

	Platinum \$0	Platinum \$750	Gold \$0	Gold \$1500	Gold \$2000	Gold \$3000	Gold \$3500 HSA
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All Cigna + Oscar plans offer members a choice between Cigna Healthcare™ LocalPlus® and Open Access Plus networks, allowing them to choose the network that fits into their lives and meets their needs.

The Basics

Deductible (Individual / Family)	\$0/ \$0	\$750/ \$1,500	\$0/ \$0	\$1,500/ \$3,000	\$2,000/ \$4,000	\$3,000/ \$6,000	\$3,500/ \$7,000
Out-of-Pocket Max (Individual / Family)	\$2,250/ \$4,500	\$2,250/ \$4,500	\$8,850/ \$17,700	\$7,900/ \$15,800	\$7,750/ \$15,500	\$7,500/ \$15,000	\$4,000/ \$8,000
Out-of-Network Deductible (Individual / Family)	\$5,000/ \$10,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$6,000/ \$12,000	\$9,000/ \$18,000	\$7,000/ \$14,000
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$10,000/ \$20,000	\$15,000/ \$30,000	\$10,000/ \$20,000	\$15,000/ \$30,000	\$18,000/ \$36,000	\$18,000/ \$36,000	\$14,000/ \$28,000
In-Network Coinsurance/ Out-of-Network Coinsurance	50%/ 50%	20%/ 50%	40%/ 50%	25%/ 50%	30%/ 50%	20%/ 50%	0%/ 50%
Deductible Accumulation Type ¹	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
\$0 copay Virtual Urgent Care, available 24/7 ²	✓	✓	✓	✓	✓	✓	☐

Prices for Benefits

Primary care office visits ³	\$20	\$15	\$40	\$35	\$55	\$25	0% after deductible
Specialist office visits	\$40	\$50	\$80	\$75	\$55	\$60	0% after deductible
Emergency Room ⁴	Visit 1: 50% Visits 2+: 50%	Visit 1: \$150 after deductible Visits 2+: \$350 after deductible	Visit 1: \$600 Visits 2+: \$900	Visit 1: 25% after deductible Visits 2+: 40% after deductible	Visit 1: 30% after deductible Visits 2+: 40% after deductible	Visit 1: 20% after deductible Visits 2+: 40% after deductible	Visit 1: 0% after deductible Visits 2+: 0% after deductible
Urgent Care	\$50	\$50	\$75	\$50	\$50	\$50	0% after deductible
Labs (OV/IND, OP) ⁵	0%/ 50%	0%/ 20% after deductible	0%/ 40%	0%/ 25% after deductible	0%/ 30%	0%/ 20% after deductible	0% after deductible/ 0% after deductible
X-rays & Diagnostic imaging	50%	20% after deductible	40%	25% after deductible	30%	20% after deductible	0% after deductible
Advanced Imaging (MRI,CT, PET) ⁶ (OV/IND, OP)	50%/ 50%	20% after deductible/ 40% after deductible	\$550/ \$850	25% after deductible / 40% after deductible	30% after deductible/ 40% after deductible	20% after deductible / 40% after deductible	0% after deductible/ 0% after deductible
Outpatient Surgery Facility	50%	20% after deductible	\$550	25% after deductible	30% after deductible	20% after deductible	0% after deductible
Inpatient Hospital Facility	50%	20% after deductible	\$550 per day for 3 days	25% after deductible	30% after deductible	20% after deductible	0% after deductible
Chiropractic	\$20	\$15	\$40	\$35	\$55	\$25	0% after deductible

Pharmacy Benefits⁷

Pharmacy Deductible (Individual/Family)	N/A	N/A	N/A	N/A	N/A	N/A	Integrated Med/Rx
RX Generics: Preferred (Tier 1)	\$3	\$3	\$3	\$3	\$3	\$3	\$3 after deductible (deductible waived on HSA Preventive Drug List)
RX Generics: Non-preferred (Tier 2)	\$25	\$25	\$25	\$25	\$25	\$25	\$10 after deductible (deductible waived on HSA Preventive Drug List)
RX Brand: Preferred (Tier 3)	\$50	\$50	\$65	\$65	\$65	\$65	\$40 after deductible (deductible waived on HSA Preventive Drug List)
RX Brand: Non-preferred (Tier 4)	\$75	\$75	\$125	\$125	\$125	\$125	\$75 after deductible (deductible waived on HSA Preventive Drug List)
RX Specialty Including Accredo [®] (Tier 5)	\$750	\$750	\$750	\$750	\$750	\$750	\$750 after deductible

	Gold \$3750	Gold \$4500	Silver \$750	Silver \$1500	Silver \$2800	Silver \$3500	Silver \$3500 HSA
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The Basics							
Deductible (Individual / Family)	\$3,750/ \$7,500	\$4,500/ \$9,000	\$750/ \$1,500	\$1,500/ \$3,000	\$2,800/ \$5,600	\$3,500/ \$7,000	\$3,500/ \$7,000
Out-of-Pocket Max (Individual / Family)	\$7,750/ \$15,500	\$7,500/ \$15,000	\$9,450/ \$18,900	\$9,100/ \$18,200	\$9,000/ \$18,000	\$9,100/ \$18,200	\$6,000/ \$12,000
Out-of-Network Deductible (Individual / Family)	\$9,000/ \$18,000	\$9,000/ \$18,000	\$7,500/ \$15,000	\$7,500/ \$15,500	\$7,500/ \$15,000	\$10,000/ \$20,000	\$6,500/ \$13,000
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$18,000/ \$36,000	\$18,000/ \$36,000	\$15,000/ \$30,000	\$15,000/ \$30,000	\$15,000/ \$30,000	\$20,000/ \$40,000	\$13,000/ \$26,000
In-Network Coinsurance/Out-of-Network Coinsurance	25% / 50%	25% / 50%	30% / 50%	40% / 50%	50% / 50%	30% / 50%	40% / 50%
Deductible Accumulation Type ¹	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
\$0 copay Virtual Urgent Care, available 24/7 ²	✓	✓	✓	✓	✓	✓	☐
Prices for Benefits							
Primary care office visits ³	\$30	\$15	\$65	\$75	50% after deductible	\$60	40% after deductible
Specialist office visits	\$60	\$70	\$120	40% after deductible	50% after deductible	\$60 after deductible	40% after deductible
Emergency Room ⁴	Visit 1: 25% after deductible Visits 2+: 40% after deductible	Visit 1: \$750 after deductible Visits 2+: \$1,000 after deductible	Visit 1: \$750 after deductible Visits 2+: \$950 after deductible	Visit 1: 40% after deductible Visits 2+: 40% after deductible	Visit 1: 50% after deductible Visits 2+: 50% after deductible	Visit 1: 30% after deductible Visits 2+: 40% after deductible	Visit 1: 40% after deductible Visits 2+: 40% after deductible
Urgent Care	\$50	\$50	\$75	40%	50% after deductible	\$75	40% after deductible
Labs (OV/IND, OP) ⁵	0%/ 25% after deductible	0%/ 25% after deductible	0%/ 30% after deductible	40% after deductible / 40% after deductible	50% after deductible/ 50% after deductible	0%/ 30% after deductible	0% after deductible / 40% after deductible
X-rays & Diagnostic imaging	25%	25%	30% after deductible	40% after deductible	50% after deductible	30% after deductible	40% after deductible
Advanced Imaging (MRI,CT, PET) ⁶ (OV/IND, OP)	25% after deductible/ 40% after deductible	25% / 40% after deductible	\$550 after deductible/ \$850 after deductible	40% after deductible/ 40% after deductible	50% after deductible/ 50% after deductible	30% after deductible/ 40% after deductible	40% after deductible/ 40% after deductible
Outpatient Surgery Facility	25% after deductible	25% after deductible	\$1,500 after deductible	40% after deductible	50% after deductible	30% after deductible	40% after deductible
Inpatient Hospital Facility	25% after deductible	25% after deductible	\$1,750 a day for 3 days after deductible	40% after deductible	50% after deductible	30% after deductible	40% after deductible
Chiropractic	\$30	\$15	\$65	\$75	50% after deductible	\$60	40% after deductible
Pharmacy Benefits⁷							
Pharmacy Deductible (Individual/Family)	N/A	N/A	N/A	Integrated Med/Rx	N/A	N/A	Integrated Med/Rx
RX Generics: Preferred (Tier 1a)	\$3	\$3	\$3	\$3	\$3	\$3	\$3 after deductible (deductible waived on HSA Preventive Drug List)
RX Generics: Non-preferred (Tier 1b)	\$25	\$25	\$35	\$35	\$35	\$35	\$35 after deductible (deductible waived on HSA Preventive Drug List)
RX Brand: Preferred (Tier 2)	\$65	\$65	\$85	\$85	\$85	\$85	\$85 after deductible (deductible waived on HSA Preventive Drug List)
RX Brand: Non-preferred (Tier 3)	\$125	\$125	\$175	\$175 after deductible	\$175	\$175	\$175 after deductible (deductible waived on HSA Preventive Drug List)
RX Specialty Including Accredo ⁸ (Tier 5)	\$750	\$750	\$750	\$750 after deductible	\$750	\$750	\$750 after deductible

	Silver \$4250	Silver \$4350 HSA	Silver \$5500	Silver \$6450	Bronze \$1000	Bronze \$3000	Bronze \$5750
All Cigna + Oscar plans offer members a choice between Cigna Healthcare™ LocalPlus® and Open Access Plus networks, allowing them to choose the network that fits into their lives and meets their needs.							
The Basics							
Deductible (Individual / Family)	\$4,250/ \$8,500	\$4,350/ \$8,700	\$5,500/ \$11,000	\$6,450/ \$12,900	\$1,000/ \$2,000	\$3,000/ \$6,000	\$5,750/ \$11,500
Out-of-Pocket Max (Individual / Family)	\$9,250/ \$18,500	\$7,000/ \$14,000	\$9,250/ \$18,500	\$9,250/ \$18,500	\$9,350/ \$18,700	\$9,350/ \$18,700	\$9,350/ \$18,700
Out-of-Network Deductible (Individual / Family)	\$11,000/ \$22,000	\$8,500/ \$17,000	\$11,000/ \$22,000	\$12,000/ \$24,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$12,000/ \$24,000
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$20,000/ \$40,000	\$17,000/ \$34,000	\$20,000/ \$40,000	\$20,000/ \$40,000	\$20,000/ \$40,000	\$20,000/ \$40,000	\$20,000/ \$40,000
In-Network Coinsurance/Out-of-Network Coinsurance	25% / 50%	10% / 50%	40% / 50%	40% / 50%	40% / 50%	30% / 50%	50% / 50%
Deductible Accumulation Type ¹	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
\$0 copay Virtual Urgent Care, available 24/7 ²	✔	☐	✔	✔	✔	✔	✔
Prices for Benefits							
Primary care office visits ³	\$60	10% after deductible	\$55	\$55	\$95	\$75	\$70
Specialist office visits	\$125	10% after deductible	\$110	\$95	\$150	\$150	50% after deductible
Emergency Room ⁴	Visit 1: 25% after deductible Visits 2+: 40% after deductible	Visit 1: 10% after deductible Visits 2+: 10% after deductible	Visit 1: 40% after deductible Visits 2+: 40% after deductible	Visit 1: 40% after deductible Visits 2+: 40% after deductible	Visit 1: 40% after deductible Visits 2+: 40% after deductible	Visit 1: 30% after deductible Visits 2+: 30% after deductible	Visit 1: 50% after deductible Visits 2+: 50% after deductible
Urgent Care	\$75	10% after deductible	\$75	\$75	\$100	\$100	\$100
Labs (OV/IND, OP) ⁵	0% / 25% after deductible	0% after deductible/ 10% after deductible	0%/ 40% after deductible	0%/ 40% after deductible	40% after deductible/ 40% after deductible	30% after deductible/ 30% after deductible	0%/ 50% after deductible
X-rays & Diagnostic imaging	25% after deductible	10% after deductible	40%	40% after deductible	40% after deductible	30% after deductible	50% after deductible
Advanced Imaging (MRI,CT, PET) ⁶ (OV/IND, OP)	25% after deductible/ 40% after deductible	10% after deductible/ 10% after deductible	40% after deductible/ 40% after deductible	40% after deductible/ 40% after deductible	40% after deductible/ 40% after deductible	30% after deductible/ 30% after deductible	50% after deductible/ 50% after deductible
Outpatient Surgery Facility	25% after deductible	10% after deductible	40% after deductible	40% after deductible	\$1,000 after deductible	\$1,000 after deductible	50% after deductible
Inpatient Hospital Facility	25% after deductible	10% after deductible	40% after deductible	40% after deductible	\$2,000 a day for up to 3 days, after deductible	\$2,000 a day for up to 3 days, after deductible	50% after deductible
Chiropractic	\$60	10% after deductible	\$55	\$55	\$95	\$30	\$70
Pharmacy Benefits⁷							
Pharmacy Deductible (Individual/Family)	N/A	Integrated Med/Rx	N/A	N/A	\$6,100/ \$12,200	\$3,100/ \$6,200	Integrated Med/Rx
RX Generics: Preferred (Tier 1a)	\$3	\$3 after deductible (deductible waived on HSA Preventive Drug List)	\$3	\$3	\$3	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$35	\$35 after deductible (deductible waived on HSA Preventive Drug List)	\$35	\$35	\$35	\$35	50% after deductible
RX Brand: Preferred (Tier 2)	\$85	\$85 after deductible (deductible waived on HSA Preventive Drug List)	\$85	\$85	50% after Rx deductible	50% after Rx deductible	50% after deductible
RX Brand: Non-preferred (Tier 3)	\$175	\$175 after deductible (deductible waived on HSA Preventive Drug List)	\$175	\$175	50% after Rx deductible	50% after Rx deductible	50% after deductible
RX Specialty Including Accredo ⁸ (Tier 5)	\$750	\$750 after deductible	\$750	\$750	50% after Rx deductible	50% after Rx deductible	50% after deductible

Bronze \$6000 HSA	Bronze \$9400
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All Cigna + Oscar plans offer members a choice between Cigna Healthcare™ LocalPlus® and Open Access Plus networks, allowing them to choose the network that fits into their lives and meets their needs.

The Basics

Deductible (Individual / Family)	\$6,000/ \$12,000	\$9,400/ \$18,800
Out-of-Pocket Max (Individual / Family)	\$7,950/ \$15,900	\$9,400/ \$18,400
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$12,000/ \$24,000	\$18,000/ \$36,000
Out-of-Network Deductible (Individual / Family)	\$20,000/ \$40,000	\$20,000/ \$40,000
In-Network Coinsurance/Out-of-Network Coinsurance	40%/ 50%	0%/ 50%
Deductible Accumulation Type ¹	Embedded	Embedded
\$0 Virtual Urgent Care, available 24/7 ²	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Prices for Benefits

Primary care office visits ³	40% after deductible	\$75
Specialist office visits	40% after deductible	0% after deductible
Emergency Room ⁴	Visit 1: 40% after deductible Visits 2+: 40% after deductible	Visit 1: 0% after deductible Visits 2+: 0% after deductible
Urgent Care	40% after deductible	0% after deductible
Labs (OV/IND, OP) *	0% after deductible / 40% after deductible	0% after deductible / 0% after deductible
X-rays & Diagnostic imaging	40% after deductible	0% after deductible
Advanced Imaging (MRI,CT, PET) ⁵	40% after deductible/ 40% after deductible	0% after deductible/ 0% after deductible
Outpatient Surgery	40% after deductible	0% after deductible
Inpatient Hospital Facility	40% after deductible	0% after deductible
Chiropractic	40% after deductible	0% after deductible

Pharmacy Benefits⁷

Pharmacy Deductible (Individual / Family)	Integrated Med/Rx	Integrated Med/Rx
RX Generics: Preferred (Tier 1) ⁸	\$3 after deductible (deductible waived on HSA Preventive Drug List)	\$3
RX Generics: Non-preferred (Tier 1b)	\$35 after deductible (deductible waived on HSA Preventive Drug List)	0% after deductible (\$35, deductible waived on HSA Preventive Drug List)
RX Brand: Preferred (Tier 2)	\$85 after deductible (deductible waived on HSA Preventive Drug List)	0% after deductible (\$85, deductible waived on HSA Preventive Drug List)
RX Brand: Non-preferred (Tier 3)	\$175 after deductible (deductible waived on HSA Preventive Drug List)	0% after deductible (\$175, deductible waived on HSA Preventive Drug List)
RX Specialty Including Accredo ⁹ (Tier 5)	\$750 after deductible	0% after deductible

- (1) If embedded deductible: The single deductible is embedded in the family deductible, so no one family member can contribute more than the single amount toward the family deductible.
If non-embedded deductible: There is only a family deductible. All family members' out-of-pocket expenses count toward the family deductible until it is met, and then they are all covered with the health plan's usual copays or coinsurance
- (2) If you're away from home, Virtual Urgent Care is not available internationally.
Virtual Urgent Care has a cost-share for members on HSA plans before they reach their deductible, after which the copay is \$0. Members can only access Virtual Urgent Care via phone. Cigna Healthcare provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan network and may not be available in all areas.
- (3) Mental health and chemical dependency copayment the same as Primary Care (Silver \$1500 Bronze \$5750, Bronze \$9400 plans, copy reflects specialist cost)
- (4) This plan may utilize stepped ER coverage, after the first visit you will have a higher share of cost. Refer to SBC for cost details.
- (5) This plan may offer reduced cost share for lab tests performed at physicians offices or independent labs. If lab services are performed by other providers, including outpatient hospitals, the cost share may be higher. Please refer to Schedule of Benefits (SBC) for more coverage details.
- (6) This plan may offer reduced cost share for imaging performed at physicians offices or independent facilities. If lab services are performed by other providers, including outpatient hospitals, the cost share may be higher. Please refer to Schedule of Benefits (SBC) for more coverage details.
- (7) The \$3 prescription list is available in all Cigna + Oscar markets, excluding California. Refer to enrollment materials for details. For commonly covered medications, view the Prescription Drug List
- (8) "Accredo" refers to Accredo Health Group, Inc. "Accredo" is a trademark of Express Scripts Strategic Development, Inc.

Some benefits are subject to age and frequency schedules, limitations or visit maximums.

See the plan's Schedule of Benefits (SBC) for more on coverage details. All this information and more can be found on our Broker Resources page: www.hioscar.com/brokers

Cigna + Oscar coverage is insured by Cigna Health and Life Insurance Company. CA: benefits administered by Oscar Health Administrators. Other states: benefits administered by Oscar Management Corporation. Pharmacy benefits provided by Express Scripts, Inc. Cigna + Oscar health insurance contains exclusions and limitations. For complete details on product availability and coverage, please refer to your plan documents or contact a representative.