

# PENDING REGULATORY APPROVAL



California | 2024 | Small Group

	Platinum \$0/ \$10	Platinum \$0/\$20 Standard	Platinum \$250	Platinum \$500	Gold \$0	Gold \$250 Standard	Gold \$500
All Cigna + 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)	\$0/\$0	\$0/\$0	\$250/ \$500	\$500/ \$1,000	\$0/ \$0	\$250/ \$500	\$500/ \$1,000
Out-of-Pocket Max (Individual / Family)	\$5,000/ \$10,00	\$4,500/ \$9,000	\$5,000/ \$10,00	\$3,750/ \$7,500	\$9,250/ \$18,500	\$7,800/ \$15,600	\$9,000/ \$18,000
Out-of-Network Deductible (Individual / Family)	\$1,000/ \$2,000	\$1,000/ \$2,000	\$1,000/ \$2,000	\$1,000/ \$2,000	\$1,000/ \$2,000	\$1,000/ \$2,000	\$1,000/ \$2,000
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$9,200/ \$18,400	\$9,000/ \$18,000	\$8,800/ \$17,600	\$9,000/ \$18,000	\$16,500/ \$33,000	\$15,600/ \$31,200	\$17,100/ \$34,200
In-Network Coinsurance/ Out-of-Network Coinsurance	10%/ 50%	10%/ 50%	10%/ 50%	15% / 50%	30%/ 50%	20%/ 50%	25%/ 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>	\$10	\$20	\$20	\$20	\$35	\$35	\$40
Specialist office visits	\$45	\$30	\$45	\$20	\$65	\$55	\$60
Emergency Room <sup>5</sup>	Visit 1: \$250 Visits 2+: \$500	Visit 1: \$150 Visits 2+: \$150	Visit 1: \$200 after deductible Visits 2+: \$400 after deductible	Visit 1: \$250 after deductible Visits 2+: \$500 after deductible	Visit 1: \$500 Visits 2+: \$1000	Visit 1: \$250 after deductible Visits 2+: \$250 after deductible	Visit 1: 25% after deductible Visits 2+: 40% after deductible
Urgent Care	\$25	\$20	\$25	\$50	\$50	\$35	\$50
Labs (OV/IND, OP) <sup>6</sup>	0%/ 10%	\$20/ \$20	0%/ 10% after deductible	0%/ 15% after deductible	0%/ 30%	\$35/ \$35	0%/ 25% after deductible
X-rays & Diagnostic imaging	10%	\$30	10%	15%	30%	\$55	25% after deductible
Advanced Imaging (MRI,CT, PET) <sup>7</sup> (OV/IND,OP)	10%/ 40%	\$100/ \$100	10% after deductible/ 40% after deductible	15% after deductible/ 40% after deductible	30%/ 40%	\$250 after deductible/ \$250 after deductible	25% after deductible/ 40% after deductible
Outpatient Surgery Facility	\$250	\$100	10% after deductible	15% after deductible	\$750	\$300 after deductible	25% after deductible
Inpatient Hospital Facility	\$250 per day, up to 5 days	\$250 per day for 5 days	10% after deductible	15% after deductible	30%	\$600 per day for 5 days, after deductible	25% after deductible
Chiropractic	\$30	Not Covered	\$30	\$20	\$30	Not Covered	\$30
<b>Pharmacy Benefits</b>							
Pharmacy Deductible (Individual/ Family)	N/A	N/A	N/A	N/A	N/A	N/A	\$300 / \$600
RX   Generics	\$5	\$5	\$5	\$10	\$15	\$15	\$15
RX   Brand: Preferred (Tier 2)	\$30	\$20	\$35	\$35	\$55	\$40	\$55, after Rx deductible
RX   Brand: Non-preferred (Tier 3)	\$50	\$30	\$75	\$75	\$95	\$70	\$95, after Rx deductible
RX   Brand: Specialty Including Accredo <sup>®</sup> (Tier 4)	30% to a maximum of \$250	10% to a maximum of \$250	30% to a maximum of \$250	30% to a maximum of \$250	30% to a maximum of \$250	20% to a maximum of \$250	30% to maximum of \$250, after Rx deductible

	Gold \$750	Gold \$1350	Gold \$3500 HSA	Silver \$0	Silver \$1950	Silver \$2500 Standard	Silver \$2600
All Cigna + 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)	\$750/ \$1,500	\$1,350/ \$2,700	\$3,500/ \$7,000	\$0/ \$0	\$1,950/ \$3,900	\$2,500/ \$5,000	\$2,600/ \$5,200
Out-of-Pocket Max (Individual / Family)	\$8,950/ \$17,900	\$8,950/ \$17,900	\$3,950/ \$7,900	\$9,400/ \$18,800	\$9,300/ \$18,600	\$8,750/ \$17,500	\$9,400/ \$18,800
Out-of-Network Deductible (Individual / Family)	\$1,500/ \$3,000	\$2,700/ \$5,400	\$7,000/ \$14,000	\$4,500/ \$9,000	\$4,500/ \$9,000	\$5,000/ \$10,000	\$5,500/ \$11,000
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$16,900/ \$33,800	\$17,100/ \$34,200	\$14,000/ \$28,000	\$17,400/ \$34,800	\$17,800/ \$35,600	\$17,500/ \$35,000	\$17,800/ \$35,600
In-Network Coinsurance/Out-of-Network Coinsurance	20%/ 50%	20%/ 50%	0%/ 50%	30%/ 50%	35%/ 50%	35%/ 50%	40%/ 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>	\$30	\$45	0% after deductible	\$60	\$60	\$55	\$75
Specialist office visits	\$60	\$45	0% after deductible	\$100	\$90	\$90	\$100
Emergency Room <sup>5</sup>	Visit 1: \$600 after deductible Visits 2+: \$800 after deductible	Visit 1: \$550 after deductible Visits 2+: \$750 after deductible	Visit 1: 0% after deductible Visits 2+: 0% after deductible	Visit 1: \$1,000 Visits 2+: \$1,275	Visit 1: 35% after deductible Visits 2+: 40% after deductible	Visit 1: 35% after deductible Visits 2+: 35% after deductible	Visit 1: 40% after deductible Visits 2+: 40% after deductible
Urgent Care	\$50	\$50	0% after deductible	\$75	\$75	\$55	\$75
Labs (OV/IND, OP) <sup>6</sup>	0% / 20% after deductible	0% / 20% after deductible	0% after deductible/ 0% after deductible	0%/ 30%	0%/ 35% after deductible	\$55/ \$55	0% / 40% after deductible
X-rays & Diagnostic imaging	20%	20%	0% after deductible	30%	35% after deductible	\$90	40% after deductible
Advanced Imaging (MRI,CT, PET) <sup>7</sup> (OV/IND,OP)	20% after deductible/ 40% after deductible	20% after deductible/ 40% after deductible	0% after deductible / 0% after deductible	\$550 / \$1,050	35% after deductible/ 40% after deductible	\$300 after deductible/ \$300 after deductible	40% after deductible/ 40% after deductible
Outpatient Surgery Facility	20% after deductible	20% after deductible	0% after deductible	\$1,500	\$750 after deductible	35% after deductible	40% after deductible
Inpatient Hospital Facility	40% after deductible	20% after deductible	0% after deductible	\$1,500 per day, up to 5 days	35% after deductible	35% after deductible	40% after deductible
Chiropractic	\$30	\$30	0% after deductible	\$35	\$35	Not Covered	\$35
Pharmacy Benefits							
Pharmacy Deductible (Individual/ Family)	\$350 / \$700	\$300 / \$600	Integrated Med/Rx	\$1,500 / \$3,000	\$350 / \$700	\$300 / \$600	\$300 / \$600
RX   Generics	\$15	\$15	\$10 after deductible	\$25	\$25	\$19	\$25
RX   Brand: Preferred (Tier 2)	\$55, after Rx deductible	\$55, after Rx deductible	\$30 after deductible	\$85, after Rx deductible	\$85, after Rx deductible	\$85, after Rx deductible	\$85, after Rx deductible
RX   Brand: Non-preferred (Tier 3)	\$95, after Rx deductible	\$95, after Rx deductible	\$50 after deductible	\$125, after Rx deductible	\$125, after Rx deductible	\$110, after Rx deductible	\$125, after Rx deductible
RX   Brand: Specialty Including Accredo <sup>8</sup> (Tier 4)	30% to a maximum of \$250, after Rx deductible	30% to a maximum of \$250, after Rx deductible	10% to a maximum of \$250, after deductible	30% to a maximum of \$250, after Rx deductible	30% to a maximum of \$250, after Rx deductible	30% to a maximum of \$250, after Rx deductible	30% to a maximum of \$250, after Rx deductible

	Silver \$3200 HSA	Bronze \$1000	Bronze \$3000	Bronze \$5750 HSA	Bronze \$6000	Bronze \$6300 Standard	Bronze \$7250
All Cigna + 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)	\$3,200/ \$6,400	\$1,000/ \$2,000	\$3,000/ \$6,000	\$5,750/ \$11,500	\$6,000/ \$12,000	\$6,300/ \$12,600	\$7,250/ \$14,500
Out-of-Pocket Max (Individual / Family)	\$7,500/ \$15,000	\$9,400/ \$18,800	\$9,400/ \$18,800	\$8,000/ \$16,000	\$9,400/ \$18,800	\$9,100/ \$18,200	\$9,400/ \$18,800
Out-of-Network Deductible (Individual / Family)	\$6,000/ \$12,000	\$15,000/ \$30,000	\$15,000/ \$30,000	\$12,000/ \$24,000	\$12,000/ \$24,000	\$12,600/ \$25,200	\$15,000/ \$30,000
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$13,700/ \$27,400	\$25,000/ \$50,000	\$25,000/ \$50,000	\$14,000/ \$28,000	\$18,200/ \$36,400	\$16,400/ \$32,800	\$25,000/ \$50,000
In-Network Coinsurance/Out-of-Network Coinsurance	30%/ 50%	30%/ 50%	30%/ 50%	40%/ 50%	40%/ 50%	40%/ 50%	35%/ 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>	<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"/>
\$0 copay Oscar Primary Care virtual visits <sup>3</sup>	<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 <sup>4</sup>	30% after deductible	\$100	\$75	40% after deductible	\$80	\$60*	\$75
Specialist office visits	30% after deductible	\$150	\$150	40% after deductible	\$150	\$95*	\$75 after deductible
Emergency Room <sup>5</sup>	Visit 1: 30% after deductible Visits 2+: 40% after deductible	Visit 1: \$1,000 after deductible Visits 2+: \$1,500 after deductible	Visit 1: \$950 after deductible Visits 2+: \$1,050 after deductible	Visit 1: 40% after deductible Visits 2+: 40% after deductible	Visit 1: 40% after deductible Visits 2+: 40% after deductible	Visit 1: 40% after deductible Visits 2+: 40% after deductible	Visit 1: 35% after deductible Visits 2+: 35% after deductible
Urgent Care	30% after deductible	\$150	\$150	40% after deductible	40% after deductible	\$60*	35% after deductible
Labs (OV/IND, OP) <sup>6</sup>	30% after deductible/ 40% after deductible	30% after deductible/ 30% after deductible	30% after deductible/ 30% after deductible	40% after deductible/ 40% after deductible	0% / 40% after deductible	\$40/ \$40	0%/ 35% after deductible
X-rays & Diagnostic imaging	30% after deductible	30% after deductible	30% after deductible	40% after deductible	40% after deductible	40% after deductible	35% after deductible
Advanced Imaging (MRI,CT, PET) <sup>7</sup> (OV/IND,OP)	30% after deductible/ 40% after deductible	\$1,000/ \$1,500	30% after deductible/ 30% after deductible	40% after deductible/ 40% after deductible	40% after deductible/ 40% after deductible	40% after deductible/ 40% after deductible	35% after deductible/ 35% after deductible
Outpatient Surgery Facility	30% after deductible	\$1,000 after deductible	\$1,000 after deductible	40% after deductible	40% after deductible	40% after deductible	35% after deductible
Inpatient Hospital Facility	30% 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	40% after deductible	40% after deductible	35% after deductible
Chiropractic	30% after deductible	\$35	\$35	40% after deductible	\$35	Not Covered	\$35
Pharmacy Benefits							
Pharmacy Deductible (Individual/ Family)	Integrated Med/Rx	\$6,100 / \$12,200	\$3,100 / \$6,200	Integrated Med/Rx	Integrated Med/Rx	\$500 / \$1,000	\$650 / \$1,300
RX   Generics	\$15 after deductible (deductible waived on HSA Preventive Drug List)	\$35	\$35	40% to a maximum of \$500, after deductible	\$35	\$17, after Rx deductible	\$25
RX   Brand: Preferred (Tier 2)	\$85 after deductible (deductible waived on HSA Preventive Drug List)	\$110	\$95	40% to a maximum of \$500, after deductible	\$95	40% to a maximum of \$500, after Rx deductible	\$95
RX   Brand: Non-preferred (Tier 3)	\$115 after deductible (deductible waived on HSA Preventive Drug List)	40% to a maximum of \$500, after Rx deductible	40% to a maximum of \$500, after Rx deductible	40% to a maximum of \$500, after deductible	40% to a maximum of \$500, after deductible	40% to a maximum of \$500, after Rx deductible	35% to a maximum of \$500, after Rx deductible
RX   Brand: Specialty Including Accredo® <sup>8</sup> (Tier 4)	30% to a maximum of \$250, after Rx deductible	40% to a maximum of \$500, after Rx deductible	40% to a maximum of \$500, after Rx deductible	40% to a maximum of \$500, after deductible	40% to a maximum of \$500, after deductible	40% to a maximum of \$500, after Rx deductible	35% to a maximum of \$500, after Rx 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.
- (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
- (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) Accredo" refers to Accredo Health Group, Inc. "Accredo" is a trademark of Express Scripts Strategic Development, Inc.

\* Deductible waived on this plan for first 3 non-preventive visits combined for primary care, specialist and urgent care, thereafter deductible applies.

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)

Note: Infertility benefits can be added to this plan. There is a lifetime benefit limit of \$5,000 on all covered services (medical and prescription drug benefits) used to treat infertility. Please refer to the Evidence of Coverage for a more detailed description of the benefit

**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.