

	Platinum \$0	Gold \$0	Gold \$1500	Gold \$2000	Gold \$3000	Gold \$4500	Silver \$0
All Cigna + Oscar Plans offer members a choice between Cigna 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	\$0 / \$0	\$1,500 / \$3,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$4,500 / \$9,000	\$0 / \$0
Out-of-Pocket Max (Individual / Family)	\$2,500 / \$5,000	\$8,700 / \$17,400	\$7,500 / \$15,000	\$7,500 / \$15,000	\$7,500 / \$15,000	\$7,750 / \$15,500	\$8,700 / \$17,400
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$5,000 / \$10,000	\$10,000 / \$20,000	\$15,000 / \$30,000	\$18,000 / \$36,000	\$18,000 / \$36,000	\$18,000 / \$36,000	\$15,000 / \$30,000
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A	N/A	\$1,000 / \$2,000
Out-of-Network Deductible (Individual / Family)	\$2,500 / \$5,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$6,000 / \$12,000	\$9,000 / \$18,000	\$9,000 / \$18,000	\$7,500 / \$15,000
In-Network Coinsurance	50%	40%	25%	30%	25%	25%	30%
Out-of-Network Coinsurance	50%	50%	50%	50%	50%	50%	50%
HSA-Compatible?	No	No	No	No	No	No	No
\$0 copay telemedicine, available 24/7	✓	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓	✓
Up to \$100/year in step tracking rewards	✓	✓	✓	✓	✓	✓	✓
\$0 Preventive care	✓	✓	✓	✓	✓	✓	✓
Prices for Benefits							
Primary care office visits	\$20	\$40	\$35	\$55	\$25	\$15	\$55
Specialist office visits	\$40	\$60	\$75	\$55	\$65	\$75	\$95
Mental health office visits	\$20	\$40	\$35	\$55	\$25	\$15	\$55
Labs*****	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Emergency room	50%	\$600	25% after deductible	30% after deductible	25% after deductible	\$500	\$750
Urgent care	\$50	\$75	\$50	\$50	\$50	\$50	\$75
MRIs & Advanced imaging	50%	\$550	25% after deductible	30% after deductible	25% after deductible	25% after deductible	\$550
X-rays & Diagnostic imaging	50%	40%	25% after deductible	30%	25% after deductible	25% after deductible	30%
Outpatient facility / Inpatient facility	50% / 50%	\$350 / \$550 (per day, up to three days) after deductible	25% after deductible / 25% after deductible	30% after deductible / 30% after deductible	25% after deductible / 25% after deductible	25% after deductible / 25% after deductible	\$750 / \$1,750 (per day, up to three days) after deductible
RX   Generics: Preferred (Tier 1a) / Non-preferred (Tier 1b)	\$3 / \$15	\$3 / \$15	\$3 / \$15	\$3 / \$15	\$3 / \$15	\$3 / \$15	\$3 / \$35
RX   Brand: Preferred (Tier 2) / Non-preferred (Tier 3)	\$25 / \$50	\$50 / \$100	\$50 / \$100	\$50 / \$100	\$50 / \$100	\$50 / \$100	\$75 after deductible / \$150 after deductible
RX   Specialty (Accredo)* (Tier 4)	\$100	\$300	\$300	\$300	\$300	\$300	\$300 after deductible

\* "Accredo" refers to Accredo Health Group, Inc. "Accredo" is a trademark of Express Scripts Strategic Development, Inc.

\*\*\* Cigna LocalPlus® plans have in network only benefits

\*\*\*\*\*This plan offers 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 the Schedule of Benefits (SBC) for more coverage details. See the plan's Schedule of Benefits & Coverage (SBC) for more on coverage details. All this information and more can be found on our Broker

**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.

	Silver \$1200	Silver \$2800	Silver \$3250 HSA	Silver \$3500	Silver \$4250	Silver \$4350 HSA	Silver \$6000
All Cigna + Oscar Plans offer members a choice between Cigna 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)	\$1,200 / \$2,400	\$2,800 / \$5,600	\$3,250 / \$6,500	\$3,500 / \$7,000	\$4,250 / \$8,500	\$4,350 / \$8,700	\$6,000 / \$12,000
Out-of-Pocket Max (Individual / Family)	\$8,700 / \$17,400	\$8,700 / \$17,400	\$5,750 / \$11,500	\$8,700 / \$17,400	\$8,700 / \$17,400	\$7,000 / \$14,000	\$8,700 / \$17,400
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$15,000 / \$30,000	\$15,000 / \$30,000	\$13,000 / \$26,000	\$20,000 / \$40,000	\$20,000 / \$40,000	\$17,000 / \$34,000	\$20,000 / \$40,000
Pharmacy Deductible (Individual / Family)	N/A	N/A	Integrated Med/Rx deductible	N/A	N/A	Integrated Med/Rx deductible	N/A
Out-of-Network Deductible (Individual / Family)	\$7,500 / \$15,000	\$7,500 / \$15,000	\$6,500 / \$13,000	\$10,000 / \$20,000	\$11,000 / \$22,000	\$8,500 / \$17,000	\$12,000 / \$24,000
In-Network Coinsurance	40%	50%	40%	30%	25%	10%	40%
Out-of-Network Coinsurance	50%	50%	50%	50%	50%	50%	50%
HSA-Compatible?	No	No	Yes	No	No	Yes	No
\$0 copay telemedicine, available 24/7	✓	✓	□	✓	✓	□	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓	✓
Up to \$100/year in step tracking rewards	✓	✓	✓	✓	✓	✓	✓
\$0 Preventive care	✓	✓	✓	✓	✓	✓	✓
Prices for Benefits							
Primary care office visits	\$65	50% after deductible	40% after deductible	\$60	\$60	10% after deductible	\$55
Specialist office visits	40% after deductible	50% after deductible	40% after deductible	\$120	\$125	10% after deductible	\$95
Mental health office visits	40% after deductible	50% after deductible	40% after deductible	\$60	\$60	10% after deductible	\$55
Labs*****	40% after deductible	50% after deductible	\$0 after deductible	\$0	\$0	10% after deductible	\$0
Emergency room	40% after deductible	50% after deductible	40% after deductible	30% after deductible	25% after deductible	10% after deductible	40% after deductible
Urgent care	40%	50% after deductible	40% after deductible	\$75	\$75	10% after deductible	\$75
MRIs & Advanced imaging	40% after deductible	50% after deductible	40% after deductible	30% after deductible	25% after deductible	10% after deductible	40% after deductible
X-rays & Diagnostic imaging	40% after deductible	50% after deductible	40% after deductible	30% after deductible	25% after deductible	10% after deductible	40% after deductible
Outpatient facility / Inpatient facility	40% after deductible / 40% after deductible	50% after deductible / 50% after deductible	40% after deductible / 40% after deductible	30% after deductible / 30% after deductible	25% after deductible / 25% after deductible	10% after deductible / 10% after deductible	40% after deductible / 40% after deductible
RX   Generics: Preferred (Tier 1a) / Non-preferred (Tier 1b)	\$3 / \$30	\$3 / \$15	\$3 after deductible / \$15 after deductible ****	\$3 / \$15	\$3 / \$15	\$3 after deductible / \$15 after deductible	\$3 / \$35
RX   Brand: Preferred (Tier 2) / Non-preferred (Tier 3)	\$75 / \$150	\$50 / \$100	\$40 after deductible / \$80 after deductible ****	\$50 / \$100	\$50 / \$100	\$40 / \$80 after deductible	\$75 / \$150
RX   Specialty (Accredo)* (Tier 4a)	\$300	\$200	\$200 after deductible	\$200	\$250	\$200 after deductible	\$300

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\*\*\* Cigna LocalPlus® plans have in network only benefits

\*\*\*\*Deductible waived for HSA preventative drug list

\*\*\*\*\*Lab share-of-cost is based on site-of care, for more information see the plans Schedule of Benefits (SBC)

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

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Silver \$5500 with \$0 Virtual PCP**	Silver \$5500	Bronze \$1000	Bronze \$5750	Bronze \$5750 with \$0 Virtual PCP**	Bronze \$6000 HSA
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All Cigna + Oscar Plans offer members a choice between Cigna 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)	\$5,500 / \$11,000	\$5,500 / \$11,000	\$1,000 / \$2,000	\$5,750 / \$11,500	\$5,750 / \$11,500	\$6,000 / \$12,000
Out-of-Pocket Max (Individual / Family)	\$8,700 / \$17,400	\$8,700 / \$17,400	\$8,700 / \$17,400	\$8,700 / \$17,400	\$8,700 / \$17,400	\$7,000 / \$14,000
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$20,000 / \$40,000	\$20,000 / \$40,000	\$20,000 / \$40,000	\$20,000 / \$40,000	\$20,000 / \$40,000	\$20,000 / \$40,000
Pharmacy Deductible (Individual / Family)	N/A	N/A	\$6,100 / \$12,200	Integrated Med/Rx deductible	Integrated Med/Rx deductible	Integrated Med/ Rx deductible
Out-of-Network Deductible (Individual / Family)	\$11,000 / \$22,000	\$11,000 / \$22,000	\$10,000 / \$20,000	\$12,000 / \$24,000	\$12,000 / \$24,000	\$12,000 / \$24,000
In-Network Coinsurance	40%	40%	40%	50%	50%	40%
Out-of-Network Coinsurance	50%	50%	50%	50%	50%	50%
HSA-Compatible?	No	No	No	No	No	Yes
\$0 copay telemedicine, available 24/7	✓	✓	✓	✓	✓	□
Dedicated Care Team	✓	✓	✓	✓	✓	✓
Up to \$100/year in step tracking rewards	✓	✓	✓	✓	✓	✓
\$0 Preventive care	✓	✓	✓	✓	✓	✓

## Prices for Benefits

Primary care office visits	\$0 Oscar Virtual Primary Care	\$55	\$95	\$70	\$0 Oscar Virtual Primary Care / \$85 in-person	40% after deductible
Specialist office visits	\$0 if referred by Oscar Virtual Primary Care for 1st visit / \$75	\$70	\$150	50% after deductible	\$0 if referred by Oscar Virtual Primary Care 1st visit / \$85	40% after deductible
Mental health office visits	\$75	\$70	\$95	50% after deductible	\$85	40% after deductible
Labs*****	\$0	\$0	40% after deductible	\$0	\$0 w/ Oscar VPC / 50% after deductible	\$0 after deductible
Emergency room	40% after deductible	40% after deductible	\$850 after deductible	50% after deductible	50% after deductible	40% after deductible
Urgent care	\$75	\$75	\$100	\$75	\$75	40% after deductible
MRIs & Advanced imaging	40% after deductible	40% after deductible	\$1,500	50% after deductible	50% after deductible	40% after deductible
X-rays & Diagnostic imaging	40% after deductible	40%	40% after deductible	50% after deductible	50% after deductible	40% after deductible
Outpatient facility / Inpatient facility	40% after deductible / 40% after deductible	40% after deductible / 40% after deductible	\$750 after deductible / \$2000 (per day, up to 3 days) after deductible	50% after deductible / 50% after deductible	50% after deductible / 50% after deductible	40% after deductible / 40% after deductible
RX   Generics: Preferred (Tier 1a) /Non-preferred (Tier 1b)	\$3 / \$35	\$3 / \$35	\$3 / 50% after deductible	\$3 / 50% after deductible	\$3 / 50% after deductible	40% after deductible / 40% after deductible/ \$10 HSA Preventive drugs list****
RX   Brand: Preferred (Tier 2) / Non-preferred (Tier 3)	\$75 / \$150	\$75 / \$150	50% after deductible / 50% after deductible	50% after deductible / 50% after deductible	50% after deductible / 50% after deductible	40% after deductible / \$30 Preventive drug list/ 40% after deductible/ \$60 Preventive drug list
RX   Specialty (Accredo)* (Tier 4a)	\$300	\$300	50% after deductible	50% after deductible	50% after deductible	40% after deductible

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\*\*Virtual Primary Care offerings vary by market and may not be available in your service area. Oscar's Virtual Primary Care offerings are only available for members ages 18 and over.

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\*\*\*\*Deductible waived for HSA preventive drugs

\*\*\*\*\*Lab share-of-cost is based on site-of care, for more information see the plans Schedule of Benefits (SBC)

See the plan's Schedule of Benefits & Coverage (SBC) for more on coverage details.

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