

	Platinum \$0	Platinum \$350	Gold \$0	Gold \$750	Gold \$1000	Gold \$1350	Gold \$1750 HSA
The Basics							
Deductible (Individual / Family)	\$0/\$0	\$350/\$700	\$0/\$0	\$750/\$1,500	\$1,000/\$2,000	\$1,350/\$2,700	\$1,750/\$3,500
Out-of-Pocket Max (Individual / Family)	\$4,000/\$8,000	\$4,250/\$8,500	\$9,250/\$18,500	\$9,000/\$18,000	\$9,400/\$18,800	\$9,400/\$18,800	\$5,000/\$10,000
Out-of-Network Deductible (Individual / Family)	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$5,000/\$10,000
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$10,000/\$20,000	\$10,000/\$20,000	\$18,000/\$36,000	\$18,000/\$36,000	\$18,000/\$36,000	\$18,000/\$36,000	\$10,000/\$20,000
In-Network Coinsurance/Out-of-Network Coinsurance	0%/50%	0%/50%	0%/50%	20%/50%	10%/50%	15%/50%	10%/50%
Deductible Accumulation Type <sup>1</sup>	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Non-Embedded
\$0 copay Virtual Urgent Care, available 24/7 <sup>2</sup>	✓	✓	✓	✓	✓	✓	□
Prices for Benefits							
Primary care office visits <sup>3</sup>	\$15	\$5	\$35	\$30	\$25	\$30	\$15 after deductible
Specialist office visits	\$35	\$25	\$75	\$75	\$65	\$65	\$15 after deductible
Emergency Room <sup>4</sup>	Visit 1: \$250 Visits 2+: \$750	Visit 1: \$250 after deductible Visits 2+: \$500 after deductible	Visit 1: \$350 Visits 2+: \$750	Visit 1: \$750 after deductible Visits 2+: \$950 after deductible	Visit 1: 10% after deductible Visits 2+: 40% after deductible	Visit 1: 15% after deductible Visits 2+: 40% after deductible	Visit 1: \$350 after deductible Visits 2+: \$650 after deductible
Urgent Care	\$50	\$50	\$75	\$60	\$60	\$60	\$50 after deductible
Labs (OV/IND, OP) <sup>5</sup>	0%/ 40%	0% / 40%	0%/ 40%	0% / 40% after deductible	0% / 40% after deductible	0%/ 40% after deductible	10% after deductible/ 40% after deductible
X-rays & Diagnostic imaging	10%	20%	20%	20% after deductible	10% after deductible	15% after deductible	30% after deductible
Advanced Imaging (MRI,CT, PET) <sup>6</sup> (OV/IND, OP)	\$150/ \$500	\$150/ \$500	\$150/ \$500	20% after deductible/ 40% after deductible	10% after deductible/ 40% after deductible	15% after deductible/ 40% after deductible	10% after deductible/ 30% after deductible
Outpatient Surgery Facility	\$200	\$250	\$700	15% after deductible	10% after deductible	15% after deductible	\$750 after deductible
Inpatient Hospital Facility	\$500 per day for up to 3 days	\$250 per day for up to 3 days after deductible	\$700 per day for up to 5 days	20% after deductible	10% after deductible	15% after deductible	\$1,000 per admission after deductible
Chiropractic	\$25	\$25	\$35	\$35	\$35	\$35	\$15 after deductible
Pharmacy Benefits							
Pharmacy Deductible (Individual/ Family)	N/A	N/A	N/A	N/A	N/A	N/A	Integrated Med/ Rx
RX   Generics: Preferred (Tier 1a) <sup>7</sup>	\$0	\$0	\$0	\$0	\$0	\$0	\$0 after deductible
RX   Generics: Non-preferred (Tier 1b)	\$10	\$10	\$15	\$15	\$15	\$15	\$15 after deductible
RX   Brand: Preferred (Tier 2)	\$60	\$60	\$75	\$75	\$75	\$75	\$75 after deductible
RX   Brand: Non-preferred (Tier 3)	\$200	\$200	\$250	\$250	\$250	\$250	\$250 after deductible
RX   Specialty Including Accredo <sup>®</sup> (Tier 4)	50% up to \$1,000	50% up to \$1,000	50% up to \$1,000	50% up to \$1,000	50% up to \$1,000	50% up to \$1,000	50% up to \$1000, after deductible

	Gold \$2400 HSA	Gold \$2750	Silver \$0	Silver \$2750 HSA	Silver \$3250	Silver \$4250 HSA	Silver \$4750
<b>The Basics</b>							
Deductible (Individual / Family)	\$2,400/\$4,800	\$2,750/\$5,500	\$0/\$0	\$2,750/\$5,500	\$3,250/\$6,500	\$4,250/\$8,500	\$4,750/\$9,500
Out-of-Pocket Max (Individual / Family)	\$6,000/ \$12,000	\$8,550/\$17,100	\$9,400/\$18,800	\$8,000/\$16,000	\$9,400/\$18,800	\$8,000/\$16,000	\$9,400/\$18,800
Out-of-Network Deductible (Individual / Family)	\$5,000/ \$10,000	\$6,000/\$12,000	\$7,500/\$15,000	\$7,500/\$15,000	\$8,000/\$16,000	\$8,000/\$16,000	\$8,000/\$16,000
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$10,000/\$20,000	\$18,000/\$36,000	\$20,000/\$40,000	\$15,000/\$30,000	\$20,000/\$40,000	\$16,000/\$32,000	\$20,000/\$40,000
In-Network Coinsurance/Out-of-Network Coinsurance	10%/ 50%	10%/ 50%	30%/50%	25%/ 50%	30%/ 50%	10%/ 50%	25% /50%
Deductible Accumulation Type <sup>1</sup>	Non-Embedded	Embedded	Embedded	Non-Embedded	Embedded	Non-Embedded	Embedded
\$0 copay Virtual Urgent Care, available 24/7 <sup>2</sup>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Prices for Benefits</b>							
Primary care office visits <sup>3</sup>	10% after deductible	\$30	\$75	25% after deductible	\$45	10% after deductible	\$50
Specialist office visits	10% after deductible	\$75	\$95	25% after deductible	\$95	10% after deductible	\$100
Emergency Room <sup>4</sup>	Visit 1: 10% after deductible Visits 2+: 10% after deductible	Visit 1: \$500 Visits 2+: \$750	Visit 1: \$750 Visits 2+: \$1,000	Visit 1: 25% after deductible Visits 2+: 40% after deductible	Visit 1: \$750 after deductible Visits 2+: \$1,000 after deductible	Visit 1: 10% after deductible Visits 2+: 40% after deductible	Visit 1: 25% after deductible Visits 2+: 40% after deductible
Urgent Care	10% after deductible	\$60	\$100	25% after deductible	\$100	10% after deductible	\$100
Labs (OV/IND, OP) <sup>5</sup>	10% after deductible/ 10% after deductible	0%/ 40% after deductible	0%/40%	25% after deductible/ 40% after deductible	0%/ 40% after deductible	10% after deductible/ 40% after deductible	0%/ 40% after deductible
X-rays & Diagnostic imaging	10% after deductible	10% after deductible	30%	25% after deductible	30% after deductible	10% after deductible	25% after deductible
Advanced Imaging (MRI,CT, PET) <sup>6</sup> (OV/IND, OP)	10% after deductible/ 10% after deductible	10%/ 40%	\$300/ \$700	25% after deductible/ 40% after deductible	\$300 after deductible/ \$700 after deductible	10% after deductible/ 40% after deductible	25% after deductible/ 40% after deductible
Outpatient Surgery Facility	10% after deductible	0% after deductible	\$1,500	25% after deductible	\$1,500 after deductible	10% after deductible	\$650 after deductible
Inpatient Hospital Facility	10% after deductible	10% after deductible	\$1,500 per day for up to 3 days	25% after deductible	\$1,500 per day for up to 3 days after deductible	10% after deductible	\$750 per day for up to 5 days after deductible
Chiropractic	10% after deductible	\$35	\$35	25% after deductible	\$35	10% after deductible	\$35
<b>Pharmacy Benefits</b>							
Pharmacy Deductible (Individual/ Family)	Integrated Med/ Rx	N/A	\$1,500/ \$3,000	Integrated Med/ Rx	Integrated Med/ Rx	Integrated Med/ Rx	N/A
RX   Generics: Preferred (Tier 1a) <sup>7</sup>	\$0 after deductible	\$0	\$0	\$0 after deductible	\$0	\$0 after deductible	\$0
RX   Generics: Non-preferred (Tier 1b)	\$15 after deductible	\$15	\$35	\$15 after deductible	\$30	\$15 after deductible	\$30
RX   Brand: Preferred (Tier 2)	\$75 after deductible	\$75	\$70 after Rx deductible	\$80 after deductible	\$90	\$75 after deductible	\$90
RX   Brand: Non-preferred (Tier 3)	\$250 after deductible	\$250	\$250 after Rx deductible	\$250 after deductible	\$250	\$250 after deductible	\$250
RX   Specialty Including Accredo <sup>®</sup> (Tier 4)	50% up to \$1,000 after deductible	50% up to \$1,000	50% up to \$1,000 after Rx deductible	50% up to \$1,000 after deductible	50% up to \$1,000	50% up to \$1,000 after deductible	50% up to \$1,000

	Silver \$5300	Bronze \$1000	Bronze \$3000	Bronze \$5750 HSA	Bronze \$8000 HSA	Bronze \$9400
The Basics						
Deductible (Individual / Family)	\$5,300/\$10,600	\$1,000/\$2,000	\$3,000/\$6,000	\$5,750/\$11,500	\$8,000/\$16,000	\$9,400/\$18,800
Out-of-Pocket Max (Individual / Family)	\$9,400/\$18,800	\$9,400/\$18,800	\$9,400/\$18,800	\$8,000/ \$16,000	\$8,000/\$16,000	\$9,400/ \$18,800
Out-of-Network Deductible (Individual / Family)	\$9,000/\$18,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$16,000/\$32,000	\$15,000/\$30,000
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	\$32,000/\$64,000	\$30,000/\$60,000
In-Network Coinsurance/Out-of-Network Coinsurance	20%/50%	30%/50%	30% /50%	40%/50%	0%/50%	0%/ 50%
Deductible Accumulation Type <sup>1</sup>	Embedded	Embedded	Embedded	Non-Embedded	Non-Embedded	Embedded
\$0 copay Virtual Urgent Care, available 24/7 <sup>2</sup>	✓	✓	✓	□	□	✓
Prices for Benefits						
Primary care office visits <sup>3</sup>	\$50	\$95	\$75	40% after deductible	0% after deductible	\$75
Specialist office visits	\$100	\$150	\$150	40% after deductible	0% after deductible	0% after deductible
Emergency Room <sup>4</sup>	Visit 1: \$450 after deductible Visits 2+: \$650 after deductible	Visit 1: \$1,000 after deductible Visits 2+: \$1,250 after deductible	Visit 1: \$1,000 after deductible Visits 2+: \$1,250 after deductible	Visit 1: 40% after deductible Visits 2+: 40% after deductible	Visit 1: 0% after deductible Visits 2+: 0% after deductible	0% after deductible/0% after deductible
Urgent Care	\$100	\$150	\$150	40% after deductible	0% after deductible	0% after deductible
Labs (OV/IND, OP) *	0%/ 40% after deductible	30%/ 40% after deductible	30% / 40% after deductible	40% after deductible/40% after deductible	0% after deductible/0% after deductible	0% after deductible/0% after deductible
X-rays & Diagnostic imaging	20% after deductible	30% after deductible	30% after deductible	40% after deductible	0% after deductible	0% after deductible
Advanced Imaging (MRI,CT, PET)* (OV/IND, OP)	20% after deductible/ 40% after deductible	30% after deductible/ 40% after deductible	30% after deductible/ 40% after deductible	40% after deductible/ 40% after deductible	0% after deductible/ 0% after deductible	0% after deductible/ 0% after deductible
Outpatient Surgery Facility	20% after deductible	\$1,500 after deductible	\$1,000 after deductible	40% after deductible	0% after deductible	0% 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	40% after deductible	0% after deductible	0% after deductible
Chiropractic	\$35	\$35	\$35	40% after deductible	0% after deductible	0% after deductible
Pharmacy Benefits						
Pharmacy Deductible (Individual/ Family)	N/A	\$6,100/ \$12,200	\$3,100/ \$6,200	Integrated Med/ Rx	Integrated Med/ Rx	Integrated Med/ Rx
RX   Generics: Preferred (Tier 1a) <sup>7</sup>	\$0	\$0	\$0	\$0 after deductible	\$0 after deductible	\$0 after deductible (\$0, deductible waived on HSA Preventive Drug List)
RX   Generics: Non-preferred (Tier 1b)	\$30	\$35	\$35	\$15 after deductible	\$0 after deductible	\$0 after deductible (\$30, deductible waived on HSA Preventive Drug List)
RX   Brand: Preferred (Tier 2)	\$90	50% up to \$500 after Rx deductible	50% up to \$500 after Rx deductible	\$75 after deductible	\$0 after deductible	\$0 after deductible (\$90, deductible waived on HSA Preventive Drug List)
RX   Brand: Non-preferred (Tier 3)	\$250	50% up to \$500 after Rx deductible	50% up to \$500 after Rx deductible	\$250 after deductible	\$0 after deductible	0% after deductible
RX   Specialty Including Accredo® (Tier 4)	50% up to \$1,000	50% up to \$500 after Rx deductible	50% up to \$500 after Rx deductible	50% up to \$1,000 after deductible	\$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) 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.
- (6) 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.
- (7) 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
- (8) "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.