

The Cigna Healthcare of Illinois, Inc. Connect Bronze 2000 Individual Medical Deductible plan offers coverage for individuals and families from January 1, 2025, to December 31, 2025. The plan features an overall deductible of \$2,000 for individuals and \$4,000 for families, which must be satisfied before most services are covered, although certain preventive care, office visits, prescription drugs, urgent care visits, and children's eye exams/glasses are available with a copayment prior to meeting the deductible. A separate deductible for prescription drugs is set at \$5,000 for individuals and \$10,000 for families, excluding generic and preferred brand drugs. The out-of-pocket limit is \$9,200 for individuals and \$18,400 for families, not including premiums, balance-billing charges, and penalties for failing to obtain preauthorization. Utilizing network providers results in lower costs, while out-of-network services may lead to higher charges and balance billing. Referrals are necessary to consult specialists.

For common medical events, network providers charge a \$45 copayment for primary care visits and \$100 for specialist visits, while preventive care incurs no charge. Costs for diagnostic tests and imaging vary, with laboratory visits costing a \$75 copayment and imaging subject to 50% coinsurance. Prescription drug coverage includes copayments for generic and preferred drugs, while non-preferred and specialty drugs incur higher coinsurance rates. Emergency room visits have a \$2,000 copayment, and urgent care visits cost \$70. Mental health services follow a similar copayment and coinsurance structure, with inpatient services requiring a \$2,500 copayment per day.

Excluded services encompass acupuncture, cosmetic surgery, adult dental care, long-term care, and routine eye care for adults. Other covered services, subject to limitations, include abortion, bariatric surgery, chiropractic care, and infertility treatment. The plan provides Minimum Essential Coverage, and individuals can contact the Illinois Department of Insurance for assistance with coverage continuation or grievances. Language access services are available in multiple languages, and the document includes examples of potential costs for specific medical situations, illustrating the plan's cost-sharing structure.

The policy outlines coverage details and cost-sharing responsibilities through examples involving two individuals, Joe and Mia. Joe's total example cost for services, including primary care visits, diagnostic tests, prescription drugs, and durable medical equipment, amounts to \$5,600, with his cost-sharing comprising an \$800 deductible, \$1,100 in copayments, and no coinsurance, leading to a total out-of-pocket expense of \$1,920. Mia's example event, which includes emergency room care, diagnostic tests, durable medical equipment, and rehabilitation services, totals \$2,800, with her cost-sharing consisting of a \$1,700 deductible, \$600 in copayments, and no coinsurance, resulting in a total payment of \$2,300, with the plan covering the remaining costs.

The policy also emphasizes compliance with federal civil rights laws, ensuring non-discrimination based on race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Cigna Healthcare provides various assistance services, including qualified interpreters and written information in accessible formats. Grievances regarding suspected discrimination can be filed via email or mail, with assistance available for this process. Additionally, customers can file civil rights complaints with the U.S. Department of Health and Human Services. Cigna Healthcare products and services are provided through its subsidiaries, and language assistance services are available at no charge for non-English speakers.