</p>
Medical providers in-network	<p>✓ Dr. Brent A. Rosser M.D. Pediatrics</p>

	In-network locations ✔ Tennessee Medicine & Pediatrics Pc Internal Medicine In-network locations
Drugs covered/not covered	Prescription drugs covered ✔ Losartan Losartan Potassium 25 MG Oral Tablet

Star rating

Overall star rating Overall star rating is based on the categories below	★★★★☆
Member Experience Based on member satisfaction surveys about their health care, doctors, and ease of getting appointments and services	★★★★★
Medical Care Based on providers improving or maintaining the health of their patients with regular screenings, tests, vaccines, and condition monitoring.	★★★★☆
Plan Administration Based on how well a plan is run, including customer service, access to needed information, and providers ordering appropriate tests and treatment.	★★★★☆


Plan documents

<div> Summary of Benefits (PDF, 0.32 MB) <small>[PDF]</small></div> <div> Plan brochure (PDF, 1.3 MB) <small>[PDF]</small></div> <div>Provider directory </div> <div>List of covered drugs </div>




Costs for medical care

Deductible	In Network: \$7,500 Individual total In Network: \$15,000 Family total
Out-of-pocket maximum	\$9,200 Individual total \$18,400 Family total
Primary care doctor visit	In Network: \$50 per visit from day 1 Out of Network: Benefit not covered
Specialist visit	In Network: \$100 per visit from day 1 Out of Network: Benefit not covered
X-rays and diagnostic imaging	In Network: 50% coinsurance after deductible Out of Network: Benefit not covered
Laboratory outpatient and professional services	In Network: 50% coinsurance after deductible Out of Network: Benefit not covered
Outpatient facility	In Network: 50% coinsurance after deductible Out of Network: Benefit not covered
Outpatient professional services	In Network: 50% coinsurance after deductible Out of Network: Benefit not covered
Hearing aids	In Network: 50% coinsurance after deductible Out of Network: Benefit not covered
Routine eye exam for adults	Benefit not covered
Routine eye exam for children	In Network: No charge Out of Network: Benefit not covered
Eyeglasses for children	In Network: No charge Out of Network: Benefit not covered
Eligible for Health Savings Account (HSA)	No

Prescription drug coverage

Generic drugs	In Network: \$25 Out of Network: Benefit not covered
Preferred brand drugs	In Network: \$50 Copayment after deductible Out of Network: Benefit not covered
Non-preferred brand drugs	In Network: \$100 Copayment after deductible Out of Network: Benefit not covered
Specialty drugs	In Network: \$500 Copayment after deductible Out of Network: Benefit not covered
List of covered drugs	View list of covered drugs 
Three month in-network mail order pharmacy benefit	Yes
Prescription drug deductible	Included in plan deductible
Prescription drug out-of-pocket maximum	Included in plan's out-of-pocket maximum

Access to doctors and hospitals

Provider directory	View provider directory 
National provider network 	No
Need referral to see a specialist	No
Size of provider network, compared to other plans: 	
Hospitals	About the same as other plans in similar areas
Primary Care Doctors	About the same as other plans in similar areas
Pediatricians	About the same as other plans in similar areas

Urgent care and hospital services

Urgent care centers or facilities	In Network: \$75 per visit from day 1 Out of Network: \$75
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Emergency room care	In Network: 50% coinsurance after deductible Out of Network: 50% coinsurance after deductible
Inpatient doctor and surgical services	In Network: 50% coinsurance after deductible Out of Network: Benefit not covered
Inpatient hospital services (like a hospital stay)	In Network: 50% coinsurance after deductible Out of Network: Benefit not covered

Cost & coverage examples

Typical cost for a healthy pregnancy and normal delivery.	\$9,260
Typical yearly cost for managing type 2 diabetes for one person.	\$1,920
Typical cost for treatment of a simple fracture.	\$2,200

Adult dental coverage

Routine dental care (adults)	Benefit not covered
Basic dental care	Benefit not covered
Major dental care	Benefit not covered
Orthodontia	Benefit not covered

Child dental coverage

Check-up	Benefit not covered
Major dental care	Benefit not covered
Basic dental care	Benefit not covered
Medically necessary orthodontia (Orthodontic treatment may require pre-approval and must meet the plan's 'medical necessity' criteria.)	Benefit not covered

Medical management programs

Asthma	Available
Heart disease	Available
Depression	Not available
Diabetes	Available
High blood pressure and high cholesterol	Available
Low back pain	Not available
Pain management	Not available
Pregnancy	Available
Weight loss programs	Not available

Other services

Acupuncture	Benefit not covered
Chiropractic care	In Network: 50% coinsurance after deductible Out of Network: Benefit not covered
Infertility treatment	Benefit not covered
Mental/behavioral health outpatient services	In Network: \$50 per visit from day 1 Out of Network: Benefit not covered
Mental/behavioral health inpatient services	In Network: 50% coinsurance after deductible Out of Network: Benefit not covered
Habilitative services	In Network: \$50 Out of Network: Benefit not covered
Bariatric services	Benefit not covered
Outpatient rehabilitative services	In Network: \$50 Out of Network: Benefit not covered
Skilled nursing facility care	In Network: 50% coinsurance after deductible Out of Network: Benefit not covered

Private-duty nursing	Benefit not covered
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