

	Platinum \$0	Platinum \$1000	Gold \$0	Gold \$2500	Gold \$3500	Silver \$2500
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	\$1,000 / \$2,000	\$0 / \$0	\$2,500 / \$5,000	\$3,500 / \$7,000	\$2,500 / \$5,000
Out-of-Pocket Max (Individual / Family)	\$2,400 / \$4,800	\$3,500 / \$7,000	\$8,000 / \$16,000	\$5,000 / \$10,000	\$7,000 / \$14,000	\$8,150 / \$16,300
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-Network Deductible (Individual / Family)	\$3,000 / \$6,000	\$3,000 / \$6,000	\$5,000 / \$10,000	\$7,500 / \$15,000	\$10,000 / \$20,000	\$7,500 / \$15,000
Out-of-Network Coinsurance	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
HSA-Compatible?	No	No	No	No	No	No
\$0 Doctor on Call	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
Up to \$100/year in step tracking rewards	✓	✓	✓	✓	✓	✓
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Prices for Benefits						
Primary care / OBGYN visits	\$15	\$20	\$50	\$20	\$30	\$55
Specialist visits	\$30	\$40	\$80	\$40	\$50	\$90
Mental health office visits	\$30	\$40	\$80	\$40	\$50	\$90
Labs	\$0	\$0	\$0	20% after deductible	\$0 after deductible	20% after deductible
Emergency room	\$250	\$350	\$600	\$300	\$400	\$550 after deductible
Urgent care	\$100	\$100	\$100	\$100	\$100	\$100
MRIs & Advanced imaging	\$150	\$0 after deductible	\$550	20% after deductible	\$0 after deductible	20% after deductible
X-rays & Diagnostic imaging	\$0	\$0	\$0	20% after deductible	\$0 after deductible	20% after deductible
Outpatient facility / Inpatient facility	\$500 / \$500	\$0 after deductible / \$0 after deductible	\$200 / \$300	20% after deductible / 20% after deductible	\$0 after deductible / \$0 after deductible	\$350 after deductible / 20% after deductible
RX Generics: Preferred (Tier 1a) / Non-preferred (Tier 1b)	\$3 / \$15	\$3 / \$15	\$3 / \$15	\$3 / \$15	\$3 / \$15	\$3 / \$15
RX Brand: Preferred (Tier 2) / Non-preferred (Tier 3)	\$40 / \$80	\$50 / \$80	\$40 / \$80	\$50 / \$90	\$50 / \$90	\$50 / \$90
RX Accredo Specialty* (Tier 4a) / Specialty (Tier 4b)	25% up to \$500 per script / 45%	25% up to \$500 per script / 45%	25% up to \$500 per script / 45%	25% up to \$500 per script / 45%	25% up to \$500 per script / 45%	25% up to \$500 per script / 45%

* "Accredo" refers to Accredo Health Group, Inc. "Accredo" is a trademark of Express Scripts Strategic Development, Inc. Accredo prescription drugs do not apply towards pharmacy deductible.

See the plan's Schedule of Benefits & Coverage (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. Benefits are administered by Mulberry Management Corporation, an affiliate of Oscar Insurance Company; Oscar Health Plan, Inc; Oscar Health Plan of Georgia and Oscar Health Plan of California. Pharmacy benefits are provided by Express Scripts, Inc. Cigna + Oscar health insurance contains exclusions and limitations and is subject to change. For complete details on product availability and coverage, please refer to your plan documents or contact an Oscar representative.

	Silver \$5000	Silver \$2800 HSA	Silver \$4500 HSA	Bronze \$5250	Bronze \$6100 HSA	Bronze \$6900 HSA
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The Basics						
Deductible (Individual / Family)	\$5,000 / \$10,000	\$2,800 / \$5,600	\$4,500 / \$9,000	\$5,250 / \$10,500	\$6,100 / \$12,200	\$6,900 / \$13,800
Out-of-Pocket Max (Individual / Family)	\$8,150 / \$16,300	\$6,900 / \$13,800	\$4,500 / \$9,000	\$8,150 / \$16,300	\$6,900 / \$13,800	\$6,900 / \$13,800
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-Network Deductible (Individual / Family)	\$15,000 / \$30,000	\$12,000 / \$24,000	\$15,000 / \$30,000	\$20,000 / \$35,000	\$18,000 / \$36,000	\$20,000 / \$40,000
Out-of-Network Coinsurance	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
HSA-Compatible?	No	Yes	Yes	No	Yes	Yes
\$0 Doctor on Call	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
Up to \$100/year in step tracking rewards	✓	✓	✓	✓	✓	✓
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Prices for Benefits						
Primary care / OB/GYN visits	\$45	\$20 after deductible	\$0 after deductible	\$55	\$20 after deductible	\$0 after deductible
Specialist visits	\$90	\$40 after deductible	\$0 after deductible	\$100 after deductible	\$40 after deductible	\$0 after deductible
Mental health office visits	\$90	\$40 after deductible	\$0 after deductible	\$100	\$40 after deductible	\$0 after deductible
Labs	30% after deductible	20% after deductible	\$0 after deductible	30% after deductible	10% after deductible	\$0 after deductible
Emergency room	\$600	\$300 after deductible	\$0 after deductible	30% after deductible	\$300 after deductible	\$0 after deductible
Urgent care	\$100	\$100 after deductible	\$0 after deductible	\$100	\$100 after deductible	\$0 after deductible
MRIs & Advanced imaging	30% after deductible	20% after deductible	\$0 after deductible	30% after deductible	10% after deductible	\$0 after deductible
X-rays & Diagnostic imaging	30% after deductible	20% after deductible	\$0 after deductible	30% after deductible	10% after deductible	\$0 after deductible
Outpatient facility / Inpatient facility	30% after deductible / 30% after deductible	20% after deductible / 20% after deductible	\$0 after deductible / \$0 after deductible	30% after deductible / 30% after deductible	10% after deductible / 10% after deductible	\$0 after deductible / \$0 after deductible
RX Generics: Preferred (Tier 1a) / Non-preferred (Tier 1b)	\$3 / \$15	\$3 after deductible / \$15 after deductible	\$0 after deductible	\$3 / \$15	\$3 after deductible / \$15 after deductible	\$0 after deductible
RX Brand: Preferred (Tier 2) / Non-preferred (Tier 3)	\$50 / \$100	\$50 after deductible / \$100 after deductible	\$0 after deductible / \$0 after deductible	\$50 after deductible / \$90 after deductible	\$50 after deductible / \$90 after deductible	\$0 after deductible / \$0 after deductible
RX Accredo Specialty* (Tier 4a) / Specialty (Tier 4b)	25% up to \$500 per script / 45%	25% after deductible up to \$500 per script / 45% after deductible	\$0 after deductible / \$0 after deductible	25% up to \$500 per script / 45%	25% after deductible up to \$500 per script / 45% after deductible	\$0 after deductible / \$0 after deductible

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