

	Platinum \$0	Gold \$0	Gold \$1500	Gold \$2000	Gold \$3000	Gold \$4500	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.							
The Basics							
Deductible (Individual / Family)	\$0/ \$0	\$0/ \$0	\$1,500/ \$3,000	\$2,000/ \$4,000	\$3,000/ \$6,000	\$4,500/ \$9,000	\$0/ \$0
Out-of-Pocket Max (Individual / Family)	\$2,250/ \$4,500	\$8,850/ \$17,700	\$7,900/ \$15,800	\$7,750/ \$15,500	\$7,500/ \$15,000	\$7,750/ \$15,500	\$9,100/ \$18,200
Out-of-Network Deductible (Individual / Family)	\$5,000/ \$10,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$6,000/ \$12,000	\$9,000/ \$18,000	\$9,000/ \$18,000	\$7,500/ \$15,000
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$10,000/ \$20,000	\$10,000/ \$20,000	\$15,000/ \$30,000	\$18,000/ \$36,000	\$18,000/ \$36,000	\$18,000/ \$36,000	\$15,000/ \$30,000
In-Network Coinsurance/ Out-of-Network Coinsurance	50%/ 50%	40%/ 50%	25%/ 50%	30%/ 50%	25%/ 50%	25%/ 50%	30%/ 50%
Deductible Accumulation Type ¹	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
\$0 copay Virtual Urgent Care, available 24/7 ²	✓	✓	✓	✓	✓	✓	✓
Prices for Benefits							
Primary care office visits ³	\$20	\$40	\$35	\$55	\$25	\$20	\$65
Specialist office visits	\$40	\$60	\$75	\$55	\$65	\$75	\$95
Emergency Room ⁴	Visit 1: 50% Visits 2+: 50%	Visit 1: \$600 Visits 2+: \$900	Visit 1: 25% after deductible Visits 2+: 40% after deductible	Visit 1: 30% after deductible Visits 2+: 40% after deductible	Visit 1: 25% after deductible Visits 2+: 40% after deductible	Visit 1: \$500 Visits 2+: \$750	Visit 1: \$750 Visits 2+: \$950
Urgent Care	\$50	\$75	\$50	\$50	\$50	\$50	\$75
Labs (OV/IND, OP) ⁵	0%/ 50%	0%/ 40%	0%/ 25% after deductible	0%/ 30%	0%/ 25% after deductible	0%/ 25% after deductible	0%/ 30%
X-rays & Diagnostic imaging	50%	40%	25% after deductible	30%	25% after deductible	25% after deductible	30%
Advanced Imaging (MRI,CT, PET) ⁶ (OV/IND, OP)	50%/ 50%	\$550/ \$850	25% after deductible / 40% after deductible	30% after deductible/ 40% after deductible	25% after deductible / 40% after deductible	25% after deductible / 40% after deductible	\$550/ \$850
Outpatient Surgery Facility	50%	\$350	25% after deductible	30% after deductible	25% after deductible	25% after deductible	\$750
Inpatient Hospital Facility	50%	\$550 per day for 3 days	25% after deductible	30% after deductible	25% after deductible	25% after deductible	\$1,750 per day for up to 3 days
Chiropractic	\$20	\$40	\$35	\$55	\$25	\$20	\$65
Pharmacy Benefits⁷							
Pharmacy Deductible (Individual/Family)	N/A	N/A	N/A	N/A	N/A	N/A	\$1,350/ \$2,700
RX Generics: Preferred (Tier 1) ⁸	\$3	\$3	\$3	\$3	\$3	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$15	\$15	\$15	\$15	\$15	\$15	\$35
RX Brand: Preferred (Tier 2)	\$25	\$50	\$50	\$50	\$50	\$50	\$75 after Rx deductible
RX Brand: Non-preferred (Tier 3)	\$50	\$100	\$100	\$100	\$100	\$100	\$150 after Rx deductible
RX Brand: Specialty Including Accredo ⁹ (Tier 4)	\$100	\$300	\$300	\$300	\$300	\$300	\$300 after Rx deductible

	Silver \$1200	Silver \$2800	Silver \$3250 HSA	Silver \$3500	Silver \$4250	Silver \$4350 HSA	Silver \$5500
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)	\$1,200/ \$2,400	\$2,800/ \$5,600	\$3,250/ \$6,500	\$3,500/ \$7,000	\$4,250/ \$8,500	\$4,350/ \$8,700	\$5,500/ \$11,000
Out-of-Pocket Max (Individual / Family)	\$8,950/ \$17,900	\$8,950/ \$17,900	\$5,000/ \$10,000	\$8,950/ \$17,900	\$8,950/ \$17,900	\$6,000/ \$12,000	\$9,100/ \$18,200
Out-of-Network Deductible (Individual / Family)	\$7,500/ \$15,000	\$7,500/ \$15,000	\$6,500/ \$13,000	\$10,000/ \$20,000	\$11,000/ \$22,000	\$8,500/ \$17,000	\$11,000/ \$22,000
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$15,000/ \$30,000	\$15,000/ \$30,000	\$13,000/ \$26,000	\$20,000/ \$40,000	\$20,000/ \$40,000	\$17,000/ \$34,000	\$20,000/ \$40,000
In-Network Coinsurance/Out-of-Network Coinsurance	40% / 50%	50% / 50%	40% / 50%	30% / 50%	25% / 50%	10% / 50%	40% / 50%
Deductible Accumulation Type ¹	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
\$0 copay Virtual Urgent Care, available 24/7 ²	✓	✓	□	✓	✓	□	✓
Prices for Benefits							
Primary care office visits ³	\$65	50% after deductible	40% after deductible	\$60	\$60	10% after deductible	\$55
Specialist office visits	40% after deductible	50% after deductible	40% after deductible	\$120	\$125	10% after deductible	\$90
Emergency Room ⁴	Visit 1: 40% after deductible Visits 2+: 40% after deductible	Visit 1: 50% after deductible Visits 2+: 50% after deductible	Visit 1: 40% after deductible Visits 2+: 40% after deductible	Visit 1: 30% after deductible Visits 2+: 40% after deductible	Visit 1: 25% after deductible Visits 2+: 40% after deductible	Visit 1: 10% after deductible Visits 2+: 10% after deductible	Visit 1: 40% after deductible Visits 2+: 40% after deductible
Urgent Care	40% after deductible	50% after deductible	40% after deductible	\$75	\$75	10% after deductible	\$75
Labs (OV/IND, OP) ⁵	40% after deductible/ 40% after deductible	50% after deductible/ 50% after deductible	0% after deductible/ 40% after deductible	0%/ 30% after deductible	0% / 25% after deductible	0% after deductible/ 10% after deductible	0% / 40% after deductible
X-rays & Diagnostic imaging	40% after deductible	50% after deductible	40% after deductible	30% after deductible	25% after deductible	10% after deductible	40% after deductible
Advanced Imaging (MRI,CT, PET) ⁶ (OV/IND, OP)	40% after deductible/ 40% after deductible	50% after deductible/ 50% after deductible	40% after deductible/ 40% after deductible	30% after deductible/ 40% after deductible	25% after deductible/ 40% after deductible	10% after deductible/ 10% after deductible	40% after deductible/ 40% after deductible
Outpatient Surgery Facility	40% after deductible	50% after deductible	40% after deductible	30% after deductible	25% after deductible	10% after deductible	40% after deductible
Inpatient Hospital Facility	40% after deductible	50% after deductible	40% after deductible	30% after deductible	25% after deductible	10% after deductible	40% after deductible
Chiropractic	\$65	50% after deductible	40% after deductible	\$60	\$60	10% after deductible	\$55
Pharmacy Benefits⁷							
Pharmacy Deductible (Individual/Family)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
RX Generics: Preferred (Tier 1a) ⁸	\$3	\$3	\$3 after deductible (deductible waived for HSA preventive drugs)	\$3	\$3	\$3 after deductible (deductible waived for HSA preventive drugs)	\$3
RX Generics: Non-preferred (Tier 1b)	\$35	\$15	\$15 after deductible (deductible waived for HSA preventive drugs)	\$15	\$15	\$15 after deductible (deductible waived for HSA preventive drugs)	\$35
RX Brand: Preferred (Tier 2)	\$85, after deductible	\$50	\$40 after deductible (deductible waived for HSA preventive drugs)	\$75	\$75	\$40 after deductible (deductible waived for HSA preventive drugs)	\$75
RX Brand: Non-preferred (Tier 3)	\$150, after deductible	\$150	\$100 after deductible (deductible waived for HSA preventive drugs)	\$150	\$150	\$100 after deductible (deductible waived for HSA preventive drugs)	\$150
RX Brand: Specialty Including Accredo ⁹ (Tier 4)	\$300, after deductible	\$300	\$300 after deductible	\$300	\$300	\$300 after deductible	\$300

	Silver \$6000	Bronze \$1000	Bronze \$3000	Bronze \$5750	Bronze \$6000 HSA
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)	\$6,000/ \$12,000	\$1,000/ \$2,000	\$3,000/ \$6,000	\$5,750/ \$11,500	\$6,000/ \$12,000
Out-of-Pocket Max (Individual / Family)	\$8,950/ \$17,900	\$9,100/ \$18,200	\$9,100/ \$18,200	\$9,100/ \$18,200	\$7,450/ \$14,900
Out-of-Network Deductible (Individual / Family)	\$12,000/ \$24,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$12,000/ \$24,000	\$12,000/ \$24,000
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	40% / 50%	40% / 50%	30% / 50%	50% / 50%	40%/ 50%
Deductible Accumulation Type ¹	Embedded	Embedded	Embedded	Embedded	Embedded
\$0 copay Virtual Urgent Care, available 24/7 ²	✓	✓	✓	✓	□
Prices for Benefits					
Primary care office visits ³	\$55	\$95	\$75	\$70	40% after deductible
Specialist office visits	\$95	\$150	\$150	50% after deductible	40% after deductible
Emergency Room ⁴	Visit 1: 40% after deductible Visits 2+: 40% after deductible	Visit 1: \$850 after deductible Visits 2+: \$975 after deductible	Visit 1: \$850 after deductible Visits 2+: \$950 after deductible	Visit 1: 50% after deductible Visits 2+: 50% after deductible	Visit 1: 40% after deductible Visits 2+: 40% after deductible
Urgent Care	\$75	\$100	\$150	\$75	40% after deductible
Labs (OV/IND, OP) ⁵	0%/ 40% after deductible	40% after deductible/ 40% after deductible	30% after deductible/ 30% after deductible	0%/ 50% after deductible	0% after deductible / 40% after deductible
X-rays & Diagnostic imaging	40% after deductible	40% after deductible	30% after deductible	50% after deductible	40% after deductible
Advanced Imaging (MRI,CT, PET) ⁶ (OV/IND, OP)	40% after deductible/ 40% after deductible	\$1,500/ \$1,750	\$1,500/ \$1,750	50% after deductible/ 50% after deductible	40% after deductible/ 40% after deductible
Outpatient Surgery Facility	40% after deductible	\$750 after deductible	\$750 after deductible	50% after deductible	40% after deductible
Inpatient Hospital Facility	40% after deductible	\$2,000 a day for up to 3 days, after deductible	\$2,000 a day for up to 3 days, after deductible	50% after deductible	40% after deductible
Chiropractic	\$55	\$95	\$30	\$70	40% after deductible
Pharmacy Benefits⁷					
Pharmacy Deductible (Individual/Family)	N/A	\$6,100/ \$12,200	\$3,100/ \$6,200	N/A	N/A
RX Generics: Preferred (Tier 1a) ⁸	\$3	\$3	\$3	\$3	\$3 after deductible (deductible waived for HSA preventive drugs)
RX Generics: Non-preferred (Tier 1b)	\$35	\$35	\$35	50% after deductible	\$15 after deductible (deductible waived for HSA preventive drugs)
RX Brand: Preferred (Tier 2)	\$75	50% after Rx deductible	\$75	50% after deductible	\$50 after deductible (deductible waived for HSA preventive drugs)
RX Brand: Non-preferred (Tier 3)	\$150	50% after Rx deductible	50% after Rx deductible	50% after deductible	\$150 after deductible (deductible waived for HSA preventive drugs)
RX Brand: Specialty Including Accredo ⁹ (Tier 4)	\$300	50% after Rx deductible	50% after Rx deductible	50% after deductible	\$300 after deductible (deductible waived for HSA preventive drugs)

- (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 SBC for cost details.
- (5) This plan may offer reduced cost share for lab tests performed at physicians offices or independent labs. If 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) For HSA plans, drugs on HSA Preventive Drug list deductible waived
- (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 Strate 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.