

	Platinum \$300	Platinum \$1200	Gold \$0	Gold \$750	Gold \$1250	Gold \$1750	Gold \$2000
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)	\$300 / \$600	\$1,200 / \$2,400	\$0 / \$0	\$750 / \$1,500	\$1,250 / \$2,500	\$1,750 / \$3,500	\$2,000 / \$4,000
Out-of-Pocket Max (Individual / Family)	\$3,500 / \$7,000	\$3,500 / \$7,000	\$8,500 / \$17,000	\$9,000 / \$18,000	\$7,500 / \$15,000	\$6,000 / \$12,000	\$7,000 / \$14,000
Out-of-Network Deductible (Individual / Family)	\$5,000 / \$10,000	\$6,000 / \$12,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$7,500 / \$15,000	\$6,000 / \$12,000	\$6,000 / \$12,000
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$9,000 / \$18,000	\$10,000 / \$20,000	\$15,000 / \$30,000	\$15,000 / \$30,000	\$15,000 / \$30,000	\$18,000 / \$36,000	\$18,000 / \$36,000
In-Network Coinsurance/ Out-of-Network Coinsurance	10% / 50%	0% / 50%	25% / 50%	25% / 50%	10% / 50%	20% / 50%	20% / 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>	✓	✓	✓	✓	✓	✓	✓
Prices for Benefits							
Primary care office visits <sup>3</sup>	\$15	\$15	\$35	\$35	\$20	\$35	\$15
Specialist office visits	\$15	\$30	\$90	\$70	\$80	\$75	\$75
Emergency Room <sup>4</sup>	Visit 1: \$500 Visits 2+: \$750	Visit 1: \$250 Visits 2+: \$500	Visit 1: \$500 Visits 2+: \$750	Visit 1: \$500 after deductible Visits 2+: \$750 after deductible	Visit 1: \$350 Visits 2+: \$650	Visit 1: 20% after deductible Visits 2+: 40% after deductible	Visit 1: 20% after deductible Visits 2+: 40% after deductible
Urgent Care	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Labs	10% after deductible	0%	25%	25% after deductible	10% after deductible	20%	20% after deductible
X-rays & Diagnostic imaging	10% after deductible	0%	25%	25% after deductible	10% after deductible	20% after deductible	20% after deductible
Advanced Imaging (MRI,CT, PET)	\$500 per scan after deductible	0% after deductible	\$600 per scan	25% after deductible	\$500 per scan after deductible	\$500 per scan after deductible	20% after deductible
Outpatient Surgery Facility	\$500 after deductible	0% after deductible	\$1,500	25% after deductible	\$750 after deductible	20% after deductible	20% after deductible
Inpatient Hospital Facility	\$500 Per Admission after deductible	0% after deductible	\$2,250 Per Day for 3 days	25% after deductible	\$750 Per Day for 5 days, after deductible	20% after deductible	20% after deductible
Chiropractic	\$15	\$15	\$35	\$35	\$30	\$25	\$15
Pharmacy Benefits							
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	Integrated Med/Rx	N/A	N/A
RX   Generics: Preferred (Tier 1a) <sup>5</sup>	\$3	\$3	\$3	\$3	\$3	\$3	\$3
RX   Generics: Non-preferred (Tier 1b)	\$15	\$15	\$15	\$15	\$15	\$15	\$15
RX   Brand: Preferred (Tier 2)	\$40	\$40	\$50	\$50	\$55 after deductible	\$50	\$50
RX   Brand: Non-preferred (Tier 3)	\$100	\$100	\$100	\$100	\$90 after deductible	\$100	\$100
RX   Specialty Including Accredo <sup>®</sup> (Tier 4)	\$250 up to \$500	25% up to \$500	25% up to \$500	25% up to \$500	25% up to \$500 after deductible	25% up to \$500	25% up to \$500

	Gold \$3250	Silver \$0	Silver \$2750	Silver \$3500	Silver \$3750 HSA	Silver \$4000	Silver \$4250
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.							
<b>The Basics</b>							
Deductible (Individual / Family)	\$3,250 / \$6,500	\$0 / \$0	\$2,750 / \$5,500	\$3,500 / \$7,000	\$3,750 / \$7,500	\$4,000 / \$8,000	\$4,250 / \$8,500
Out-of-Pocket Max (Individual / Family)	\$7,500 / \$15,000	\$9,400 / \$18,800	\$9,150 / \$18,300	\$9,200 / \$18,400	\$7,500 / \$15,500	\$9,250 / \$18,500	\$7,950 / \$15,900
Out-of-Network Deductible (Individual / Family)	\$7,000 / \$14,000	\$5,000 / \$10,000	\$7,000 / \$14,000	\$8,000 / \$16,000	\$7,500 / \$15,000	\$10,000 / \$20,000	\$10,000 / \$20,000
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$21,000 / \$42,000	\$20,000 / \$40,000	\$21,000 / \$42,000	\$20,000 / \$40,000	\$15,000 / \$30,000	\$20,000 / \$40,000	\$20,000 / \$40,000
In-Network Coinsurance/Out-of-Network Coinsurance	15% / 50%	30% / 50%	30% / 50%	30% / 50%	0% / 50%	20% / 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>	✓	✓	✓	✓	□	✓	✓
<b>Prices for Benefits</b>							
Primary care office visits <sup>3</sup>	\$25	\$65	\$45	\$50	\$50 after deductible	\$35	\$55
Specialist office visits	\$55	\$90	\$95	\$60 after deductible	\$50 after deductible	\$90	\$90
Emergency Room <sup>4</sup>	Visit 1: 15% after deductible Visits 2+: 30% after deductible	Visit 1: \$750 Copay Visits 2+: \$950 Copay	Visit 1: 30% after deductible Visits 2+: 40% after deductible	Visit 1: 30% after deductible Visits 2+: 40% after deductible	Visit 1: \$350 after deductible Visits 2+: \$450 after deductible	Visit 1: \$300 after deductible Visits 2+: \$450 after deductible	Visit 1: \$300 after deductible Visits 2+: \$450 after deductible
Urgent Care	\$50	\$50	\$50	\$50	\$50 after deductible	\$50	\$50
Labs	15% after deductible/ 15% after deductible	30%/ 30%	30% after deductible/ 30% after deductible	30% after deductible/ 30% after deductible	0% after deductible/ 0% after deductible	20% after deductible/ 20% after deductible	30% after deductible
X-rays & Diagnostic imaging	15% after deductible	30%	30% after deductible	30% after deductible	0% after deductible	20% after deductible	30% after deductible
Advanced Imaging (MRI,CT, PET)	15% after deductible	\$750 per scan	30% after deductible	30% after deductible	0% after deductible	\$750 per scan after deductible	\$750 per scan after deductible
Outpatient Surgery Facility	15% after deductible	\$800	30% after deductible	30% after deductible	0% after deductible	\$750 after deductible	\$750 after deductible
Inpatient Hospital Facility	15% after deductible	\$1,750 Per Day, Up to 3 days	30% after deductible	30% after deductible	0% after deductible	\$750 Per Day, Up to 3 days, after deductible	\$750 Per Day, Up to 3 days, after deductible
Chiropractic	\$25	\$35	\$35	\$35	\$35, after deductible	\$35	\$35
<b>Pharmacy Benefits</b>							
Pharmacy Deductible (Individual / Family)	N/A	\$1,250 / \$2,500	Integrated Med/Rx	N/A	Integrated Med/Rx	N/A	N/A
RX   Generics: Preferred (Tier 1a) <sup>5</sup>	\$3	\$3	\$3	\$3	\$3, after deductible	\$3	\$3
RX   Generics: Non-preferred (Tier 1b)	\$15	\$30	\$17	\$17	\$15, after deductible	\$15	\$15
RX   Brand: Preferred (Tier 2)	\$40	30%, after Rx deductible	\$50, after deductible	\$50	\$50, after deductible	\$70	\$70
RX   Brand: Non-preferred (Tier 3)	\$100	30%, after Rx deductible	\$100, after deductible	\$100	\$90, after deductible	\$100	\$100
RX   Specialty Including Accredo® (Tier 4)	25% up to \$500	30%, after Rx deductible	25% up to \$500 after deductible	25% up to \$500	\$250, after deductible	25% up to \$500	25% up to \$500

	Silver \$5000	Silver \$5000 HSA	Silver \$6000	Silver \$7500	Bronze \$1000	Bronze \$3000	Bronze \$6000 HSA
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<b>The Basics</b>							
Deductible (Individual / Family)	\$5,000 / \$10,000	\$5,000 / \$10,000	\$6,000 / \$12,000	\$7,500 / \$15,000	\$1,000 / \$2,000	\$3,000 / \$6,000	\$6,000 / \$12,000
Out-of-Pocket Max (Individual / Family)	\$9,150 / \$18,300	\$7,500 / \$15,000	\$9,150 / \$18,300	\$9,000 / \$18,000	\$9,400 / \$18,800	\$9,200 / \$18,400	\$7,500 / \$15,000
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	\$15,000 / \$30,000	\$10,000 / \$20,000
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$20,000 / \$40,000	\$15,000 / \$30,000	\$20,000 / \$40,000	\$20,000 / \$40,000	\$20,000 / \$40,000	\$30,000 / \$60,000	\$15,000 / \$30,000
In-Network Coinsurance/Out-of-Network Coinsurance	30% / 50%	10% / 50%	20% / 50%	0% / 50%	30% / 50%	30% / 50%	20% / 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>	✓	□	✓	✓	✓	✓	□
<b>Prices for Benefits</b>							
Primary care office visits <sup>3</sup>	\$30	10% after deductible	\$30	\$40	\$95	\$75	\$55, after deductible
Specialist office visits	\$80	10% after deductible	\$100	\$80	\$150	\$150	\$80, after deductible
Emergency Room <sup>4</sup>	Visit 1: \$500 after deductible Visits 2+: \$800 after deductible	10% after deductible	Visit 1: 20% after deductible Visits 2+: 40% after deductible	Visit 1: \$500 after deductible Visits 2+: \$800 after deductible	Visit 1: 30% after deductible Visits 2+: 30% after deductible	Visit 1: 30% after deductible Visits 2+: 30% after deductible	Visit 1: \$450 after deductible Visits 2+: \$450 after deductible
Urgent Care	\$50	10% after deductible	\$50	\$50	\$100	\$150	\$50, after deductible
Labs	30% after deductible/ 30% after deductible	10% after deductible/ 10% after deductible	20% after deductible/ 20% after deductible	0% after deductible/ 0% after deductible	30% after deductible/ 30% after deductible	30% after deductible/ 30% after deductible	20% after deductible/ 20% after deductible
X-rays & Diagnostic imaging	30% after deductible	10% after deductible	20% after deductible	0% after deductible	30% after deductible	30% after deductible	20% after deductible
Advanced Imaging (MRI,CT, PET)	30% after deductible	10% after deductible	20% after deductible	0% after deductible	30% after deductible	30% after deductible	20% after deductible
Outpatient Surgery Facility	30% after deductible	10% after deductible	20% after deductible	0% after deductible	\$750 after deductible	\$1,000 after deductible	20% after deductible
Inpatient Hospital Facility	30% after deductible	10% after deductible	20% after deductible	0% after deductible	\$2,000 Per Day Up to 3 days, after deductible	\$2,000 Per Day Up to 3 days, after deductible	20% after deductible
Chiropractic	\$30	10% after deductible	\$15	\$35	\$35	\$35	\$35, after deductible
<b>Pharmacy Benefits</b>							
Pharmacy Deductible (Individual / Family)	Integrated Med/Rx	Integrated Med/Rx	N/A	N/A	\$6,100 / \$12,200	\$3,100 / \$6,200	Integrated Med/Rx
RX   Generics: Preferred (Tier 1a) <sup>5</sup>	\$3	10% after deductible	\$3	\$3	\$3	\$3	\$3, after deductible
RX   Generics: Non-preferred (Tier 1b)	\$17	10% after deductible	\$15	\$15	\$30	\$30	\$15, after deductible
RX   Brand: Preferred (Tier 2)	\$70	10% after deductible	\$70	\$50	50%, after Rx deductible	50%, after Rx deductible	\$50, after deductible
RX   Brand: Non-preferred (Tier 3)	\$100, after deductible	10% after deductible	\$100	\$100	50%, after Rx deductible	50%, after Rx deductible	\$90, after deductible
RX   Specialty Including Accredo® (Tier 4)	25% up to \$500 after deductible	10% after deductible	25% up to \$500	25% up to \$500	50%, after Rx deductible	50%, after Rx deductible	25% up to \$500 after deductible

Bronze \$7250 HSA

Bronze \$9400

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## The Basics

Deductible (Individual / Family)	\$7,250 / \$14,500	\$9,400 / \$18,800
Out-of-Pocket Max (Individual / Family)	\$7,250 / \$14,500	\$9,400 / \$18,800
Out-of-Network Deductible (Individual / Family)	\$15,000 / \$30,000	\$18,500 / \$37,000
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$35,000 / \$70,000	\$30,000 / \$60,000
In-Network Coinsurance/Out-of-Network Coinsurance	0% / 50%	0% / 50%
Deductible Accumulation Type <sup>1</sup>	Embedded	Embedded
\$0 copay Virtual Urgent Care, available 24/7 <sup>2</sup>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Prices for Benefits

Primary care office visits <sup>3</sup>	0% after deductible	\$75
Specialist office visits	0% after deductible	0% after deductible
Emergency Room <sup>4</sup>	0% after deductible	0% after deductible
Urgent Care	0% after deductible	0% after deductible
Labs	0% after deductible/ 0% after deductible	0% after deductible/ 0% after deductible
X-rays & Diagnostic imaging	0% after deductible	0% after deductible
Advanced Imaging (MRI, CT, PET)	0% after deductible	0% after deductible
Outpatient Surgery	0% after deductible	0% after deductible
Inpatient Hospital Facility	0% after deductible	0% after deductible
Chiropractic	0% after deductible	0% after deductible

## Pharmacy Benefits

Pharmacy Deductible (Individual / Family)	Integrated Med/Rx	Integrated Med/Rx
RX   Generics: Preferred (Tier 1a) <sup>5</sup>	0% after deductible	0% after deductible (\$3, deductible waived for HSA preventive drug list)
RX   Generics: Non-preferred (Tier 1b)	0% after deductible	0% after deductible (\$25, deductible waived for HSA preventive drug list)
RX   Brand: Preferred (Tier 2)	0% after deductible	0% after deductible (\$100, deductible waived for HSA preventive drug list)
RX   Brand: Non-preferred (Tier 3)	0% after deductible	0% after deductible
RX   Specialty Including Accredo <sup>®</sup> (Tier 4)	0% 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 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 (Bronze \$9400, copay reflects specialist costs)
- (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) 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
- (6) "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)

**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.