

	Platinum \$0	Gold \$0	Gold \$1750	Gold \$2000 HSA	Gold \$2575	Gold \$3500	Gold \$4500
The Basics							
Deductible (Individual / Family)	\$0/ \$0	\$0/ \$0	\$1,750/ \$3,500	\$2,000/ \$4,000	\$2,575/ \$5,150	\$3,500/ \$7,000	\$4,500/ \$9,000
Out-of-Pocket Max (Individual / Family)	\$3,750/ \$7,500	\$8,950/ \$17,900	\$7,750/ \$15,500	\$7,250/ \$14,500	\$8,100/ \$16,200	\$8,950/ \$17,900	\$8,700/ \$17,400
Out-of-Network Deductible (Individual / Family)	\$7,500/ \$15,000	\$7,500/ \$15,000	\$7,500/ \$15,000	\$5,000/ \$10,000	\$8,000/ \$16,000	\$8,000/ \$16,000	\$9,000/ \$18,000
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$15,000/ \$30,000	\$15,000/ \$30,000	\$15,000/ \$30,000	\$10,000/ \$20,000	\$16,000/ \$32,000	\$16,000/ \$32,000	\$18,000/ \$36,000
In-Network Coinsurance/ Out-of-Network Coinsurance	0% / 50%	20% / 50%	10% / 50%	10% / 50%	10% / 50%	20% / 50%	25% / 50%
Deductible Accumulation Type ¹	Embedded	Embedded	Embedded	Non-Embedded	Embedded	Embedded	Embedded
\$0 copay Virtual Urgent Care, available 24/7 ²	✓	✓	✓	□	✓	✓	✓
Prices for Benefits							
Primary care office visits ³	\$10	\$40	\$30	10% after deductible	\$30	\$25	\$30
Specialist office visits	\$40	\$65	\$65	10% after deductible	\$65	\$70	\$65
Emergency Room ⁴	Visit 1: \$300 Visits 2+: \$600	Visit 1: \$300 Visits 2+: \$600	Visit 1: \$375 Visits 2+: \$575	Visit 1: 10% after deductible Visits 2+: 40% after deductible	Visit 1: \$400 Visits 2+: \$650	Visit 1: \$400 Visits 2+: \$650	Visit 1: \$400 Visits 2+: \$650
Urgent Care	\$50	\$50	\$50	10% after deductible	\$60	\$60	\$60
Labs (OV/IND, OP) ⁵	0%/ 0%	0%/ 20%	0% / 10% after deductible	10% after deductible/ 10% after deductible	0% / 10% after deductible	0%/ 20% after deductible	0% / 25% after deductible
X-rays & Diagnostic imaging	0%	20%	10%	10% after deductible	10% after deductible	0% after deductible	25%
Advanced Imaging (MRI,CT, PET) ⁶ (OV/IND, OP)	\$75 per scan/ 20%	\$75 per scan/ 20%	\$75 per scan / 20%	10% after deductible/ 10% after deductible	\$75 per scan / 20%	20% after deductible/ 30% after deductible	\$75 per scan / 20%
Outpatient Surgery Facility	\$400	\$300	\$500 after deductible	10% after deductible	\$500 after deductible	20% after deductible	25% after deductible
Inpatient Hospital Facility	\$750 per admission for up to 3 days	\$600 per admission	\$750 after deductible	10% after deductible	\$750 after deductible	20% after deductible	25% after deductible
Chiropractic	\$30	\$30	\$30	10% after deductible	\$30	\$30	\$30
Pharmacy Benefits⁷							
Pharmacy Deductible (Individual/ Family)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
RX Generics: Preferred (Tier 1) ⁸	\$3	\$3	\$3	\$3 after deductible (deductible waived on Non-ACA preventative drugs)	\$3	\$3	\$3
RX Generics: Non-preferred (Tier 2)	\$15	\$15	\$15	\$15 after deductible (deductible waived on Non-ACA preventative drugs)	\$15	\$15	\$15
RX Brand: Preferred (Tier 3)	\$60	\$60	\$60	\$60 after deductible (deductible waived on Non-ACA preventative drugs)	\$60	\$60	\$60
RX Brand: Non-preferred (Tier 4)	30% up to \$500	30% up to \$500	30% up to \$500	20% after deductible	30% up to \$500	30% up to \$500	30% up to \$500
RX Brand: Specialty Including Accredo ⁹ (Tier 5)	30% up to \$500	30% up to \$750	30% up to \$750	20% after deductible	30% up to \$750	30% up to \$750	30% up to \$750

	Silver \$2850	Silver \$3350	Silver \$3750 HSA	Silver \$4450	Silver \$4500 HSA	Silver \$4700	Silver \$5500
The Basics							
Deductible (Individual / Family)	\$2,850/ \$5,700	\$3,350/ \$6,700	\$3,750/ \$7,500	\$4,450/ \$8,900	\$4,500/ \$9,000	\$4,700/ \$9,400	\$5,500/ \$11,000
Out-of-Pocket Max (Individual / Family)	\$9,100/ \$18,200	\$8,975/ \$17,950	\$7,250/ \$14,500	\$8,975/ \$17,950	\$7,000/ \$14,000	\$9,000/ \$18,000	\$8,950/ \$17,900
Out-of-Network Deductible (Individual / Family)	\$9,000/ \$18,000	\$9,000/ \$18,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$15,000/ \$30,000	\$10,000/ \$20,000	\$10,000/ \$20,000
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$18,000/ \$36,000	\$18,000/ \$36,000	\$20,000/ \$40,000	\$20,000/ \$40,000	\$30,000/ \$60,000	\$20,000/ \$40,000	\$20,000/ \$40,000
In-Network Coinsurance/Out-of-Network Coinsurance	30% / 50%	40% / 50%	20% / 50%	35% / 50%	25% / 50%	25% / 50%	25% / 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	\$50	\$50	20% after deductible	\$35	\$25 after deductible	\$40	\$35
Specialist office visits	\$95	\$95	20% after deductible	\$80	\$25 after deductible	\$90	\$80
Emergency Room ⁴	Visit 1: 30% after deductible Visits 2+: 40% after deductible	Visit 1: 40% after deductible Visits 2+: 40% after deductible	Visit 1: 20% after deductible Visits 2+: 40% after deductible	Visit 1: 35% after deductible Visits 2+: 40% after deductible	Visit 1: 25% after deductible Visits 2+: 40% after deductible	Visit 1: 25% after deductible Visits 2+: 40% after deductible	Visit 1: \$450 after deductible Visits 2+: \$750 after deductible
Urgent Care	\$75	\$100	20% after deductible	\$85	\$85 after deductible	\$85	\$85
Labs (OV/IND, OP) ⁵	0% after deductible/ 30% after deductible	0% / 40% after deductible	20% after deductible/ 20% after deductible	0% / 35% after deductible	25% after deductible/ 25% after deductible	0%/ 25% after deductible	0%/ 25% after deductible
X-rays & Diagnostic imaging	30% after deductible	40% after deductible	20% after deductible	35% after deductible	25% after deductible	25% after deductible	25% after deductible
Advanced Imaging (MRI,CT, PET) ⁶ (OV/IND, OP)	30% after deductible/ 40% after deductible	40% after deductible/ 40% after deductible	20% after deductible/ 20% after deductible	35% after deductible/ 35% after deductible	25% after deductible/ 25% after deductible	25% after deductible/ 35% after deductible	\$75 per scan/ 20%
Outpatient Surgery Facility	\$250 after deductible	40% after deductible	20% after deductible	35% after deductible	25% after deductible	25% after deductible	\$750 after deductible
Inpatient Hospital Facility	30% after deductible	40% after deductible	20% after deductible	35% after deductible	25% after deductible	25% after deductible	\$750 per day for up to 5 days after deductible
Chiropractic	\$30	\$30	20% after deductible	\$30	25% after deductible	\$30	\$30
Pharmacy Benefits⁷							
Pharmacy Deductible (Individual/ Family)	N/A	N/A	N/A	\$300 / \$600	N/A	N/A	\$250 / \$500
RX Generics: Preferred (Tier 1) ⁸	\$3	\$3	\$3 after deductible (deductible waived on Non-ACA preventative drugs)	\$3	\$3 after deductible (deductible waived on Non-ACA preventative drugs)	\$3	\$3
RX Generics: Non-preferred (Tier 2)	\$15	\$15	\$15 after deductible (deductible waived on Non-ACA preventative drugs)	\$15	\$15 after deductible (deductible waived on Non-ACA preventative drugs)	\$15	\$15
RX Brand: Preferred (Tier 3)	\$60	\$60	\$60 after deductible (deductible waived on Non-ACA preventative drugs)	\$60	\$60 after deductible (deductible waived on Non-ACA preventative drugs)	\$60	\$60
RX Brand: Non-preferred (Tier 4)	30% up to \$500, after deductible	30% up to \$500, after deductible	20% after deductible	30% up to \$500 after Rx deductible	25% after deductible	30% up to \$500 after deductible	30% up to \$500 after Rx deductible
RX Brand: Specialty Including Accredo ⁹ (Tier 4)	30% up to \$750, after deductible	30% up to \$750, after deductible	20% after deductible	30% up to \$750 after Rx deductible	25% after deductible	30% up to \$750 after deductible	30% up to \$750 after Rx deductible

	Silver \$7250	Bronze \$1000	Bronze \$3000	Bronze \$6200 HSA	Bronze \$6750 HSA	Bronze \$7500
The Basics						
Deductible (Individual / Family)	\$7,250/ \$14,500	\$1,000/ \$2,000	\$3,000/ \$6,000	\$6,200/ \$12,400	\$6,750/ \$13,500	\$7,500/ \$15,000
Out-of-Pocket Max (Individual / Family)	\$8,950/ \$17,900	\$9,100/ \$18,200	\$9,100/ \$18,200	\$7,250/ \$14,500	\$7,450/ \$14,900	\$9,100/ \$18,200
Out-of-Network Deductible (Individual / Family)	\$15,000/ \$30,000	\$15,000/ \$30,000	\$15,000/ \$30,000	\$15,000/ \$30,000	\$15,000/ \$30,000	\$15,000/ \$30,000
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$30,000/ \$60,000	\$30,000/ \$60,000	\$30,000/ \$60,000	\$30,000/ \$60,000	\$30,000/ \$60,000	\$30,000/ \$60,000
In-Network Coinsurance/Out-of-Network Coinsurance	20% / 50%	30% / 50%	30% / 50%	30% / 50%	0% / 50%	35% / 50%
Deductible Accumulation Type ¹	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
\$0 copay Virtual Urgent Care, available 24/7 ²	✓	✓	✓	□	□	✓
Prices for Benefits						
Primary care office visits ³	\$40	\$95	\$75	\$50 after deductible	0% after deductible	\$40
Specialist office visits	\$75	\$150	\$150	\$50 after deductible	0% after deductible	\$100 after deductible
Emergency Room ⁴	Visit 1: 20% after deductible	Visit 1: \$1,000 after deductible	Visit 1: \$950 after deductible	Visit 1: 30% after deductible	Visit 1: 0% after deductible	Visit 1: 35% after deductible
	Visits 2+: 40% after deductible	Visits 2+: \$1,500 after deductible	Visits 2+: \$1,050 after deductible	Visits 2+: 40% after deductible	Visits 2+: 0% after deductible	Visits 2+: 35% after deductible
Urgent Care	\$85	\$150	\$150	30% after deductible	0% after deductible	\$100
Labs (OV/IND, OP) ⁵	0% / 20% after deductible	30% after deductible/ 30% after deductible	30% after deductible/ 30% after deductible	30% after deductible/ 30% after deductible	0% after deductible/ 0% after deductible	35% after deductible/ 35% after deductible
X-rays & Diagnostic imaging	20%	30% after deductible	30% after deductible	30% after deductible	0% after deductible	35% after deductible
Advanced Imaging (MRI,CT, PET) ⁶ (OV/IND, OP)	20% after deductible / 30% after deductible	\$75, 30% after deductible	\$75, 30% after deductible	30% after deductible / 30% after deductible	0% after deductible / 0% after deductible	35% after deductible / 35% after deductible
Outpatient Surgery Facility	20% after deductible	\$1,000 after deductible	\$1,000 after deductible	30% after deductible	0% after deductible	35% after deductible
Inpatient Hospital Facility	20% after deductible	\$2,000 per day up to 3 days after deductible	\$2,000 per day up to 3 days after deductible	30% after deductible	0% after deductible	35% after deductible
Chiropractic	\$30	\$30	\$35	30% after deductible	0% after deductible	\$30
Pharmacy Benefits⁷						
Pharmacy Deductible (Individual/ Family)	\$250 / \$500	\$6,100 / \$12,000	\$3,100/ \$6,200	N/A	N/A	N/A
RX Generics: Preferred (Tier 1) ⁸	\$3	\$3	\$3	\$3 after deductible (deductible waived on Non-ACA preventative drugs)	\$3 after deductible (deductible waived on Non-ACA preventative drugs)	\$3
RX Generics: Non-preferred (Tier 2)	\$15	\$35	\$35	\$15 after deductible (deductible waived on Non-ACA preventative drugs)	\$15 after deductible (deductible waived on Non-ACA preventative drugs)	\$15
RX Brand: Preferred (Tier 3)	\$60	40% up to \$250 after Rx deductible	40% up to \$250 after Rx deductible	\$60 after deductible (deductible waived on Non-ACA preventative drugs)	\$60 after deductible (deductible waived on Non-ACA preventative drugs)	30% up to \$500 after deductible
RX Brand: Non-preferred (Tier 4)	30% up to \$500 after Rx deductible	40% up to \$250 after Rx deductible	40% up to \$250 after Rx deductible	30% after deductible	30% after deductible	30% up to \$500 after deductible
RX Brand: Specialty Including Accredo ⁹ (Tier 5)	30% up to \$750 after Rx deductible	40% up to \$250 after Rx deductible	40% up to \$250 after Rx deductible	30% after deductible	30% after deductible	30% up to \$750 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) 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.