



EXPANDED BRONZE

Cigna Connect 5400 (\$0 Telehealth) - EPO



Plan costs

Click the down arrow to learn more about each of these.

Monthly premium	\$0.00 per month <small>was \$985.69</small>	▼
Deductible (Health + Rx)	\$5,400 per person	\$10,800 per family <small>\$10,800 per family</small>
Out-of-pocket max	\$8,700 per person	\$17,400 per family <small>\$17,400 per family</small>
Network type	EPO	▼
Metal tier	Expanded Bronze	▼
Overall rating	Not Rated	▼
Official documents	Summary of benefits and coverages (PDF) Drug formulary Provider list Plan brochure	



Doctor visits

This applies to doctor visits when you have a condition or symptom. For preventive care visits, such as annual checkups, visits are free.

Tier Selector

In network

	Before deductible is met	After deductible is met
Primary care visit	\$30	\$30
Specialist visit	Full price	40%
Preventive care visit	No charge	No charge

There are dozens of preventive care services available for free with every plan, including check-ups, counseling, screenings, and immunizations





Prescription drugs

Prescription coverage is based on which category a drug falls into. To see how this plan categorizes prescriptions, browse its [drug formulary](#). Note that prior authorization may be required for some prescriptions. Some plans may have a separate Rx deductible. Please confirm details in the [Summary of Benefits and Coverages](#).

Tier Selector

In network

	Before deductible is met	After deductible is met
Generic	\$3	\$3
Brand	Full price	40%
Non-preferred Brand	Full price	50%
Specialty	Full price	50%



Labs & imaging

These are tests your doctor may run when diagnosing a condition.

Tier Selector

In network

	Before deductible is met	After deductible is met
X-rays	Full price	40%
Imaging (CT/PET/MRI)	Full price	40%
Blood work	Full price	40%



Hospital & emergency

To see which hospitals, ERs, and Urgent Care centers are part of this plan's network, browse the [provider list](#).

Tier Selector

In network

Before deductible is met After deductible is met

Urgent care	\$75	\$75
Emergency room	Full price	40%
Ambulance	Full price	40%
Hospital stay (facility)	Full price	40%
Hospital stay (physician)	Full price	40%
Outpatient procedure (facility)	Full price	40%
Outpatient procedure (physician)	Full price	40%
Physical rehabilitation	Full price	40%



Mental health & substance abuse

All plans cover behavioral health treatment (such as psychotherapy or counseling), mental and behavioral health inpatient services, and substance use treatment.

Tier Selector

In network



	Before deductible is met	After deductible is met
Outpatient services	Full price	40%
Psychiatric hospital stay	Full price	40%



Pregnancy & birth

Every plan covers services provided before and after your child is born.

Tier Selector

In network



	Before deductible is met	After deductible is met
Well baby care	No charge	No charge

Labor, delivery, hospital stay

Full price

40%



Free preventive care

Every plan includes over 74 preventive care services that are completely free on day one. These services keep you healthy before you become sick, including routine check-ups, counseling, screenings, and immunizations.

Adults

Women

Children

Abdominal aortic aneurysm one-time screening



Alcohol misuse screening and counseling



Aspirin use



Blood pressure screening



Cholesterol screening



Colorectal cancer screening



Depression screening



Diabetes screening



Diet counseling



Falls prevention



Hepatitis B screening



Hepatitis C screening



HIV screening



Immunization vaccines



Lung cancer screening



Obesity screening and counseling



Sexually transmitted infection (STI) prevention counseling



Statin preventive medication



Syphilis screening



Tobacco Use counseling



Tuberculosis screening



Estimated all-in costs

We estimate that your total annual out-of-pocket costs will be \$2,385, based on:

- This plan's monthly premium costs x 12 months

- Your healthcare usage estimate of **Medium** applied to this plan's deductible and copayments.



This plan has the **61st lowest** annual out-of-pocket estimate of all 186 plans available to you.

Estimate breakdown

This does not limit what you can use — it's just an estimate of what you might use.

12	Monthly premiums	\$0
3	Doctor visits	\$90
2	Labs or tests	\$2,240
6	Prescriptions	\$55
	Annual estimate	\$2,385
	Monthly estimate (on average)	\$199 per month