

	Platinum \$0	Platinum \$1200	Gold \$0	Gold \$750	Gold \$1250	Gold \$1750	Gold \$2000
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	\$1,200 / \$2,400	\$0 / \$0	\$750 / \$1,500	\$1,250 / \$2,500	\$1,750 / \$3,500	\$2,000 / \$4,000
Out-of-Pocket Max (Individual / Family)	\$3,500 / \$7,000	\$3,500 / \$7,000	\$7,500 / \$15,000	\$8,700 / \$17,400	\$7,500 / \$15,000	\$5,500 / \$11,000	\$6,750 / \$13,500
Out-of-Network Deductible (Individual / Family)	\$5,000 / \$10,000	\$6,000 / \$12,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$7,500 / \$15,000	\$6,000 / \$12,000	\$6,000 / \$12,000
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$9,000 / \$18,000	\$10,000 / \$20,000	\$15,000 / \$30,000	\$15,000 / \$30,000	\$15,000 / \$30,000	\$18,000 / \$36,000	\$18,000 / \$36,000
In-Network Coinsurance/ Out-of-Network Coinsurance	0% / 50%	0% / 50%	10% / 50%	25% / 50%	10% / 50%	20% / 50%	20% / 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	\$15	\$15	\$35	\$35	\$30	\$25	\$15
Specialist office visits	\$30	\$30	\$90	\$70	\$80	\$75	\$75
Emergency Room ⁴	Visit 1: \$500 Visits 2+: \$750	Visit 1: \$250 Visits 2+: \$500	Visit 1: \$500 Visits 2+: \$750	Visit 1: \$500 after deductible Visits 2+: \$750 after deductible	Visit 1: \$350 Visits 2+: \$650	Visit 1: 20% after deductible Visits 2+: 40% after deductible	Visit 1: 20% after deductible Visits 2+: 40% after deductible
Urgent Care	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Labs	0%	0%	10%	25% after deductible	10%	20%	20% after deductible
X-rays & Diagnostic imaging	0%	0%	10%	25% after deductible	10% after deductible	20% after deductible	20% after deductible
Advanced Imaging (MRI,CT, PET)	\$350 /Per Scan, then 0%	0% after deductible	\$500 /Per Scan, then 0%	25% after deductible	\$500 /Per Scan, after deductible	\$500 after deductible	20% after deductible
Outpatient Surgery Facility	\$350	0% after deductible	\$1,500	25% after deductible	\$750 after deductible	20% after deductible	20% after deductible
Inpatient Hospital Facility	\$750 Per Admission, then 0%	0% after deductible	\$1,750 Per Day for 3 days	25% after deductible	\$750 Per Day for 5 days, after deductible	20% after deductible	20% after deductible
Chiropractic	\$15	\$15	\$35	\$35	\$30	\$25	\$15
Pharmacy Benefits							
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
RX Generics: Preferred (Tier 1a) ⁵	\$3	\$3	\$3	\$3	\$3	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$15	\$15	\$15	\$15	\$15	\$15	\$15
RX Brand: Preferred (Tier 2)	\$30	\$30	\$50	\$50	\$40 after deductible	\$50	\$50
RX Brand: Non-preferred (Tier 3)	\$75	\$75	\$90	\$90	\$90 after deductible	\$90	\$90
RX Brand: Speciality Including Accredo ⁶ (Tier 4)	\$250	\$250	\$250	\$250	\$250 after deductible	\$250	\$250

	Gold \$3250	Silver \$0	Silver \$2750	Silver \$3500	Silver \$3750 HSA	Silver \$4000	Silver \$4250
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The Basics							
Deductible (Individual / Family)	\$3,250 / \$6,500	\$0 / \$0	\$2,750 / \$5,500	\$3,500 / \$7,000	\$3,750 / \$7,500	\$4,000 / \$8,000	\$4,250 / \$8,500
Out-of-Pocket Max (Individual / Family)	\$7,500 / \$15,000	\$9,100 / \$18,200	\$8,950 / \$17,900	\$8,900 / \$17,800	\$7,000 / \$14,000	\$8,975 / \$17,950	\$7,500 / \$15,000
Out-of-Network Deductible (Individual / Family)	\$7,000 / \$14,000	\$5,000 / \$10,000	\$7,000 / \$14,000	\$8,000 / \$16,000	\$7,500 / \$15,000	\$10,000 / \$20,000	\$10,000 / \$20,000
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$21,000 / \$42,000	\$20,000 / \$40,000	\$21,000 / \$42,000	\$20,000 / \$40,000	\$15,000 / \$30,000	\$20,000 / \$40,000	\$20,000 / \$40,000
In-Network Coinsurance/Out-of-Network Coinsurance	15% / 50%	30% / 50%	30% / 50%	30% / 50%	0% / 50%	20% / 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	\$25	\$65	\$45	\$40	\$50 after deductible	\$25	\$55
Specialist office visits	\$55	\$90	\$95	\$60 after deductible	\$50 after deductible	\$90	\$90
Emergency Room ⁴	Visit 1: 15% after deductible Visits 2+: 30% after deductible	Visit 1: \$750 Copay Visits 2+: \$950 Copay	Visit 1: 30% after deductible Visits 2+: 40% after deductible	Visit 1: 30% after deductible Visits 2+: 40% after deductible	Visit 1: \$350 after deductible Visits 2+: \$450 after deductible	Visit 1: \$300 after deductible Visits 2+: \$450 after deductible	Visit 1: \$300 after deductible Visits 2+: \$450 after deductible
Urgent Care	\$50	\$50	\$50	\$50	\$50 after deductible	\$50	\$50
Labs	15% after deductible	30%	30% after deductible	30% after deductible	0% after deductible	20% after deductible	30% after deductible
X-rays & Diagnostic imaging	15% after deductible	30%	30% after deductible	30% after deductible	0% after deductible	20% after deductible	30% after deductible
Advanced Imaging (MRI,CT, PET)	15% after deductible	\$500	30% after deductible	30% after deductible	0% after deductible	\$550 after deductible	\$550 after deductible
Outpatient Surgery Facility	15% after deductible	\$800	30% after deductible	30% after deductible	0% after deductible	\$550 after deductible	\$550 after deductible
Inpatient Hospital Facility	15% after deductible	\$1,750 Per Day, Up to 3 days	30% after deductible	30% after deductible	0% after deductible	\$750 Per Day, Up to 3 days, after deductible	\$750 Per Day, Up to 3 days, after deductible
Chiropractic	\$25	\$35	\$35	\$35	\$35, after deductible	\$25	\$35
Pharmacy Benefits							
Pharmacy Deductible (Individual / Family)	N/A	\$1,250 / \$2,500	N/A	N/A	N/A	N/A	N/A
RX Generics: Preferred (Tier 1a) ⁵	\$3	\$3	\$3	\$3	\$3, after deductible	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$15	\$30	\$17	\$17	\$15, after deductible	\$15	\$15
RX Brand: Preferred (Tier 2)	\$40	30%, after Rx deductible	\$50, after deductible	\$50	\$50, after deductible	\$55	\$55
RX Brand: Non-preferred (Tier 3)	\$90	30%, after Rx deductible	\$90, after deductible	\$90	\$90, after deductible	\$90	\$90
RX Brand: Specialty Including Accredo ⁶ (Tier 4)	\$250	30%, after Rx deductible	\$250, after deductible	\$250	\$250, after deductible	\$250	\$250

	Silver \$4500	Silver \$5000 HSA	Silver \$6000	Silver \$7500	Bronze \$1000	Bronze \$3000	Bronze \$6000 HSA
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The Basics							
Deductible (Individual / Family)	\$4,500 / \$9,000	\$5,000 / \$10,000	\$6,000 / \$12,000	\$7,500 / \$15,000	\$1,000 / \$2,000	\$3,000 / \$6,000	\$6,000 / \$12,000
Out-of-Pocket Max (Individual / Family)	\$8,950 / \$17,900	\$7,150 / \$14,300	\$8,950 / \$17,900	\$8,700 / \$17,400	\$8,950 / \$17,900	\$8,950 / \$17,900	\$7,250 / \$14,500
Out-of-Network Deductible (Individual / Family)	\$10,000 / \$20,000	\$10,000 / \$20,000	\$10,000 / \$20,000	\$10,000 / \$20,000	\$10,000 / \$20,000	\$15,000 / \$30,000	\$10,000 / \$20,000
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$20,000 / \$40,000	\$15,000 / \$30,000	\$20,000 / \$40,000	\$20,000 / \$40,000	\$20,000 / \$40,000	\$30,000 / \$60,000	\$15,000 / \$30,000
In-Network Coinsurance/Out-of-Network Coinsurance	30% / 50%	10% / 50%	20% / 50%	0% / 50%	30% / 50%	30% / 50%	20% / 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	\$30	10% after deductible	\$15	\$40	\$95	\$75	\$55, after deductible
Specialist office visits	\$80	10% after deductible	\$100	\$80	\$150	\$150	\$80, after deductible
Emergency Room ⁴	Visit 1: \$500 after deductible Visits 2+: \$800 after deductible	10% 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+: \$975 after deductible	Visit 1: \$950 after deductible Visits 2+: \$1,050 after deductible	Visit 1: \$450 after deductible Visits 2+: \$450 after deductible
Urgent Care	\$50	10% after deductible	\$50	\$50	\$100	\$150	\$50, after deductible
Labs	30% after deductible	10% after deductible	20% after deductible	0% after deductible	30% after deductible	30% after deductible	20% after deductible
X-rays & Diagnostic imaging	30% after deductible	10% after deductible	20% after deductible	0% after deductible	30% after deductible	30% after deductible	20% after deductible
Advanced Imaging (MRI,CT, PET)	30% after deductible	10% after deductible	20% after deductible	0% after deductible	30% after deductible	30% after deductible	20% after deductible
Outpatient Surgery Facility	30% after deductible	10% after deductible	20% after deductible	0% after deductible	\$750 after deductible	\$1,000 after deductible	20% after deductible
Inpatient Hospital Facility	30% after deductible	10% after deductible	20% after deductible	0% after deductible	\$2,000 Per Day Up to 3 days, after deductible	\$2,000 Per Day Up to 3 days, after deductible	20% after deductible
Chiropractic	\$30	10% after deductible	\$15	\$35	\$35	\$35	\$35, after deductible
Pharmacy Benefits							
Pharmacy Deductible (Individual / Family)	N/A	N/A	\$300 / \$600	N/A	\$6,100 / \$12,200	\$3,100 / \$6,200	N/A
RX Generics: Preferred (Tier 1a) ⁵	\$3	10% after deductible	\$3	\$3	\$3	\$3	\$3, after deductible
RX Generics: Non-preferred (Tier 1b)	\$17	10% after deductible	\$15	\$15	50%, after Rx deductible	50%, after Rx deductible	\$15, after deductible
RX Brand: Preferred (Tier 2)	\$50	10% after deductible	\$50	\$50	50%, after Rx deductible	50%, after Rx deductible	\$50, after deductible
RX Brand: Non-preferred (Tier 3)	\$90, after deductible	10% after deductible	\$90, after Rx deductible	\$90	50%, after Rx deductible	50%, after Rx deductible	\$90, after deductible
RX Brand: Specialty Including Accredo ⁶ (Tier 4)	\$250, after deductible	10% after deductible	\$250, after Rx deductible	\$250	50%, after Rx deductible	50%, after Rx deductible	\$250, after deductible

Bronze \$7000 HSA

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The Basics

Deductible (Individual / Family)	\$7,000 / \$14,000
Out-of-Pocket Max (Individual / Family)	\$7,000 / \$14,000
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$15,000 / \$30,000
Out-of-Network Deductible (Individual / Family)	\$35,000 / \$70,000
In-Network Coinsurance/Out-of-Network Coinsurance	0% / 50%
Deductible Accumulation Type ¹	Embedded
\$0 copay Virtual Urgent Care, available 24/7 ²	☐

Prices for Benefits

Primary care office visits ³	0% after deductible
Specialist office visits	0% after deductible
Emergency Room ⁴	0% after deductible
Urgent Care	0% after deductible
Labs	0% after deductible
X-rays & Diagnostic imaging	0% after deductible
Advanced Imaging (MRI, CT, PET)	0% after deductible
Outpatient Surgery	0% after deductible
Inpatient Hospital Facility	0% after deductible
Chiropractic	0% after deductible

Pharmacy Benefits

Pharmacy Deductible (Individual / Family)	N/A
RX Generics: Preferred (Tier 1a) ⁵	0% after deductible
RX Generics: Non-preferred (Tier 1b)	0% after deductible
RX Brand: Preferred (Tier 2)	0% after deductible
RX Brand: Non-preferred (Tier 3)	0% after deductible
RX Brand: Specialty Including Accredo® (Tier 4)	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. 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) 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 State 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.