

	Gold \$2900 HSA	Gold \$3000 HSA	Gold \$3250	Silver \$0	Silver \$1600	Silver \$3500	Silver \$3750
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)	\$2,900 / \$5,800	\$3,000 / \$6,000	\$3,250 / \$6,500	\$0 / \$0	\$1,600 / \$3,200	\$3,500 / \$7,000	\$3,750 / \$7,500
Out-of-Pocket Max (Individual / Family)	\$3,800 / \$7,600	\$3,000 / \$6,000	\$7,000 / \$14,000	\$9,100 / \$18,200	\$9,100 / \$18,200	\$8,900 / \$17,800	\$8,700 / \$17,400
Out-of-Network Deductible (Individual / Family)	\$7,000 / \$14,000	\$7,000 / \$14,000	\$7,000 / \$14,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$8,000 / \$16,000	\$9,000 / \$18,000
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$21,000 / \$42,000	\$21,000 / \$42,000	\$21,000 / \$42,000	\$18,000 / \$36,000	\$18,000 / \$36,000	\$20,000 / \$40,000	\$20,000 / \$40,000
In-Network Coinsurance/Out-of-Network Coinsurance	10% / 50%	0% / 50%	20% / 50%	30% / 50%	30% / 50%	30% / 50%	30% / 50%
Deductible Accumulation Type ¹	Non-Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
\$0 copay Virtual Urgent Care, available 24/7 ²	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prices for Benefits							
Primary care office visits ³	10% after deductible	0% after deductible	\$20	\$70	\$60	\$40	\$50
Specialist office visits	10% after deductible	0% after deductible	\$60	\$95	\$95	\$60 after deductible	\$70
Emergency Room ⁴	Visit 1: 10% after deductible Visits 2+: 30% after deductible	Visit 1: 0% after deductible Visits 2+: 0% after deductible	Visit 1: \$500 after deductible Visits 2+: \$800 after deductible	Visit 1: \$750 Visits 2+: \$975	Visit 1: \$800 after deductible Visits 2+: \$975 after deductible	Visit 1: 30% after deductible Visits 2+: 40% after deductible	Visit 1: \$500 after deductible Visits 2+: \$800 after deductible
Urgent Care	10% after deductible	0% after deductible	\$75	\$75	\$75	\$50	\$75
Labs	10% after deductible	0% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
X-rays & Diagnostic imaging	10% after deductible	0% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Advanced Imaging (MRI,CT, PET)	10% after deductible	0% after deductible	20% after deductible	\$500/Per Scan, then 0%	30% after deductible	30% after deductible	30% after deductible
Outpatient Surgery Facility	10% after deductible	0% after deductible	20% after deductible	\$500	\$500 after deductible	30% after deductible	\$250 after deductible
Inpatient Hospital Facility	10% after deductible	0% after deductible	20% after deductible	\$1500/day for 3 days	30% after deductible	30% after deductible	30% after deductible
Chiropractic	10% after deductible	0% after deductible	\$30	\$30	\$30	\$35	\$30
Pharmacy Benefits							
Pharmacy Deductible	N/A	N/A	N/A	\$1,350/ \$2,700	N/A	N/A	N/A
RX Generics: Preferred (Tier 1a) ⁵	10% after deductible	0% after deductible	\$0	\$0	\$0	\$3	\$0
RX Generics: Non-preferred (Tier 1b)	10% after deductible	0% after deductible	\$15	\$25	\$25	\$17	\$15
RX Brand: Preferred (Tier 2)	10% after deductible	0% after deductible	\$65	40% after Rx deductible	\$70	\$50	\$65
RX Brand: Non-preferred (Tier 3)	10% after deductible	0% after deductible	\$150	40% after Rx deductible	\$150	\$90	\$150
RX Brand: Specialty Including Accredo ⁶ (Tier 4)	10% after deductible	0% after deductible	\$250	40% after Rx deductible, max of \$500	\$250	\$250	\$250

	Silver \$3750 HSA	Silver \$4000	Silver \$4250	Silver \$5000 HSA	Silver \$5500	Silver \$7500	Bronze \$1000
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)	\$3,750 / \$7,500	\$4,000 / \$8,000	\$4,250 / \$8,500	\$5,000 / \$10,000	\$5,500 / \$11,000	\$7,500 / \$15,000	\$1,000 / \$2,000
Out-of-Pocket Max (Individual / Family)	\$7,000 / \$14,000	\$8,975 / \$17,950	\$7,500 / \$15,000	\$5,000 / \$10,000	\$9,100 / \$18,200	\$8,700 / \$17,400	\$9,100 / \$18,200
Out-of-Network Deductible (Individual / Family)	\$7,500 / \$15,000	\$10,000 / \$20,000	\$10,000 / \$20,000	\$15,000 / \$30,000	\$11,000 / \$22,000	\$10,000 / \$20,000	\$10,000 / \$20,000
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$15,000 / \$30,000	\$20,000 / \$40,000	\$20,000 / \$40,000	\$35,000 / \$70,000	\$22,000 / \$44,000	\$20,000 / \$40,000	\$20,000 / \$40,000
In-Network Coinsurance/Out-of-Network Coinsurance	0%/ 50%	20%/ 50%	30% / 50%	0% / 50%	20%/ 50%	0% / 50%	30%/ 50%
Deductible Accumulation Type ¹	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
\$0 copay Virtual Urgent Care, available 24/7 ²	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prices for Benefits							
Primary care office visits ³	\$50 after deductible	\$25	\$60	0% after deductible	\$25	\$40	\$90
Specialist office visits	\$50 after deductible	\$90	\$95	0% after deductible	\$90	\$80	\$150
Emergency Room ⁴	Visit 1: \$350 after deductible Visits 2+: \$450 after deductible	Visit 1: \$300 after deductible Visits 2+: \$450 after deductible	Visit 1: \$450 after deductible Visits 2+: \$750 after deductible	0% after deductible	Visit 1: 20% after deductible Visits 2+: 40% after deductible	Visit 1: \$500 after deductible Visits 2+: \$800 after deductible	Visit 1: \$850 after deductible Visits 2+: \$950 after deductible
Urgent Care	\$50 after deductible	\$50	\$75	0% after deductible	\$75	\$50	\$150
Labs	0% after deductible	20% after deductible	30% after deductible	0% after deductible	20% after deductible	0% after deductible	30% after deductible
X-rays & Diagnostic imaging	0% after deductible	20% after deductible	30% after deductible	0% after deductible	20% after deductible	0% after deductible	30% after deductible
Advanced Imaging (MRI,CT, PET)	0% after deductible	\$550 per scan, after deductible	\$550 per scan, after deductible	0% after deductible	20% after deductible	0% after deductible	30% after deductible
Outpatient Surgery Facility	0% after deductible	\$550 after deductible	\$550 after deductible	0% after deductible	20% after deductible	0% after deductible	\$750 after deductible
Inpatient Hospital Facility	0% after deductible	\$750 per day up to 3 days, after deductible	\$750 per day up to 3 days, after deductible	0% after deductible	20% after deductible	0% after deductible	\$2,000 up to 3 days, after deductible
Chiropractic	\$35 after deductible	\$25	\$30	0% after deductible	\$30	\$35	\$30
Pharmacy Benefits							
Pharmacy Deductible	N/A	N/A	N/A	N/A	N/A	N/A	\$6,100 / \$12,200
RX Generics: Preferred (Tier 1a) ⁵	\$3 after deductible	\$3	\$3	0% after deductible	\$0	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$15 after deductible	\$15	\$15	0% after deductible	\$15	\$15	\$35
RX Brand: Preferred (Tier 2)	\$50 after deductible	\$55	\$55	0% after deductible	\$65	\$50	40% after Rx deductible
RX Brand: Non-preferred (Tier 3)	\$90 after deductible	\$90	\$90	0% after deductible	\$150	\$90	40% after Rx deductible
RX Brand: Specialty Including Accredo ⁶ (Tier 4)	\$250 after deductible	\$250	\$250	0% after deductible	\$250	\$250	40% after Rx deductible

	Bronze \$3000	Bronze \$6000 HSA	Bronze \$7000 HSA	Bronze \$8550
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)	\$3,000 / \$6,000	\$6,000 / \$12,000	\$7,000 / \$14,000	\$8,550 / \$17,100
Out-of-Pocket Max (Individual / Family)	\$8,950 / \$17,900	\$7,250 / \$14,500	\$7,000 / \$14,000	\$8,700 / \$17,400
Out-of-Network Deductible (Individual / Family)	\$10,000 / \$20,000	\$10,000 / \$20,000	\$15,000 / \$30,000	\$15,000 / \$30,000
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$20,000 / \$40,000	\$15,000 / \$30,000	\$35,000 / \$70,000	\$25,000 / \$50,000
In-Network Coinsurance/Out-of-Network Coinsurance	30%/ 50%	20%/ 50%	0%/ 50%	0%/ 50%
Deductible Accumulation Type ¹	Embedded	Embedded	Embedded	Embedded
\$0 copay Virtual Urgent Care, available 24/7 ²	✓	□	□	✓
Prices for Benefits				
Primary care office visits ³	\$75	\$55 after deductible	0% after deductible	\$25
Specialist office visits	\$150	\$80 after deductible	0% after deductible	0% after deductible
Emergency Room ⁴	Visit 1: \$950 after deductible Visits 2+: \$1,050 after deductible	\$450 after deductible	0% after deductible	Visit 1: \$0 after deductible Visits 2+: \$300 after deductible
Urgent Care	\$150	\$50 after deductible	0% after deductible	\$100
Labs	30% after deductible	20% after deductible	0% after deductible	0% after deductible
X-rays & Diagnostic imaging	30% after deductible	20% after deductible	0% after deductible	0% after deductible
Advanced Imaging (MRI, CT, PET)	30% after deductible	20% after deductible	0% after deductible	0% after deductible
Outpatient Surgery Facility	\$1,000 after deductible	20% after deductible	0% after deductible	0% after deductible
Inpatient Hospital Facility	\$2,000 up to 3 days, after deductible	20% after deductible	0% after deductible	0% after deductible
Chiropractic	\$35	\$35, after deductible	0% after deductible	\$30
Pharmacy Benefits				
Pharmacy Deductible (Individual / Family)	\$3,100 / \$6,200	N/A	N/A	N/A
RX Generics: Preferred (Tier 1a) ⁵	\$3	\$3 after deductible	0% after deductible	\$0
RX Generics: Non-preferred (Tier 1b)	50% after Rx deductible	\$15 after deductible	0% after deductible	\$45
RX Brand: Preferred (Tier 2)	50% after Rx deductible	\$50 after deductible	0% after deductible	\$95
RX Brand: Non-preferred (Tier 3)	50% after Rx deductible	\$90 after deductible	0% after deductible	\$175
RX Brand: Specialty Including Accredo ⁶ (Tier 4)	50% after Rx deductible	\$250 after deductible	0% after deductible	\$300

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

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.