

	Platinum \$300	Platinum \$750	Gold \$1250	Gold \$1800	Gold \$2750	Silver \$0	Silver \$2750
All Cigna Administered by 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.							
<b>The Basics</b>							
Deductible (Individual / Family)	\$300/\$600	\$750/\$1,500	\$1,250/\$2,500	\$1,800/\$3,600	\$2,750/\$5,500	\$0/\$0	\$2,750/\$5,500
Out-of-Pocket Max (Individual / Family)	\$3,000/\$6,000	\$3000/\$6,000	\$7,750/\$15,500	\$7,500/\$15,000	\$7,500/\$15,000	\$9,100/\$18,200	\$8,950/\$17,900
Out-of-Network Deductible (Individual / Family)	\$5,000/\$10,000	\$3,500/\$7,000	\$3,500/\$7,000	\$7,500/\$15,000	\$7,500/\$15,000	\$4,000/\$8,000	\$5,000/\$10,000
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$10,000/\$20,000	\$7,000/\$14,000	\$14,000/\$28,000	\$15,00/\$30,000	\$15,000/\$30,000	\$16,000/\$32,000	\$15,000/\$30,000
In-Network Coinsurance/Out-of-Network Coinsurance	10% / 50%	15% 50%	20%/50%	20%/50%	20%/50%	30%/50%	25%/50%
Deductible Accumulation Type <sup>1</sup>	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
\$0 copay Virtual Urgent Care, available 24/7 <sup>2</sup>	✓	✓	✓	✓	✓	✓	✓
Virtual Primary Care <sup>3</sup>	✓	✓	✓	✓	✓	✓	✓
<b>Prices for Benefits</b>							
Primary care office visits <sup>4</sup>	\$20	\$15	\$35	\$25	\$20	\$65	\$55
Specialist office visits	\$30	\$30	\$60	\$75	\$60	\$95	\$95
Emergency Room <sup>5</sup>	Visit 1: \$250 after deductible Visits 2+: \$500 after deductible	Visit 1: \$250 after deductible Visits 2+: \$350 after deductible	Visit 1: 20% after deductible Visits 2+: 40% after deductible	Visit 1: \$400 after deductible Visits 2+: \$700 after deductible	Visit 1: \$500 after deductible Visits 2+: \$800 after deductible	Visit 1: \$750 Visits 2+: \$1,050	Visit 1: \$750 after deductible Visits 2+: \$1,050 after deductible
Urgent Care	\$50	\$50	\$60	\$60	\$60	\$75	\$90
Labs (OV/IND, OP) <sup>6</sup>	0% / 10% after deductible	\$0 / 15% after deductible	\$0 / 20% after deductible	\$0 / 20% after deductible	\$0 / 20% after deductible	0% / 30%	\$0 / 25% after deductible
X-rays & Diagnostic imaging	10% after deductible	15% after deductible	20% after deductible	20% after deductible	20% after deductible	30%	25% after deductible
Advanced Imaging (MRI, CT, PET) <sup>7</sup> (OV/IND, OP)	10% after deductible / 40% after deductible	15% after deductible / 40% after deductible	20% after deductible / 40% after deductible	20% after deductible / 40% after deductible	20% after deductible / 40% after deductible	\$750 / \$1,250	25% after deductible / 40% after deductible
Outpatient Surgery Facility	10% after deductible	15% after deductible	20% after deductible	20% after deductible	20% after deductible	\$1,000	25% after deductible
Inpatient Hospital Facility	10% after deductible	15% after deductible	20% after deductible	20% after deductible	20% after deductible	\$1,750 per day up to 3 days	25% after deductible
Chiropractic	\$20	\$15	\$30	\$30	\$30	\$35	\$35
<b>Pharmacy Benefits</b>							
Pharmacy Deductible (Individual/ Family)	N/A	N/A	N/A	N/A	N/A	\$1,350 / \$2,700	\$450/\$900
RX   Generics: Preferred (Tier 1a) <sup>8</sup>	\$3	\$3	\$3	\$3	\$3	\$3	\$3
RX   Generics: Non-preferred (Tier 1b)	\$15	\$15	\$15	\$15	\$15	\$25	\$30
RX   Brand: Preferred (Tier 2)	\$35	\$35	\$50	\$50	\$50	\$90 after Rx deductible	\$90 after Rx deductible
RX   Brand: Non-preferred (Tier 3)	\$70	\$70	\$115	\$115	\$115	\$190 after Rx deductible	\$190 after Rx deductible
RX   Brand: Specialty (Tier 4a) Accredo®/ (4b) (Non-Accredo)	25% to a max of \$500/ 45%	25% to a max of \$500/ 45%	25% to a max of \$500/ 45%	25% to a max of \$500/ 45%	25% to a max of \$500/ 45%	30% to a max of \$750/ 45%	30% to a max of \$750/ 45%

	Silver \$3250 HSA	Silver \$3550	Silver \$4250	Silver \$5000	Silver \$5250 HSA	Silver \$6500	Bronze \$3000
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<b>The Basics</b>							
Deductible (Individual / Family)	\$3,250/\$6,500	\$3,550/\$7,100	\$4,250/\$8,500	\$5,000/\$10,000	\$5,250/\$10,500	\$6,500/\$13,000	\$3,000/\$6,000
Out-of-Pocket Max (Individual / Family)	\$7,250/\$14,500	\$9,100/\$18,200	\$8,950/\$17,900	\$8,950/\$17,900	\$5,250/\$10,500	\$8,950/\$17,900	\$9,100/\$18,200
Out-of-Network Deductible (Individual / Family)	\$5,000/\$10,000	\$10,000/\$20,000	\$7,500/\$15,000	\$13,500/\$27,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$10,000/\$20,000	\$20,000/\$40,000	\$15,000/\$30,000	\$25,000/\$50,000	\$20,000/\$40,000	\$20,000/\$40,000	\$20,000/\$40,000
In-Network Coinsurance/Out-of-Network Coinsurance	20% / 50%	30% / 50%	30% / 50%	30% / 50%	0% / 50%	25% / 50%	30% / 50%
Deductible Accumulation Type <sup>1</sup>	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
\$0 copay Virtual Urgent Care, available 24/7 <sup>2</sup>	□	✓	✓	✓	□	✓	✓
Virtual Primary Care <sup>3</sup>	□	✓	✓	✓	□	✓	✓
<b>Prices for Benefits</b>							
Primary care office visits <sup>4</sup>	20% after deductible	\$45	\$55	\$45	0% after deductible	\$25	\$100
Specialist office visits	20% after deductible	\$95	\$70	\$90	0% after deductible	\$85	\$150
Emergency Room <sup>5</sup>	Visit 1: 20% after deductible Visits 2+: 40% after deductible	Visit 1: 30% after deductible Visits 2+: 40% after deductible	Visit 1: \$750 after deductible Visits 2+: \$1,050 after deductible	Visit 1: \$600 after deductible Visits 2+: \$900 after deductible	Visit 1: 0% after deductible Visits 2+: 0% after deductible	Visit 1: 25% after deductible Visits 2+: 40% after deductible	Visit 1: \$900 after deductible Visits 2+: \$1,200 after deductible
Urgent Care	20% after deductible	\$90	\$90	\$90	0% after deductible	\$95	\$150
Labs (OV/IND, OP) <sup>6</sup>	20% after deductible/ 40% after deductible	\$0/ 30% after deductible	\$0 / 30% after deductible	\$0/ 30% after deductible	0% after deductible/ 0% after deductible	\$0/ 25% after deductible	30% after deductible/40% after deductible
X-rays & Diagnostic imaging	20% after deductible	30% after deductible	30% after deductible	30% after deductible	0% after deductible	25% after deductible	30% after deductible
Advanced Imaging (MRI, CT, PET) <sup>7</sup> (OV/IND, OP)	10% after deductible/ 40% after deductible	30% after deductible/ 40% after deductible	30% after deductible/ 40% after deductible	30% after deductible/ 40% after deductible	0% after deductible/ 0% after deductible	25% after deductible/ 40% after deductible	\$1,000/ \$1,750
Outpatient Surgery Facility	20% after deductible	30% after deductible	30% after deductible	30% after deductible	0% after deductible	25% after deductible	\$750 after deductible
Inpatient Hospital Facility	20% after deductible	30% after deductible	30% after deductible	30% after deductible	0% after deductible	25% after deductible	\$2,000 per day up to 3 days after deductible
Chiropractic	20% after deductible	\$35	\$35	\$35	0% after deductible	\$35	\$35
<b>Pharmacy Benefits</b>							
Pharmacy Deductible (Individual/ Family)	N/A	\$350/\$700	\$350/\$700	\$500/\$1,000	N/A	\$300/\$600	\$3,100/\$6,200
RX   Generics: Preferred (Tier 1a) <sup>8</sup>	20% after deductible	\$3	\$3	\$3	0% after deductible	\$3	\$3
RX   Generics: Non-preferred (Tier 1b)	20% after deductible	\$25	\$25	\$25	0% after deductible	\$25	\$35
RX   Brand: Preferred (Tier 2)	20% after deductible	\$90 after Rx deductible	\$90 after Rx deductible	\$90 after Rx deductible	0% after deductible	\$90 after Rx deductible	30% to a max of \$500 after Rx deductible
RX   Brand: Non-preferred (Tier 3)	20% after deductible	\$190 after Rx deductible	\$190 after Rx deductible	\$190, after Rx deductible	0% after deductible	\$190 after Rx deductible	30% to a max of \$500 after Rx deductible
RX   Brand: Specialty (Tier 4a) Accredo® <sup>9</sup> (4b) (Non-Accredo)	20% after deductible	30% to a max of \$750/ 45%	30% to a max of \$750/ 45%	30% to a max of \$750/ 45%	0% after deductible/0% after deductible	30% to a max of \$750/ 45%	30% to a max of \$750, after Rx deductible/ 45%, after Rx deductible

	Bronze \$5850	Bronze \$6000	Bronze \$6000 HSA	Bronze \$7450 HSA	Bronze \$7500
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<b>The Basics</b>					
Deductible (Individual / Family)	\$5,850/\$11,700	\$6,000/\$12,000	\$6,000/\$12,000	\$7,450/\$14,900	\$7,500/ \$15,000
Out-of-Pocket Max (Individual / Family)	\$8,700/\$17,400	\$9,100/\$18,200	\$7,450/ \$14,900	\$7,450/\$14,900	\$9,100/ \$18,200
Out-of-Network Deductible (Individual / Family)	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/ \$20,000
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
In-Network Coinsurance/Out-of-Network Coinsurance	30%/ 50%	35% / 50%	30% 50%	0% / 50%	30%/ 50%
Deductible Accumulation Type <sup>1</sup>	Embedded	Embedded	Embedded	Embedded	Embedded
\$0 copay Virtual Urgent Care, available 24/7 <sup>2</sup>	✓	✓	□	□	✓
Virtual Primary Care <sup>3</sup>	✓	✓	□	□	✓
<b>Prices for Benefits</b>					
Primary care office visits <sup>4</sup>	30% after deductible	\$80	30% after deductible	0% after deductible	\$50
Specialist office visits	30% after deductible	35% after deductible	30% after deductible	0% after deductible	30% after deductible
Emergency Room <sup>5</sup>	Visit 1: 30% after deductible Visits 2+: 40% after deductible	Visit 1: 35% after deductible Visits 2+: 35% after deductible	Visit 1: 30% after deductible Visits 2+: 30% after deductible	Visit 1: 0% after deductible Visits 2+: 0% after deductible	Visit 1: 30% after deductible Visits 2+: 40% after deductible
Urgent Care	30% after deductible	35% after deductible	30% after deductible	0% after deductible	\$120
Labs (OV/IND, OP) <sup>6</sup>	30% after deductible/40% after deductible	\$0/ 35% after deductible	30% after deductible/30% after deductible	0% after deductible/0% after deductible	30% after deductible/40% after deductible
X-rays & Diagnostic imaging	30% after deductible	35% after deductible	30% after deductible	0% after deductible	30% after deductible
Advanced Imaging (MRI, CT, PET) <sup>7</sup> (OV/IND, OP)	30% after deductible/ 40% after deductible	35% after deductible/ 35% after deductible	30% after deductible/ 30% after deductible	0% after deductible/ 0% after deductible	30% after deductible/ 40% after deductible
Outpatient Surgery Facility	30% after deductible	35% after deductible	30% after deductible	0% after deductible	30% after deductible
Inpatient Hospital Facility	30% after deductible	35% after deductible	30% after deductible	0% after deductible	30% after deductible
Chiropractic	30% after deductible	\$35	30% after deductible	0% after deductible	30%
<b>Pharmacy Benefits</b>					
Pharmacy Deductible (Individual/ Family)	N/A	N/A	N/A	N/A	\$1,050/ \$2,100
RX   Generics: Preferred (Tier 1a) <sup>8</sup>	\$3	\$3	\$3 after deductible	0% after deductible	\$3
RX   Generics: Non-preferred (Tier 1b)	\$35	\$35	\$25 after deductible	0% after deductible	\$25
RX   Brand: Preferred (Tier 2)	30% to a max of \$500 after deductible	\$110 after deductible	\$75 after deductible	0% after deductible	\$100 after Rx deductible
RX   Brand: Non-preferred (Tier 3)	You pay 30% to a max of \$500 after deductible	\$200 after deductible	\$150 after deductible	0% after deductible	\$200 after Rx deductible
RX   Brand: Specialty (Tier 4a) Accredited <sup>9</sup> (4b) (Non-Accredited)	30% to a max of \$750/ 45%, after deductible	30% to a max of \$750/ 45%	30% after deductible/45% after deductible	0% after deductible/0% after deductible	30% to a max of \$750/ 45%

(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. This applies to new groups effective 1/1/2022 and upon a group's renewal in 2022.

Cigna 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) Oscar Primary Care is exclusively provided through the Oscar App or Website. Care is provided via messaging, phone, or video appointments.

(4) Mental health and chemical dependency copayment the same as Primary Care

(5) 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.

(6) 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.

(7) 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.

(8) 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

(9) "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](http://www.hioscar.com/brokers)

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**Insured by Cigna Health and Life Insurance Company.** Insurance benefits administered by Oscar Management, a third party administrator. Cigna insurance coverage contains exclusions and limitations. For complete details on product availability and coverage, please refer to your plan documents or member ID card..