

	Platinum \$0	Platinum \$1000	Gold \$0	Gold \$1250	Gold \$2500	Gold \$3500	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.							
<b>The Basics</b>							
Deductible (Individual / Family)	\$0/\$0	\$1,000/\$2,000	\$0/ \$0	\$1,250/ \$2,500	\$2,500/\$5,000	\$3,500/\$7,000	\$0/ \$0
Out-of-Pocket Max (Individual / Family)	\$3,250/\$6,500	\$3,000/\$6,000	\$8,950/\$17,900	\$8,750/ \$17,500	\$7,750/\$15,500	\$8,750/\$17,500	\$8,950/ \$17,900
Out-of-Network Deductible (Individual / Family)	\$3,000/\$6,000	\$3,000/\$6,000	\$5,000/ \$10,000	\$7,500/ \$15,000	\$7,500/\$15,000	\$10,000/ \$20,000	\$15,000/ \$30,000
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$10,000/\$20,000	\$10,000/\$20,000	\$20,000/ \$40,000	\$15,000/ \$30,000	\$15,000/\$30,000	\$20,000/ \$40,000	\$30,000/ \$60,000
In-Network Coinsurance/Out-of-Network Coinsurance	0%/30%	0%/30%	0%/30%	20%/40%	20%/40%	0%/30%	30%/40%
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	\$50	\$35	\$25	\$30	\$65
Specialist office visits	\$40	\$35	\$80	\$75	\$75	\$80	\$95
Emergency Room <sup>5</sup>	Visit 1: \$450 Visits 2+: \$750	Visit 1: \$350 Visits 2+: \$550	Visit 1: \$600 Visits 2+: \$900	Visit 1: \$500 after deductible Visits 2+: \$800 after deductible	Visit 1: \$500 Visits 2+: \$750	Visit 1: \$500 Visits 2+: \$750	Visit 1: \$775 Visits 2+: \$975
Urgent Care	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Labs (OV/IND, OP) <sup>6</sup>	\$0/ \$0	\$0 / \$0 after deductible	\$0/ \$0	0% / 20% after deductible	0%/ 20% after deductible	0%/ 0% after deductible	0%/ 0% after deductible
X-rays & Diagnostic imaging	\$0	\$0	\$0	20% after deductible	20% after deductible	0% after deductible	30%
Advanced Imaging (MRI, CT, PET) <sup>7</sup> (OV/IND, OP)	\$250 per scan, \$750 per scan	\$150 after deductible, \$350 after deductible	\$750/ \$1,250	\$750/ \$1,250	\$750/ \$1,250	\$0 after deductible/ \$500 after deductible	\$750/ \$1,250
Outpatient Surgery Facility	\$750	0% after deductible	\$1,000	20% after deductible	20% after deductible	0% after deductible	\$1,500
Inpatient Hospital Facility	\$500 a day for 3 days	0% after deductible	\$1,000 a day for up to 3 days	20% after deductible	20% after deductible	0% after deductible	\$1,500 a day for up to 3 days
Chiropractic	\$35	\$35	\$35	\$35	\$35	\$35	\$35
<b>Pharmacy Benefits</b>							
Pharmacy Deductible (Individual/ Family)	N/A	N/A	N/A	N/A	N/A	N/A	\$1,300/ \$2,600
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	\$15	\$30
RX   Brand: Preferred (Tier 2)	\$50	\$50	\$50	\$50	\$50	\$50	\$80
RX   Brand: Non-preferred (Tier 3)	\$125	\$125	\$125	\$140	\$140	\$140	\$125 after Rx deductible
RX   Brand: Specialty (Tier 4a) Accredo® <sup>9</sup> (4b) (Non-Accredo)	25% to a max of \$500/ 40%	25% to a max of \$500/ 40%	25% to a max of \$500/ 40%	25% to a max of \$500/ 40%	25% to a max of \$500/ 40%	25% to a max of \$500/ 40%	25% to a max of \$500, after Rx deductible/ 40% after Rx deductible

	Silver \$2500	Silver \$3000 HSA	Silver \$3500	Silver \$3750 HSA	Silver \$4250	Silver \$5000	Silver \$5500 HSA
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<b>The Basics</b>							
Deductible (Individual / Family)	\$2,500/ \$5,000	\$3,000/ \$6,000	\$3,500/ \$7,000	\$3,750/ \$7,500	\$4,250/ \$8,500	\$5,000/ \$10,000	\$5,500/ \$11,000
Out-of-Pocket Max (Individual / Family)	\$9,100/ \$18,200	\$7,250/ \$14,500	\$9,100/ \$18,200	\$7,350/ \$14,700	\$9,100/ \$18,200	\$9,100/ \$18,200	\$7,450/ \$14,900
Out-of-Network Deductible (Individual / Family)	\$15,000/ \$30,000	\$15,000/ \$30,000	\$15,000/ \$30,000	\$15,000/ \$30,000	\$15,000/ \$30,000	\$15,000/ \$30,000	\$15,000/ \$30,000
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$30,000/ \$60,000	\$30,000/ \$60,000	\$30,000/ \$60,000	\$30,000/ \$60,000	\$30,000/ \$60,000	\$30,000/ \$60,000	\$30,000/ \$60,000
In-Network Coinsurance/Out-of-Network Coinsurance	30%/ 40%	20% / 40%	30%/ 40%	30%/ 40%	30%/ 40%	30%/ 40%	0%/ 30%
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>	\$65	\$30 after deductible	\$50	30% after deductible	\$55	\$55	0% after deductible
Specialist office visits	\$95	\$60 after deductible	\$125	30% after deductible	\$100	\$100	0% after deductible
Emergency Room <sup>5</sup>	Visit 1: \$700 after deductible Visits 2+: \$950 after deductible	Visit 1: \$500 after deductible Visits 2+: \$800 after deductible	Visit 1: \$625 Visits 2+: \$925	Visit 1: 30% after deductible Visits 2+: 40% after deductible	Visit 1: \$650 after deductible Visits 2+: \$950 after deductible	Visit 1: \$700 Visits 2+: \$950	Visit 1: 0% after deductible Visits 2+: 0% after deductible
Urgent Care	\$100	\$100 after deductible	\$100	30% after deductible	\$100	\$100	0% after deductible
Labs (OV/IND, OP) <sup>6</sup>	30% after deductible/ 30% after deductible	0% after deductible/ 20% after deductible	30% after deductible/ 30% after deductible	0% after deductible/ 30% after deductible	0%/ 30% after deductible	\$0 / 30% after deductible	0% after deductible/ 0% after deductible
X-rays & Diagnostic imaging	30% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	0% after deductible
Advanced Imaging (MRI,CT, PET) <sup>7</sup> (OV/IND,OP)	\$750/ \$1,250	\$750 after deductible/ \$1,250 after deductible	\$750/ \$1,250	30% after deductible/ 30% after deductible	\$750/ \$1,250	\$750/ \$1,250	0% after deductible/ 0% after deductible
Outpatient Surgery Facility	30% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	0% after deductible
Inpatient Hospital Facility	30% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	0% after deductible
Chiropractic	\$35	\$35 after deductible	\$35	30% after deductible	\$35	\$35	0% after deductible
<b>Pharmacy Benefits</b>							
Pharmacy Deductible (Individual/ Family)	N/A	\$3,100	N/A	N/A	N/A	N/A	N/A
RX   Generics: Preferred (Tier 1a) <sup>8</sup>	\$3	\$3 after deductible	\$3	\$3 after deductible (deductible waived for preventive care drugs)	\$3	\$3	\$3 after deductible
RX   Generics: Non-preferred (Tier 1b)	\$30	\$15 after deductible	\$30	\$15 after deductible (deductible waived for preventive care drugs)	\$30	\$30	\$15 after deductible
RX   Brand: Preferred (Tier 2)	\$80	\$75 after deductible	\$80	\$75 after deductible (deductible waived for preventive care drugs)	\$80	\$80	\$50 after deductible
RX   Brand: Non-preferred (Tier 3)	\$150	\$150 after deductible	\$150	\$150 after deductible (deductible waived for preventive care drugs)	\$150	\$150	\$125 after deductible
RX   Brand: Specialty (Tier 4a) Accredo®/ (4b) (Non-Accredo)	25% to a max of \$500/ 40%	25% to a max of \$500, after deductible/ 40% after deductible	25% to a max of \$500/ 40%	25% to a max of \$500, after deductible/ 40% after deductible	25% to a max of \$500/ 40%	25% to a max of \$500/ 40%	25% to a max of \$500, after deductible/ 40% after deductible

	Silver \$6550	Bronze \$1000	Bronze \$3000	Bronze \$6500 HSA	Bronze \$6900
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.					
<b>The Basics</b>					
Deductible (Individual / Family)	\$6,550/ \$13,100	\$1,000/ \$2,000	\$3,000/ \$6,000	\$6,500/ \$13,000	\$6,900/ \$13,800
Out-of-Pocket Max (Individual / Family)	\$9,100/ \$18,200	\$9,100/ \$18,200	\$9,100/ \$18,200	\$7,450/ \$14,900	\$9,100/ \$18,200
Out-of-Network Deductible (Individual / Family)	\$15,000/ \$30,000	\$15,000/ \$30,000	\$15,000/ \$30,000	\$18,000/ \$36,000	\$20,000/ \$40,000
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$30,000/ \$60,000	\$30,000/ \$60,000	\$30,000/ \$60,000	\$36,000/ \$72,000	\$40,000/ \$80,000
In-Network Coinsurance/Out-of-Network Coinsurance	20%/ 40%	30% / 40%	30% / 40%	10%/ 30%	20%/ 40%
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>	\$35	\$90	\$75	\$50 after deductible	\$75
Specialist office visits	\$125	\$150	\$150	\$100 after deductible	\$150
Emergency Room <sup>5</sup>	Visit 1: \$500 after deductible Visits 2+: \$800 after deductible	Visit 1: \$850 after deductible Visits 2+: \$950 after deductible	Visit 1: \$850 after deductible Visits 2+: \$950 after deductible	Visit 1: \$600 after deductible Visits 2+: \$850 after deductible	Visit 1: 20% after deductible Visits 2+: 40% after deductible
Urgent Care	\$100	\$150	\$150	\$100 after deductible	\$150
Labs (OV/IND, OP) <sup>6</sup>	0% / 20% after deductible	30% after deductible/ 30% after deductible	30% after deductible/ 30% after deductible	10% after deductible/ 10% after deductible	20% after deductible/ 20% after deductible
X-rays & Diagnostic imaging	20% after deductible	30% after deductible	30% after deductible	10% after deductible	20% after deductible
Advanced Imaging (MRI,CT, PET) <sup>7</sup> (OV/IND,OP)	\$750, / \$1,250	\$1,500/ \$1,750	\$1,500/ \$1,750	10% after deductible/ 20% after deductible	\$750, / \$1,250
Outpatient Surgery Facility	20% after deductible	\$750 after deductible	\$750 after deductible	10% after deductible	20% after deductible
Inpatient Hospital Facility	20% after deductible	\$2,000 per day for up to 3 days after deductible	\$2,000 per day for up to 3 days after deductible	10% after deductible/ 20% after deductible	20% after deductible
Chiropractic	\$35	\$35	\$35	10% after deductible	\$35
<b>Pharmacy Benefits</b>					
Pharmacy Deductible (Individual/ Family)	N/A	\$6,100/ \$12,200	\$3,100/ \$6,200	N/A	N/A
RX   Generics: Preferred (Tier 1a) <sup>8</sup>	\$3	\$3	\$3	\$3 after deductible (deductible waived for preventive care drugs)	\$3
RX   Generics: Non-preferred (Tier 1b)	\$30	\$35	\$35	\$15 after deductible (deductible waived for preventive care drugs)	\$35
RX   Brand: Preferred (Tier 2)	\$80	40% after Rx deductible	\$75	\$75 after deductible (deductible waived for preventive care drugs)	\$100
RX   Brand: Non-preferred (Tier 3)	\$150	40% after Rx deductible	40% after Rx deductible	\$150 after deductible (deductible waived for preventive care drugs)	30% after deductible
RX   Brand: Specialty (Tier 4a) Accredited <sup>9</sup> / (4b) (Non-Accredited)	25% to a max of \$500/ 40%	40% after Rx deductible/ 40% after Rx deductible	40% after Rx deductible/ 40% after Rx deductible	25% to a max of \$500 after deductible/ 40% after deductible	30% deductible/ 30% 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. 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 plans 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 co-payment 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)

**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.