

Colorado

2026 Health Insurance Plans

What to know before
making your choice.



Individual and Family Plans

Insured by Cigna Health and Life Insurance Company



It's not just about when you're sick.

Health is a lifelong journey, and enrolling in a health plan plays an important part. That's why at Cigna Healthcare®, we give you the tools and support you need to make the best choice for your health and your budget. Use this brochure as a guide, or call **855.915.1512** for help with important plan considerations. **Here are just some of the budget-saving benefits a Cigna Healthcare Individual and Family Health Plan can offer:**

The care and service you need.

\$0 preventive care¹

Virtual care from **\$0**²

\$0 preventive care
prescription medications³

24/7/365

access to a doctor, nurse or customer service representative by phone or at myCigna.com[®]

Price Transparency Tools

help you estimate costs ahead of time
and avoid surprise bills

Cigna One Guide[®]

which gives you personalized support and
help with answers to all your plan questions

Coverage for these essential health benefits.

- Ambulatory patient services (outpatient services)
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services (those that help patients acquire, maintain or improve skills necessary for daily functioning) and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care⁴

1. 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.

2. \$0 virtual care (no cost share) for eligible preventive care and Dedicated Virtual Urgent Care for minor acute medical conditions. Not available for all plans. HSA plans and non-minor acute medical care may apply a copay, coinsurance or deductible. Cigna Healthcare provides access to Dedicated 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.

3. Health benefit plans may be different, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and be medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, you have to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, your prescription may not be covered or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. Look at your plan documents for more information about your plan's prescription drug coverage.

4. Pediatric dental is not available in all states. Some states have stand-alone dental plans with pediatric services. Additionally, some states have a bundled pediatric dental option for off-Exchange consumers.

Rewards for healthy actions.

Cigna® Healthy Rewards®

With Healthy Rewards,⁵ you can save time and money on a wide variety of health products, wellness programs and other services, including:



Nutrition



Fitness and exercise



Hearing and vision care

5. **Healthy Rewards programs are NOT insurance.** Rather, these programs give a discount on the cost of certain goods and services. The customer must pay the entire discounted cost. Some Healthy Rewards programs are not available in all states, and programs may be discontinued at any time. Participating providers are solely responsible for their goods and services.



Three things to think about before making your choice.

I. Cost

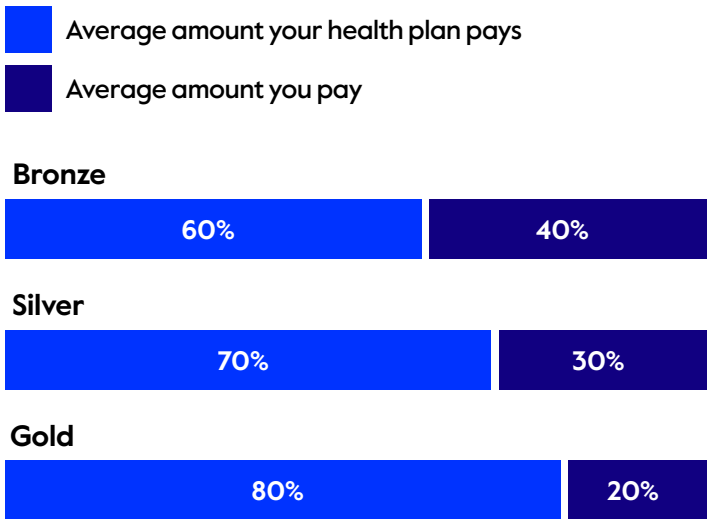
Choose a plan that fits your budget.
Each plan has a variety of costs. These include:

- **Premium.** This is the payment you make each month to keep your coverage.
- **Deductible.** This is the set amount you pay out of pocket for covered medical services before your insurance starts sharing the cost.
- **Coinsurance.** Once you’ve met your annual deductible, you pay for a percentage of covered medical services and your health plan pays the rest.
- **Copays.** This is the fixed amount you pay for doctor visits, prescriptions or other medical services.

Cigna Healthcare offers a variety of plans, including some with a \$0 deductible and some with \$0 copays.⁶ When choosing a plan, consider what’s best for your budget and your needs.

Plans are available in three metal levels.

Each is available through Connect for Health Colorado®, Colorado’s state-based health insurance marketplace, and pays different amounts of the total cost of an average person’s care. The higher the metal level, the more expenses your plan covers. To learn more, visit the “Financial Help” page at connectforhealthco.com.



6. \$0 deductible and \$0 copay are available on select Cigna Healthcare Individual and Family Plans. Reference plan documents for more information.





We offer Cigna Healthcare individual and family health plans in the following

Colorado counties: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Teller, Weld.

2. Financial assistance

There are three types of financial assistance available when buying a plan through Connect for Health Colorado®.

- **Premium tax credits** can reduce your monthly payment when you enroll in a qualified health plan (QHP).⁷
- **Cost-sharing reductions** on Silver plans can lower the amount you pay out of pocket when you get care. Household size and income requirements determine the reduction amount. Cost-sharing reductions may be combined with a premium tax credit.

Native Americans and Alaska Natives may qualify for tax credits and special cost-sharing reductions if specific requirements are met.

3. Care and coverage

The Cigna Connect Network is an **Exclusive Provider Organization (EPO)**, which gives you access to local providers selected with cost and quality in mind. To avoid extra expenses, make sure your current doctor is in-network or consider switching to one who is. To find out if your current doctor is in-network, visit Cigna.com/ifp-providers.



In-network

means the doctor or facility meets certain requirements and agrees to accept a discounted rate for services under your plan.



Out-of-network

means the doctor or facility is not contracted with your health plan and can charge you full price for services.

⁷ Federal financial assistance can only be applied to the purchase of a Qualified Health Plan (QHP), which is an insurance plan that's certified by the Health Insurance Marketplace®, provides essential health benefits, follows established limits on cost-sharing (including deductibles, copayments and out-of-pocket maximum amounts) and meets other requirements under the Affordable Care Act (ACA).



Frequently asked questions.

Q Does the plan require a primary care provider (PCP)?

A No, Cigna Healthcare Individual and Family Plans in the state of Colorado do not require a PCP to be a part of your care team, but it is encouraged. Your PCP acts as your team leader, helping keep you healthy and coordinating your care..

Q What if I need urgent care but my PCP can't see me?

A If your PCP is not available, you can still access quality care through another in-network PCP, at an in-network urgent care center, at a convenience care clinic or through virtual care. If you have a life-threatening emergency, go to your nearest emergency room (ER).

Q How do I know if my prescriptions are covered?

A You can find a plan-approved prescription drug list at Cigna.com/ifp-drug-list.



Find more answers.

We hope you have a better understanding of your health plan options and consider a Cigna Healthcare Individual and Family Plan for 2026. For more information, visit Cigna.com/planbrochure or call **855.915.1512**.





2026 Important Plan Disclosures

Medical plan rates vary based on plan design, age, family size, geographic location (residential zip code) and tobacco use.

Rates for new medical policies/service agreements with a start date on or after 01/01/2026 are guaranteed through 12/31/2026. Thereafter, medical rates are subject to change on 60 days' prior notice.

Insurance policies/service agreements have exclusions, limitations, reduction of benefits and terms under which the policies/service agreements may be continued in force or discontinued. Medical applications are accepted during the annual Open Enrollment Period or within 60 calendar days of a qualifying life event. Benefits are provided only for those services that are medically necessary as defined in the policy/service agreement and for which the insured person has benefits.

Form Series for Cigna Health and Life Insurance Company:

Exclusive Provider: **CO: INDEPO052025, CO: INDOPTIONEPO052025**

The policy/service agreement may be canceled by Cigna Healthcare due to failure to pay premium, fraud, ineligibility, when the insured no longer lives in the service area, or when Cigna Healthcare ceases to offer policies/service agreements of this type or ceases to offer any plans in the individual market in the state, in accordance with applicable law. In the event of entry of a final judgment by a court declaring all or part of the Patient Protection and Affordable Care Act (P.L. III-148) invalid, unconstitutional, or otherwise ineffective, and the state not providing alternative and sufficient means of funding advanced-premium tax credits, this Policy shall be subject to cancellation consistent with applicable federal and state law. You may cancel the policy/service agreement on the first of the month following our receipt of your written notice. We reserve the right to modify the policy/service agreement, including plan provisions, benefits and coverages, consistent with state or federal law. Policies/service agreements renew on a calendar-year basis.

Cigna Healthcare does not intentionally discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

For costs and additional details about coverage, contact Cigna Healthcare at 900 Cottage Grove Road, Hartford, CT 06152 or call **866.Get.Cigna (866.438.2446)**.

No-cost language services are available. You can have an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at **866.494.2111**.

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al **866.494.2111**.

ACCESS PLAN

If you would like more information on:

1. Who participates in our provider network;
2. How we ensure that the network meets the health care needs of our members;
3. How our provider referral process works;
4. How care is continued if providers leave our network;
5. What steps we take to ensure medical quality and customer satisfaction;
6. Where you can go for information on other plan services and features you may request a copy of our Access Plan.

The Access Plan is designed to disclose all the plan information required under Colorado law, and can be obtained by calling Customer Service or visiting Cigna.com.

Product availability may vary by location and plan type and is subject to change. All health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna Healthcare representative. Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company, Cigna HealthCare of Arizona, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of North Carolina, Inc., and Cigna HealthCare of Texas, Inc.

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