

	Platinum \$0	Platinum \$1200	Gold \$0	Gold \$750	Gold \$1250	Gold \$2000	Gold \$3250
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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	\$2,000 / \$4,000	\$3,250 / \$6,500
Out-of-Pocket Max (Individual / Family)	\$4,000 / \$8,000	\$4,500 / \$9,000	\$7,500 / \$15,000	\$8,700 / \$17,400	\$8,700 / \$17,400	\$7,500 / \$15,000	\$8,000 / \$16,000
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$6,000 / \$12,000	\$8,000 / \$16,000	\$8,000 / \$16,000	\$15,000 / \$30,000	\$15,000 / \$30,000	\$14,000 / \$28,000	\$15,000 / \$30,000
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	Integrated Med/ Rx deductible	N/A	N/A
Out-of-Network Deductible (Individual / Family)	\$2,000 / \$4,000	\$3,000 / \$6,000	\$2,000 / \$4,000	\$1,500 / \$3,000	\$7,500 / \$15,000	\$4,000 / \$8,000	\$5,000 / \$10,000
In-Network Coinsurance	0%	0%	10%	25%	10%	20%	15%
Out-of-Network Coinsurance	50%	50%	50%	50%	50%	50%	50%
HSA-Compatible?	No	No	No	No	No	No	No
\$0 copay telemedicine, available 24/7	✓	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓	✓
Up to \$100/year in step tracking rewards	✓	✓	✓	✓	✓	✓	✓
\$0 Preventive care	✓	✓	✓	✓	✓	✓	✓

Prices for Benefits

Primary care office visits	\$15	\$30	\$35	\$35	\$30	\$15	\$25
Specialist office visits	\$45	\$60	\$90	\$70	\$80	\$75	\$80
Mental health office visits	\$15	\$30	\$35	\$35	\$30	\$15	\$25
Labs	0%	0%	10%	25% after deductible	10%	20% after deductible	15% after deductible
Emergency room	\$500	\$500	\$500	\$500 after deductible	\$750	20% after deductible	15% after deductible
Urgent care	\$50	\$50	\$50	\$50	\$50	\$50	\$50
MRIs & Advanced imaging	\$350	\$0 after deductible	\$500	25% after deductible	\$500 after deductible	20% after deductible	15% after deductible
X-rays & Diagnostic imaging	0%	0%	10%	25% after deductible	10% after deductible	20% after deductible	15% after deductible
Outpatient facility / Inpatient facility	\$350/ \$750	0% after deductible / 0% after deductible	\$1,500 / \$1,750 per day up to 3 days	25% after deductible / 25% after deductible	\$750 after deductible/ \$750 per day up to 5 days after deductible	20% after deductible / 20% after deductible	15% after deductible / 15% after deductible
RX Generics: Preferred (Tier 1a) / Non-preferred (Tier 1b)	\$3 / \$15	\$3 / \$15	\$3 / \$15	\$3 / \$15	\$3 / \$15	\$3 / \$15	\$3 / \$15
RX Brand: Preferred (Tier 2) / Non-preferred (Tier 3)	\$50 / \$90	\$50 / \$90	\$50/ \$90	\$50/ \$90	\$50 after deductible/ \$90 after deductible	\$50 / \$90	\$50 / \$90
RX Specialty/ Accredo* (Tier 4)	\$250	\$250	\$250	\$250	\$250 after deductible	\$250	\$250

* "Accredo" refers to Accredo Health Group, Inc. "Accredo" is a trademark of Express Scripts Strategic Development, Inc.

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.

	Silver \$0	Silver \$2750	Silver \$3500	Silver \$3750 HSA	Silver \$4000	Silver \$4500	Silver \$5000 HSA
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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	\$2,750 / \$5,500	\$3,500 / \$7,000	\$3,750 / \$7,500	\$4,000 / \$8,000	\$4,500 / \$9,000	\$5,000 / \$10,000
Out-of-Pocket Max (Individual / Family)	\$8,700 / \$17,400	\$8,250 / \$16,500	\$8,550 / \$17,100	\$7,000 / \$14,000	\$8,550 / \$17,100	\$8,400 / \$16,800	\$7,000 / \$14,000
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$16,000 / \$32,000	\$15,000 / \$30,000	\$16,000 / \$32,000	\$15,000 / \$30,000	\$16,000 / \$32,000	\$15,000 / \$30,000	\$15,000 / \$30,000
Pharmacy Deductible (Individual / Family)	\$1,000 / \$2,000	Integrated Med/Rx deductible	N/A	Integrated Med/Rx deductible	N/A	Integrated Med/Rx deductible	Integrated Med/Rx deductible
Out-of-Network Deductible (Individual / Family)	\$2,000 / \$4,000	\$5,000 / \$10,000	\$6,000 / \$12,000	\$7,500 / \$15,000	\$8,000 / \$16,000	\$9,000 / \$18,000	\$10,000 / \$20,000
In-Network Coinsurance	30%	30%	30%	0%	15%	30%	10%
Out-of-Network Coinsurance	50%	50%	50%	50%	50%	50%	50%
HSA-Compatible?	No	No	No	Yes	No	No	Yes
\$0 copay telemedicine, available 24/7	✓	✓	✓	☐	✓	✓	☐
Dedicated Care Team	✓	✓	✓	✓	✓	✓	✓
Up to \$100/year in step tracking rewards	✓	✓	✓	✓	✓	✓	✓
\$0 Preventive care	✓	✓	✓	✓	✓	✓	✓

Prices for Benefits

Primary care office visits	\$60	\$40	\$40	\$50 after deductible	\$25	\$30	10% after deductible
Specialist office visits	\$90	\$80	\$40 after deductible	\$50 after deductible	\$75	\$75	10% after deductible
Mental health office visits	\$60	\$40	\$40	\$50 after deductible	\$25	\$30	10% after deductible
Labs	30%	30% after deductible	30% after deductible	0% after deductible	15% after deductible	30% after deductible	10% after deductible
Emergency room	\$750	30% after deductible	30% after deductible	\$350 after deductible	\$300 after deductible	\$500 after deductible	10% after deductible
Urgent care	\$50	\$50	\$50	\$50 after deductible	\$50	\$50	10% after deductible
MRIs & Advanced imaging	\$500	30% after deductible	30% after deductible	0% after deductible	\$550 after deductible	30% after deductible	10% after deductible
X-rays & Diagnostic imaging	30%	30% after deductible	30% after deductible	0% after deductible	15% after deductible	30% after deductible	10% after deductible
Outpatient facility / Inpatient facility	\$750 / \$1,750 per day up to 3 days	30% after deductible / 30% after deductible	30% after deductible / 30% after deductible	0% after deductible / 0% after deductible	\$550 after deductible / \$750 per day up to 3 days after deductible	30% after deductible / 30% after deductible	10% after deductible / 10% after deductible
RX Generics: Preferred (Tier 1a) / Non-preferred (Tier 1b)	\$3 / \$30	\$3 / \$15	\$3 / \$15	\$3 after deductible / \$15 after deductible	\$3 / \$15	\$3 / \$15	10% after deductible
RX Brand: Preferred (Tier 2) / Non-preferred (Tier 3)	30% after deductible / 30% after deductible	\$50 after deductible / \$90 after deductible	\$50 / \$90	\$50 after deductible / \$90 after deductible	\$50 / \$90	\$50 / \$90 after deductible	10% after deductible / 10% after deductible
RX Specialty/ Accredo* (Tier 4)	30% after deductible	\$250 after deductible	\$250	\$250 after deductible	\$250	\$250 after deductible	10% after deductible

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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

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	Silver \$6000	Silver \$7500	Bronze \$6000 HSA	Bronze \$7000 HSA
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The Basics

Deductible (Individual / Family)	\$6,000 / \$12,000	\$7500/ \$15,000	\$6,000/ \$12,000	\$7,000 / \$14,000
Out-of-Pocket Max (Individual / Family)	\$8,700 / \$17,400	\$8,700/ \$17,400	\$7,000/ \$14,000	\$7,000 / \$14,000
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$15,000 / \$30,000	\$15,000/ \$30,000	\$15,000/ \$30,000	\$28,000/ \$56,000
Pharmacy Deductible (Individual / Family)	\$300 / \$600	N/A	Integrated Med/Rx deductible	Integrated Med/Rx deductible
Out-of-Network Deductible (Individual / Family)	\$10,000 / \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$14,000 / \$28,000
In-Network Coinsurance	20%	0%	20%	0%
Out-of-Network Coinsurance	50%	50%	50%	50%
HSA-Compatible?	No	No	Yes	Yes
\$0 copay telemedicine, available 24/7	✓	✓	☐	☐
Dedicated Care Team	✓	✓	✓	✓
Up to \$100/year in step tracking rewards	✓	✓	✓	✓
\$0 Preventive care	✓	✓	✓	✓

Prices for Benefits

Primary care office visits	\$15	\$40	\$55 after deductible	0% after deductible
Specialist office visits	\$100	\$80	\$80 after deductible	0% after deductible
Mental health office visits	\$15	\$40	\$55 after deductible	0% after deductible
Labs	20% after deductible	0% after deductible	20% after deductible	0% after deductible
Emergency room	20% after deductible	\$500 after deductible	\$450 after deductible	0% after deductible
Urgent care	\$50	\$50	\$50 after deductible	0% after deductible
MRIs & Advanced imaging	20% after deductible	0% after deductible	20% after deductible	0% after deductible
X-rays & Diagnostic imaging	20% after deductible	0% after deductible	20% after deductible	0% after deductible
Outpatient facility / Inpatient facility	20% after deductible / 20% after deductible	0% after deductible/ 0% after deductible	20% after deductible/ 20% after deductible	0% after deductible / 0% after deductible
RX Generics: Preferred (Tier 1a) / Non-preferred (Tier 1b)	\$3/ \$15	\$3/ \$15	\$3 after deductible/ \$15 after deductible	0% after deductible
RX Brand: Preferred (Tier 2) / Non-preferred (Tier 3)	\$50 / \$90 after deductible	\$50/ \$90	\$50 after deductible/ \$90 after deductible	0% after deductible
RX Specialty/ Accredo* (Tier 4)	\$250 after deductible	\$250	\$250 after deductible	0% after deductible

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