

The Cigna Healthcare of Illinois, Inc. Connect Bronze CMS Standard plan offers coverage for individuals and families from January 1, 2025, to December 31, 2025. The plan features an overall deductible of \$7,500 for individuals and \$15,000 for families, which must be satisfied before most services are covered, with exceptions for certain preventive care, office visits, prescription drugs, urgent care visits, and children's eye exams and glasses. The out-of-pocket limit is set at \$9,200 per person and \$18,400 per family, excluding premiums, balance-billing charges, and penalties for not obtaining preauthorization. Utilizing network providers results in lower costs, while out-of-network services are not covered, and referrals are necessary to see specialists.

For common medical events, the plan stipulates a \$50 copayment for primary care visits and a \$100 copayment for specialist visits, with preventive care being free of charge. Diagnostic tests and imaging are subject to a 50% coinsurance. Prescription drug coverage includes copayments of \$25 for generic drugs, \$50 for preferred brand drugs, and \$100 for non-preferred drugs, with specialty drugs costing \$500. Emergency room care incurs a 50% coinsurance, while urgent care visits require a \$75 copayment. Mental health services, outpatient surgeries, and hospital stays also involve a 50% coinsurance.

Certain services are explicitly excluded from coverage, including acupuncture, cosmetic surgery, adult dental care, long-term care, and routine eye care for adults. Coverage for other services, such as abortion, bariatric surgery, chiropractic care, and infertility treatment, is available but subject to limitations. Children are covered for eye exams and glasses, but not for dental check-ups. The plan provides Minimum Essential Coverage, and individuals can reach out to the Illinois Department of Insurance for assistance with continuing coverage or grievances. Language access services are available in multiple languages, and coverage examples are provided to illustrate potential costs, emphasizing the importance of understanding deductibles, copayments, and coinsurance.

The policy outlines various cost-sharing elements for covered services, including a specialist

copayment of \$100 and a hospital facility coinsurance of 50%. An example scenario involving emergency room care, diagnostic tests, durable medical equipment, and rehabilitation services totals \$2,800, with the insured, Mia, incurring costs of \$2,200, broken down into a deductible of \$1,700 and copayments of \$500, while the plan covers the remaining costs. Specific covered scenarios include in-network emergency room visits for simple fractures, routine care for Type 2 diabetes, and prenatal care leading to hospital delivery.

Cigna Healthcare ensures compliance with federal civil rights laws, prohibiting discrimination based on race, color, national origin, age, disability, sex, gender identity, or sexual orientation. The company provides various assistance services, including qualified sign language interpreters and information in multiple formats and languages. For grievances related to discrimination or service failures, individuals can contact customer service or submit complaints via email or mail, with the option to escalate complaints to the U.S. Department of Health and Human Services. Cigna Healthcare products and services are offered through its subsidiaries, and language assistance services are available at no charge for non-English speakers.