

	Platinum \$0	Gold \$0	Gold \$1750	Gold \$2000 HSA	Gold \$2575	Gold \$3000	Gold \$3500
The Basics							
Deductible (Individual / Family)	\$0/ \$0	\$0/ \$0	\$1,750/ \$3,500	\$2,000/ \$4,000	\$2,575/ \$5,150	\$3,000/ \$6,000	\$3,500/ \$7,000
Out-of-Pocket Max (Individual / Family)	\$3,950/ \$7,900	\$9,400/ \$18,800	\$8,750/ \$17,500	\$7,450/ \$14,900	\$8,700/ \$17,400	\$8,750/ \$17,500	\$8,950/ \$17,900
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	\$8,000/ \$16,000
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	\$16,000/ \$32,000
In-Network Coinsurance/ Out-of-Network Coinsurance	0% / 50%	20% / 50%	10% / 50%	10% / 50%	10% / 50%	15% / 50%	20% / 50%
Deductible Accumulation Type ¹	Embedded	Embedded	Embedded	Non-Embedded	Embedded	Embedded	Embedded
\$0 copay Virtual Urgent Care, available 24/7 ²	✓	✓	✓	□	✓	✓	✓
\$0 copay Oscar Primary Care virtual visits ³	✓	✓	✓	□	✓	✓	✓
Prices for Benefits							
Primary care office visits ⁴	\$15	\$40	\$30	10% after deductible	\$30	\$30	\$25
Specialist office visits	\$40	\$75	\$65	10% after deductible	\$65	\$65	\$65
Emergency Room ⁴	Visit 1: \$300 Visits 2+: \$600	Visit 1: \$550 Visits 2+: \$750	Visit 1: \$400 Visits 2+: \$575	Visit 1: 10% after deductible Visits 2+: 40% after deductible	Visit 1: \$500 Visits 2+: \$650	Visit 1: \$500 Visits 2+: \$750	Visit 1: \$400 Visits 2+: \$650
Urgent Care	\$50	\$75	\$65	10% after deductible	\$65	\$65	\$60
Labs (OV/IND, OP) ⁴	0%/ 0%	0%/ 20%	0% / 10% after deductible	10% after deductible/ 10% after deductible	0% / 10% after deductible	0%/ 15% after deductible	0%/ 20% after deductible
X-rays & Diagnostic imaging	0%	20%	10%	10% after deductible	10%	15%	0% after deductible
Advanced Imaging (MRI,CT, PET) ⁷ (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% after deductible	\$75 per scan / 20% after deductible	20% after deductible/ 30% after deductible
Outpatient Surgery Facility	\$400	\$600	\$500 after deductible	10% after deductible	\$500 after deductible	\$500 after deductible	20% after deductible
Inpatient Hospital Facility	\$750 per admission for up to 3 days	\$650/day up to 4 days	\$750 after deductible	10% after deductible	\$750 after deductible	15% after deductible	20% after deductible
Chiropractic	\$30	\$30	\$30	10% after deductible	\$30	\$30	\$30
Pharmacy Benefits ⁸							
Pharmacy Deductible (Individual/ Family)	N/A	N/A	N/A	Integrated Medical/ Rx	N/A	N/A	N/A
RX Generics: Preferred (Tier 1a) ⁸	\$3	\$3	\$3	\$3 after deductible (deductible waived on HSA Preventive Drug List)	\$3	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$15	\$15	\$15	\$15 after deductible (deductible waived on HSA Preventive Drug List)	\$15	\$15	\$10
RX Brand: Preferred (Tier 2)	\$60	\$60	\$60	\$60 after deductible (deductible waived on HSA Preventive Drug List)	\$60	\$60	\$60
RX Brand: Non-preferred (Tier 3)	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 Specialty Including Accredo [®] (Tier 4)	30% up to \$1000	30% up to \$1000	30% up to \$1000	20% after deductible	30% up to \$1000	30% up to \$1000	30% up to \$1000

	Gold \$4500	Silver \$3350	Silver \$3750 HSA	Silver \$4450	Silver \$4500 HSA	Silver \$4700	Silver \$5000
The Basics							
Deductible (Individual / Family)	\$4,500/ \$9,000	\$3,350/ \$6,700	\$3,750/ \$7,500	\$4,450/ \$8,900	\$4,500/ \$9,000	\$4,700/ \$9,400	\$5,000/ \$10,000
Out-of-Pocket Max (Individual / Family)	\$8,700/ \$17,400	\$9,100/ \$18,200	\$7,500/ \$15,000	\$9,100/ \$18,200	\$7,400/ \$14,800	\$9,250/ \$18,500	\$9,250/ \$18,500
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	25% / 50%	40% / 50%	20% / 50%	35% / 50%	25% / 50%	25% / 50%	20% / 50%
Deductible Accumulation Type ¹	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
\$0 copay Virtual Urgent Care, available 24/7 ²	✓	✓	□	✓	□	✓	✓
\$0 copay Oscar Primary Care virtual visits ³	✓	✓	□	✓	□	✓	✓
Prices for Benefits							
Primary care office visits ⁴	\$30	\$50	20% after deductible	\$35	\$25 after deductible	\$45	\$50
Specialist office visits	\$65	\$95	20% after deductible	\$100	\$25 after deductible	\$100	\$100
Emergency Room ⁵	Visit 1: \$400 Visits 2+: \$650	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: 20% after deductible Visits 2+: 40% after deductible
Urgent Care	\$60	\$100	20% after deductible	\$100	\$85 after deductible	\$100	\$100
Labs (OV/IND, OP) ⁶	0% / 25% 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% / 20% after deductible
X-rays & Diagnostic imaging	25%	40% after deductible	20% after deductible	35% after deductible	25% after deductible	25% after deductible	20% after deductible
Advanced Imaging (MRI,CT, PET) ⁷ (OV/IND, OP)	\$75 per scan / 20%	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	20% after deductible/ 35% after deductible
Outpatient Surgery Facility	25% after deductible	40% after deductible	20% after deductible	35% after deductible	25% after deductible	25% after deductible	20% after deductible
Inpatient Hospital Facility	25% after deductible	40% after deductible	20% after deductible	35% after deductible	25% after deductible	25% after deductible	20% after deductible
Chiropractic	\$30	\$30	20% after deductible	\$30	25% after deductible	\$30	\$30
Pharmacy Benefits ⁸							
Pharmacy Deductible (Individual/ Family)	N/A	Integrated Medical/ Rx	Integrated Medical/ Rx	\$300 / \$600	Integrated Medical/ Rx	Integrated Medical/ Rx	Integrated Medical/ Rx
RX Generics: Preferred (Tier 1a) ⁹	\$3	\$3	\$3 after deductible (deductible waived on HSA Preventive Drug List)	\$3	\$3 after deductible (deductible waived on HSA Preventive Drug List)	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$15	\$15	\$15 after deductible (deductible waived on HSA Preventive Drug List)	\$15	\$15 after deductible (deductible waived on HSA Preventive Drug List)	\$15	\$15
RX Brand: Preferred (Tier 2)	\$60	\$60	\$60 after deductible (deductible waived on HSA Preventive Drug List)	\$60	\$60 after deductible (deductible waived on HSA Preventive Drug List)	\$60	\$60
RX Brand: Non-preferred (Tier 3)	30% up to \$500	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 Specialty Including Accredo® ¹⁰ (Tier 4)	30% up to \$1000	30% up to \$1000, after deductible	20% after deductible	30% up to \$1000 after Rx deductible	25% after deductible	30% up to \$1000 after deductible	30% up to \$1000 after Rx deductible

	Silver \$5500	Silver \$7250	Bronze \$1000	Bronze \$3000	Bronze \$6200 HSA	Bronze \$7000 HSA	Bronze \$7500
The Basics							
Deductible (Individual / Family)	\$5,500/ \$11,000	\$7,250/ \$14,500	\$1,000/ \$2,000	\$3,000/ \$6,000	\$6,200/ \$12,400	\$7,000/ \$14,000	\$7,500/ \$15,000
Out-of-Pocket Max (Individual / Family)	\$9,250/ \$18,500	\$9,250/ \$18,500	\$9,400/ \$18,800	\$9,300/ \$18,600	\$7,800/ \$15,600	\$8,000/ \$16,000	\$9,400/ \$18,800
Out-of-Network Deductible (Individual / Family)	\$10,000/ \$20,000	\$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)	\$20,000/ \$40,000	\$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	25% / 50%	20% / 50%	30% / 50%	30% / 50%	30% / 50%	0% / 50%	35% / 50%
Deductible Accumulation Type ¹	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
\$0 copay Virtual Urgent Care, available 24/7 ²	✓	✓	✓	✓	□	□	✓
\$0 copay Oscar Primary Care virtual visits ³	✓	✓	✓	✓	□	□	✓
Prices for Benefits							
Primary care office visits ⁴	\$35	\$40	\$100	\$75	\$50 after deductible	0% after deductible	\$55
Specialist office visits	\$80	\$75	\$150	\$150	\$50 after deductible	0% after deductible	\$100 after deductible
Emergency Room ⁵	Visit 1: \$450 after deductible Visits 2+: \$750 after deductible	Visit 1: 20% after deductible Visits 2+: 40% after deductible	Visit 1: \$1,050 after deductible Visits 2+: \$1,500 after deductible	Visit 1: \$950 after deductible Visits 2+: \$1,050 after deductible	Visit 1: 30% after deductible Visits 2+: 40% after deductible	Visit 1: 0% after deductible Visits 2+: 0% after deductible	Visit 1: 35% after deductible Visits 2+: 35% after deductible
Urgent Care	\$100	\$100	\$150	\$150	30% after deductible	0% after deductible	\$150
Labs (OV/IND, OP) ⁶	0% / 25% after deductible	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	25% after deductible	20%	30% after deductible	30% after deductible	30% after deductible	0% after deductible	35% after deductible
Advanced Imaging (MRI,CT, PET) ⁷ (OV/IND, OP)	\$75 per scan/ 20%	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	\$750 after deductible	20% after deductible	\$1,000 after deductible	\$1,000 after deductible	30% after deductible	0% after deductible	35% after deductible
Inpatient Hospital Facility	\$750 per day for up to 5 days after deductible	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	\$30	\$30	30% after deductible	0% after deductible	\$30
Pharmacy Benefits ⁸							
Pharmacy Deductible (Individual/ Family)	\$250 / \$500	\$250 / \$500	\$6,100/ \$12,200	\$3,100/ \$6,200	Integrated Medical/ Rx	Integrated Medical/ Rx	Integrated Medical/ Rx
RX Generics: Preferred (Tier 1a) ⁹	\$3	\$3	\$3	\$3	\$3 after deductible (deductible waived on HSA Preventive Drug List)	\$3 after deductible (deductible waived on HSA Preventive Drug List)	\$3
RX Generics: Non-preferred (Tier 1b)	\$15	\$15	\$35	\$35	\$15 after deductible (deductible waived on HSA Preventive Drug List)	\$15 after deductible (deductible waived on HSA Preventive Drug List)	\$15
RX Brand: Preferred (Tier 2)	\$60	\$60	\$150	\$150	\$60 after deductible (deductible waived on HSA Preventive Drug List)	\$60 after deductible (deductible waived on HSA Preventive Drug List)	\$150
RX Brand: Non-preferred (Tier 3)	30% up to \$500 after Rx deductible	30% up to \$500 after Rx deductible	40% up to \$500 after Rx deductible	40% up to \$500 after Rx deductible	30% after deductible	30% after deductible	30% up to \$500 after deductible
RX Specialty Including Accredo® ¹⁰ (Tier 4)	30% up to \$1000, after Rx deductible	30% up to \$1000 after Rx deductible	40% up to \$1000 after Rx deductible	40% up to \$1,000 after Rx deductible	30% after deductible	30% after deductible	30% up to \$1000 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.
- (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) For HSA plans, drugs on HSA Preventive Drug list deductible waived
- (9) 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
- (10) "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

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.