

|  | Platinum \$300   | Platinum \$750                                | Gold \$1250  | Gold \$1800  | Gold \$2750  | Gold \$3500 HSA  | Silver \$1750  |
|--|--|---|--|--|--|--|--|
| All Cigna Administered by 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  | \$750/\$1,500                                 | \$1,250/\$2,500  | \$1,800/\$3,600  | \$2,750/ \$5,500   | \$3,500/\$7,000  | \$1,750/\$3,500  |
| Out-of-Pocket Max (Individual / Family)  | \$3,750/\$7,500  | \$3,000/\$6,000                               | \$8,250/\$16,500   | \$8,000/\$16,000   | \$7,500/ \$15,000  | \$4,000/ \$8,000   | \$8,800/\$17,600   |
| Out-of-Network Deductible (Individual / Family)  | \$5,000/\$10,000   | \$3,500/\$7,000                               | \$3,500/\$7,000  | \$7,500/\$15,000   | \$7,500/\$15,000   | \$5,000/\$10,000   | \$5,000/\$10,000   |
| Out-of-Network Out-of-Pocket Max (Individual / Family)   | \$10,000/\$20,000  | \$7,000/\$14,000                              | \$14,000/ \$28,000   | \$15,000/\$30,000  | \$15,000/\$30,000  | \$10,000/\$20,000  | \$15,000/\$30,000  |
| In-Network Coinsurance/Out-of-Network Coinsurance  | 10%/ 50%   | 15% 50%                                       | 20%/50%  | 20%/50%  | 20%/50%  | 0%/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>   | ✓  | ✓   | ✓  | ✓  | ✓  | □  | ✓  |
| \$0 copay Oscar Primary Care virtual visits <sup>3</sup>   | ✓  | ✓   | ✓  | ✓  | ✓  | □  | ✓  |
| Prices for Benefits  |  |   |  |  |  |  |  |
| Primary care office visits <sup>4</sup>  | \$25   | \$15  | \$35   | \$25   | \$20   | 0% after deductible  | \$40   |
| Specialist office visits   | \$25   | \$20  | \$70   | \$75   | \$60   | 0% after deductible  | \$85   |
| Emergency Room <sup>5</sup>  | Visit 1: \$250 after deductible<br>Visits 2+: \$550 after deductible | Visit 1: \$250<br>Visits 2+: \$350            | Visit 1: 20% after deductible<br>Visits 2+: 40% after deductible | Visit 1: \$400 after deductible<br>Visits 2+: \$700 after deductible | Visit 1: \$500 after deductible<br>Visits 2+: \$800 after deductible | Visit 1: 0% after deductible<br>Visits 2+: 0% after deductible | Visit 1: \$750 after deductible<br>Visits 2+: \$1,050 after deductible |
| Urgent Care  | \$50   | \$50  | \$60   | \$60   | \$60   | 0% after deductible  | \$90   |
| Labs (OV/IND, OP) <sup>6</sup>   | 0%/ 10% after deductible   | \$0 /15% after deductible                     | \$0 / 20% after deductible                                       | \$0 / 20% after deductible   | \$0 / 20% after deductible   | 0% after deductible/ 0% after deductible                       | \$0 / 30% after deductible   |
| X-rays & Diagnostic imaging  | 10% after deductible   | 15% after deductible                          | 20% after deductible   | 20% after deductible   | 20% after deductible   | 0% after deductible  | 30% after deductible   |
| Advanced Imaging (MRI,CT, PET) <sup>7</sup> (OV/IND,OP)  | 10% after deductible/<br>40% after deductible                        | 15% after deductible/<br>40% after deductible | 20% after deductible/<br>40% after deductible                    | 20% after deductible/<br>40% after deductible                        | 20% after deductible/<br>40% after deductible                        | 0% after deductible/ 0% after deductible                       | \$750 after deductible/<br>\$1500 after deductible                     |
| Outpatient Surgery Facility  | 10% after deductible   | 15% after deductible                          | 20% after deductible   | 20% after deductible   | 20% after deductible   | 0% after deductible  | 30% after deductible   |
| Inpatient Hospital Facility  | 10% after deductible   | 15% after deductible                          | 20% after deductible   | 20% after deductible   | 20% after deductible   | 0% after deductible  | 30% after deductible   |
| Chiropractic   | \$20   | \$15  | \$30   | \$30   | \$30   | 0% after deductible  | \$35   |
| Pharmacy Benefits  |  |   |  |  |  |  |  |
| Pharmacy Deductible (Individual/ Family)   | N/A  | N/A   | N/A  | N/A  | N/A  | Integrated Med/ Rx   | \$400/\$800  |
| RX   Generics: Preferred (Tier 1a) <sup>8</sup>  | \$3  | \$3   | \$3  | \$3  | \$3  | \$3 after deductible   | \$3  |
| RX   Generics: Non-preferred (Tier 1b)   | \$15   | \$15  | \$15   | \$15   | \$15   | \$15 after deductible  | \$30   |
| RX   Brand: Preferred (Tier 2)   | \$35   | \$35  | \$60   | \$60   | \$60   | \$25 after deductible  | \$95 after Rx deductible   |
| RX   Brand: Non-preferred (Tier 3)   | \$70   | \$70  | \$130  | \$130  | \$130  | \$55 after deductible  | \$190 after Rx deductible  |
| RX   Brand: Specialty (Tier 4a) Accredo® <sup>9</sup> / (4b) (Non-Accredo)   | 40%/ 50%   | 40%/ 50%                                      | 40%/ 50%   | 40%/ 50%   | 40%/ 50%   | 40% after deductible/<br>50% after deductible                  | 40%/ 50%   |

|  | Silver \$2950  | Silver \$3250 HSA  | Silver \$3550  | Silver \$4250  | Silver \$5000  | Silver \$5250 HSA  | Bronze \$3000  |
|--|--|--|--|--|--|--|--|
| All Cigna Administered by 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)   | \$2,950/\$5,900  | \$3,250/\$6,500  | \$3,550/\$7,100  | \$4,250/\$8,500  | \$5,000/\$10,000   | \$5,250/\$10,500   | \$3,000/\$6,000  |
| Out-of-Pocket Max (Individual / Family)  | \$9,250/\$18,500   | \$7,750/\$15,500   | \$9,400/\$18,800   | \$9,400/\$18,800   | \$9,400/\$18,800   | \$7,000/\$14,000   | \$9,400/\$18,800   |
| Out-of-Network Deductible (Individual / Family)  | \$5,000/\$10,000   | \$5,000/\$10,000   | \$10,000/\$20,000  | \$7,500/\$15,000   | \$13,500/\$27,000  | \$10,000/\$20,000  | \$10,000/\$20,000  |
| Out-of-Network Out-of-Pocket Max (Individual / Family)   | \$15,000/\$30,000  | \$10,000/\$20,000  | \$20,000/\$40,000  | \$15,000/\$30,000  | \$25,000/\$50,000  | \$20,000/\$40,000  | \$20,000/\$40,000  |
| In-Network Coinsurance/Out-of-Network Coinsurance  | 25%/ 50%   | 20%/ 50%   | 30%/ 50%   | 30%/ 50%   | 30%/ 50%   | 0%/ 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>   | ✓  | □  | ✓  | ✓  | ✓  | □  | ✓  |
| \$0 copay Oscar Primary Care virtual visits <sup>3</sup>   | ✓  | □  | ✓  | ✓  | ✓  | □  | ✓  |
| <b>Prices for Benefits</b>   |  |  |  |  |  |  |  |
| Primary care office visits <sup>4</sup>  | \$55   | 20% after deductible   | \$45   | \$55   | \$45   | 0% after deductible  | \$100  |
| Specialist office visits   | \$95   | 20% after deductible   | \$95   | \$85   | \$95   | 0% after deductible  | \$150  |
| Emergency Room <sup>5</sup>  | Visit 1: \$750 after deductible<br>Visits 2+: \$1,050 after deductible | Visit 1: 20% after deductible<br>Visits 2+: 40% after deductible | Visit 1: 30% after deductible<br>Visits 2+: 40% after deductible | Visit 1: \$750 after deductible<br>Visits 2+: \$1,050 after deductible | Visit 1: \$600 after deductible<br>Visits 2+: \$900 after deductible | Visit 1: 0% after deductible<br>Visits 2+: 0% after deductible | Visit 1: \$900 after deductible<br>Visits 2+: \$1,200 after deductible |
| Urgent Care  | \$90   | 20% after deductible   | \$90   | \$90   | \$90   | 0% after deductible  | \$150  |
| Labs (OV/IND, OP) <sup>6</sup>   | \$0/ 25% after deductible  | 20% after deductible/ 40% after deductible                       | \$0/ 30% after deductible  | \$0 / 30% after deductible   | \$0/ 30% after deductible  | 0% after deductible/ 0% after deductible                       | 30% after deductible/40% after deductible                              |
| X-rays & Diagnostic imaging  | 25% after deductible   | 20% after deductible   | 30% after deductible   | 30% after deductible   | 30% after deductible   | 0% after deductible  | 30% after deductible   |
| Advanced Imaging (MRI,CT, PET) <sup>7</sup> (OV/IND,OP)  | 25% after deductible/ 40% after deductible                             | 20% after deductible/ 40% after deductible                       | 30% after deductible/ 40% after deductible                       | 30% after deductible/ 40% after deductible                             | 30% after deductible/ 40% after deductible                           | 0% after deductible/ 0% after deductible                       | 30% after deductible/ 40% after deductible                             |
| Outpatient Surgery Facility  | 25% after deductible   | 20% after deductible   | 30% after deductible   | 30% after deductible   | 30% after deductible   | 0% after deductible  | \$1,000 after deductible   |
| Inpatient Hospital Facility  | 25% after deductible   | 20% after deductible   | 30% after deductible   | 30% after deductible   | 30% after deductible   | 0% after deductible  | \$2,000 per day up to 3 days after deductible                          |
| Chiropractic   | \$35   | 20% after deductible   | \$35   | \$35   | \$35   | 0% after deductible  | \$35   |
| <b>Pharmacy Benefits</b>   |  |  |  |  |  |  |  |
| Pharmacy Deductible (Individual/ Family)   | \$250/ \$500   | Integrated Med/ Rx   | N/A  | N/A  | \$500/\$1,000  | Integrated Med/ Rx   | \$3,100/\$6,200  |
| RX   Generics: Preferred (Tier 1a) <sup>8</sup>  | \$3  | 20% after deductible   | \$3  | \$3  | \$3  | 0% after deductible  | \$3  |
| RX   Generics: Non-preferred (Tier 1b)   | \$30   | 20% after deductible   | \$25   | \$25   | \$25   | 0% after deductible  | \$35   |
| RX   Brand: Preferred (Tier 2)   | \$90   | 20% after deductible   | \$90   | \$90   | \$90 after Rx deductible   | 20% after deductible   | 30% to a max of \$500 after Rx deductible                              |
| RX   Brand: Non-preferred (Tier 3)   | \$190 after Rx deductible  | 30% after deductible   | \$190  | \$190  | \$190, after Rx deductible   | 30% after deductible   | 30% to a max of \$500 after Rx deductible                              |
| RX   Brand: Specialty (Tier 4a) Accredo®/ (4b) (Non-Accredo)   | 40%/ 50%   | 40% after deductible/ 50% after deductible                       | 40%/ 50%   | 40%/ 50%   | 40%/ 50%   | 40% after deductible/50% after deductible                      | 40%/ 50%   |

|  | Bronze \$6000  | Bronze \$6000 HSA  | Bronze \$7500  | Bronze \$7900 HSA  |
|--|--|--|--|--|
| All Cigna Administered by 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)   | \$6,000/\$12,000   | \$6,000/\$12,000   | \$7,500/ \$15,000  | \$7,900 \$15,800   |
| Out-of-Pocket Max (Individual / Family)  | \$9,400/\$18,800   | \$7,900/ \$15,800  | \$9,400/ \$18,800  | \$7,900/ \$15,800  |
| Out-of-Network Deductible (Individual / Family)  | \$10,000/\$20,000  | \$10,000/\$20,000  | \$10,000/ \$20,000   | \$10,000/ \$20,000   |
| 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   |
| In-Network Coinsurance/Out-of-Network Coinsurance  | 35% / 50%  | 30% 50%  | 30%/ 50%   | 0%/ 50%  |
| Deductible Accumulation Type <sup>1</sup>  | Embedded   | Embedded   | Embedded   | Embedded   |
| \$0 copay Virtual Urgent Care, available 24/7 <sup>2</sup>   | ✓  | □  | ✓  | □  |
| \$0 copay Oscar Primary Care virtual visits <sup>3</sup>   | ✓  | □  | ✓  | □  |
| <b>Prices for Benefits</b>   |  |  |  |  |
| Primary care office visits <sup>4</sup>  | \$80   | 30% after deductible   | \$60   | 0% after deductible  |
| Specialist office visits   | 35% after deductible   | 30% after deductible   | \$150  | 0% after deductible  |
| Emergency Room <sup>5</sup>  | Visit 1: 35% after deductible<br>Visits 2+: 35% after deductible | Visit 1: 30% after deductible<br>Visits 2+: 30% after deductible | Visit 1: 30% after deductible<br>Visits 2+: 40% after deductible | Visit 1: 0% after deductible<br>Visits 2+: 0% after deductible |
| Urgent Care  | 35% after deductible   | 30% after deductible   | \$120  | 0% after deductible  |
| Labs (OV/IND, OP) <sup>6</sup>   | \$0/ 35% after deductible  | 30% after deductible/30% after deductible                        | 30% after deductible/40% after deductible                        | 0% after deductible/0% after deductible                        |
| X-rays & Diagnostic imaging  | 35% after deductible   | 30% after deductible   | 30% after deductible   | 0% after deductible  |
| Advanced Imaging (MRI,CT, PET) <sup>7</sup> (OV/IND,OP)  | 35% after deductible/ 35% after deductible                       | 30% after deductible/ 30% after deductible                       | 30% after deductible/ 40% after deductible                       | 0% after deductible/ 0% after deductible                       |
| Outpatient Surgery Facility  | 35% after deductible   | 30% after deductible   | 30% after deductible   | 0% after deductible  |
| Inpatient Hospital Facility  | 35% after deductible   | 30% after deductible   | 30% after deductible   | 0% after deductible  |
| Chiropractic   | \$35   | 30% after deductible   | 30%  | 0% after deductible  |
| <b>Pharmacy Benefits</b>   |  |  |  |  |
| Pharmacy Deductible (Individual/ Family)   | Integrated Med/ Rx   | Integrated Med/ Rx   | \$1,050/ \$2,100   | Integrated Med/ Rx   |
| RX   Generics: Preferred (Tier 1a) <sup>8</sup>  | \$3  | \$3 after deductible   | \$3  | 0% after deductible  |
| RX   Generics: Non-preferred (Tier 1b)   | \$35   | \$25 after deductible  | \$35   | 0% after deductible  |
| RX   Brand: Preferred (Tier 2)   | \$110 after deductible   | \$75 after deductible  | \$100 after Rx deductible  | 0% after deductible  |
| RX   Brand: Non-preferred (Tier 3)   | \$200 after deductible   | \$150 after deductible   | \$200 after Rx deductible  | 0% after deductible  |
| RX   Brand: Specialty (Tier 4a) Accredo® <sup>9</sup> / (4b) (Non-Accredo)   | 40%/ 50%   | 40% after deductible/ 50% after deductible                       | 40%/ 50%   | 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) 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 copayment the same as Primary Care (Bronze \$6000, copay reflects specialist costs)
- (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 test performed at physician offices or independent labs. If lab services are performed by other providers, including outpatient hospitals, the cost share may be higher. Please refer to the 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)

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**Insured by Cigna Health and Life Insurance Company.** Insurance benefits administered by Oscar Management, a third party administrator. Cigna insurance coverage contains exclusions and limitations. For complete details on product availability and coverage, please refer to your plan documents or member ID card. Oscar Primary Care is exclusively provided through the Oscar App or Website. Care is provided via messaging, phone, or video appointments.