

| | Platinum \$0 | Platinum \$1200 | Gold \$0 | Gold \$750 | Gold \$1250 | Gold \$2000 | Gold \$3250 |
|--|--------------|-----------------|----------|------------|-------------|-------------|-------------|
|--|--------------|-----------------|----------|------------|-------------|-------------|-------------|

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 copay | 0% after deductible/ 0% after deductible | \$1,500 / \$1,750 per day up tp 3-days | 25% after deductible/ 25% after deductible | \$750 after deductible/ \$750 per day up to 5 days | 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 4a) | \$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.

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. 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 |
|--|------------|---------------|---------------|-------------------|---------------|---------------|-------------------|
|--|------------|---------------|---------------|-------------------|---------------|---------------|-------------------|

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 | N/A | N/A | Integrated Med/Rx deductible | N/A |
| 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 / 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 4a) | 30% after deductible | \$250 after deductible | \$250 | \$250 after deductible | \$250 | \$250 copay after deductible | 10% after deductible / |

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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 | \$7,500 / \$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/ \$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 / 0% after deductible |
| RX Specialty/ Accredo* (Tier 4a) | \$250 after deductible | \$250 | \$250 after deductible | 0% after deductible / 0% after deductible |

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