

	Platinum \$0/\$10	Platinum \$0/\$20 CA Standard Plan	Platinum \$250	Platinum \$500	Gold \$0	Gold \$250 CA Standard Plan	Gold \$500
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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	\$0 / \$0	\$250 / \$500	\$500 / \$1,000	\$0 / \$0	\$250 / \$500	\$500 / \$1,000
Out-of-Pocket Max (Individual / Family)	\$4,600 / \$9,200	\$4,500 / \$9,000	\$4,500 / \$9,000	\$3,500 / \$7,000	\$8,700 / \$17,400	\$7,800 / \$15,600	\$8,700 / \$17,400
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$9,200 / \$18,400	\$9,000 / \$18,000	\$8,800 / \$17,600	\$9,000 / \$18,000	\$16,500 / \$33,000	\$15,600 / \$31,200	\$17,100 / \$34,200
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A	N/A	\$250 / \$500
Out-of-Network Deductible (Individual / Family)	\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,000 / \$2,000
In-Network Coinsurance	10%	10%	10%	15%	30%	20%	25%
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	\$10	\$20	\$15	\$20	\$35	\$35	\$40
Specialist office visits	\$30	\$30	\$30	\$20	\$55	\$55	\$40
Mental health office visits	\$10	\$20	\$15	\$20	\$35	\$35	\$40
Labs	OV/ IND \$0/ Output 10%	\$20	OV/ IND \$0/ Output 10% after deductible	OV/ IND \$0/ Output 15% after deductible	OVD/IND \$0/ Output 30%	\$35	OV/ IND \$0/ Output 25% after deductible
Emergency room	\$250	\$150	\$200 after deductible	\$250	\$450	\$250 after deductible	25% after deductible
Urgent care	\$25	\$20	\$25	\$50	\$50	\$35	\$50
MRIs & Advanced imaging	10%	\$100	10% after deductible	15% after deductible	30%	\$250 after deductible	25% after deductible
X-rays & Diagnostic imaging	0%	\$30	10%	15%	30%	\$55	25% after deductible
Outpatient facility / Inpatient facility	\$100/ \$250	\$100/ \$250 per day for 5 days	10% after deductible/ 10% after deductible	15% after deductible 15% after deductible	\$350/ \$750 per day for 5-days	\$300 after deductible / \$600 per day up to 5 days after deductible	25% after deductible / 25% after deductible
RX Generics: (Tier 1)	\$5	\$5	\$5	\$10	\$15	\$15	\$15
RX Brand: Preferred (Tier 2) / Non-preferred (Tier 3)	\$30 / \$50		\$30 / \$50	\$35 / \$75	\$40 / \$90	\$40 / \$70	\$45 after deductible / \$90 after deductible
RX Specialty (Including Accredo*) (Tier 4)	10% (up to \$250 per script)	10% (up to \$250 per script)	10% (up to \$250 per script)	10% up to \$250 per script)	30% (up to \$250 per script)	20% up to \$250 per script	30% after deductible (up to \$250 per script)

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*** Cigna LocalPlus plans have in network only benefits. Plans with Infertility are available.

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.

	Gold \$750	Gold \$1350	Silver \$0	Silver \$1950	Silver \$2250 CA Standard Plan	Silver \$2500 HSA	Silver \$2600
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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)	\$750 / \$1,500	\$1,350 / \$2,700	\$0 / \$0	\$1,950 / \$3,900	\$2,250/ \$4,500	\$2,500 self only/ \$2,800 IND in family/ \$5,600 family	\$2,600 / \$5,200
Out-of-Pocket Max (Individual / Family)	\$8,550 / \$17,100	\$8,550 / \$17,100	\$8,700 / \$17,400	\$8,700 / \$17,400	\$8,200/ \$16,400	\$7,000 / \$14,000	\$8,700 / \$17,400
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$16,900 / \$33,800	\$17,100 / \$34,200	\$17,400 / \$34,800	\$17,800 / \$35,600	\$16,400/ \$32,800	\$13,700 / \$27,400	\$17,800 / \$35,600
Pharmacy Deductible (Individual / Family)	\$300 / \$600	\$300 / \$600	\$1,000 / \$2,000	\$250 / \$500	\$300/ \$600	Integrated Med/Rx deductible	N/A
Out-of-Network Deductible (Individual / Family)	\$1,500 / \$3,000	\$2,700 / \$5,400	\$4,500 / \$9,000	\$4,500 / \$9,000	\$4,500/ \$9,000	\$6,000 / \$12,000	\$5,500 / \$11,000
In-Network Coinsurance	20%	20%	30%	35%	30%	30%	40%
Out-of-Network Coinsurance	50%	50%	50%	50%	50%	50%	50%
HSA-Compatible?	No	No	No	No	No	Yes	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	\$30	\$45	\$60	\$50	\$55	30% after deductible	\$55
Specialist office visits	\$50	\$45	\$95	\$80	\$90	30% after deductible	\$95
Mental health office visits	\$30	\$45	\$60	\$50	\$55	30% after deductible	\$55
Labs	OV/ IND \$0/ Outpat 20% after deductible	OV/ IND \$0/ Outpat 20% after deductible	OVD/IND \$0 / Outpat 30%	OVD/IND \$0 / Outpat 35% after deductible	\$55	OVD/IND \$0 after deductible / Outpat 30% after deductible	OVD/IND \$0/ Outpat 40% after deductible
Emergency room	\$550 after deductible	\$550 after deductible	\$775	35% after deductible	30% after deductible	30% after deductible	40% after deductible
Urgent care	\$50	\$50	\$75	\$75	\$55	30% after deductible	\$75
MRIs & Advanced imaging	20% after deductible	20% after deductible	\$550	35% after deductible	\$300. after deductible	30% after deductible	40% after deductible
X-rays & Diagnostic imaging	20%	20%	30%	35% after deductible	\$90	30% after deductible	40% after deductible
Outpatient facility / Inpatient facility	20% after deductible / 40% after deductible	20% after deductible / 20% after deductible	\$750 / \$1,000 per day for 5 days	\$450 after deductible/ 35% after deductible	30% after deductible / 30% after deductible	30% after deductible / 30% after deductible	40% after deductible/ 40% after deductible
RX Generics: (Tier 1)	\$15	\$15	\$27	\$25	\$17	\$20 after deductible	\$25
RX Brand: Preferred (Tier 2) / Non-preferred (Tier 3)	\$45 after deductible / \$90 after deductible	\$45 after deductible/ \$90 after deductible	\$77 after deductible / \$125 after deductible	\$75 after deductible / \$125 after deductible	\$80 after deductible / \$110 after deductible	\$60 after deductible / \$90 after deductible	\$75 / \$125
RX Specialty (Including Accredo*) (Tier 4)	30% after deductible (up to \$250 per script)	30% after deductible (up to \$250 per script)	30% after deductible (up to \$250 per script)	20% after deductible (up to \$250 per script)	30% after deductible (up to \$250 per script)	20% after deductible (up to \$250 per script)	30% (up to \$250 per script)

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	Bronze \$1000	Bronze 5750 HSA	Bronze \$6000	Bronze \$6300 CA Standard Plan
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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)	\$1,000 / \$2,000	\$5,750 / \$11,500	\$6,000 / \$12,000	\$6,300 / \$12,600
Out-of-Pocket Max (Individual / Family)	\$8,700 / \$17,400	\$7,000 / \$14,000	\$8,700 / \$17,400	\$8,200 / \$16,400
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$25,000 / \$50,000	\$14,000 / \$28,000	\$18,200 / \$36,400	\$16,400 / \$32,800
Pharmacy Deductible (Individual / Family)	\$6,100 / \$12,200	Integrated Med/Rx deductible	N/A	\$500 / \$1,000
Out-of-Network Deductible (Individual / Family)	\$15,000 / \$30,000	\$12,000 / \$24,000	\$12,000 / \$24,000	\$12,600 / \$25,200
In-Network Coinsurance	30%	40%	40%	40%
Out-of-Network Coinsurance	50%	50%	50%	50%
HSA-Compatible?	No	Yes	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****	\$95	40% after deductible	\$80	\$65 after deductible (3 pre-deductible visits at \$65)
Specialist office visits	\$150	40% after deductible	\$100	\$95 after deductible (3 pre-deductible visits at \$65)
Mental health office visits	\$95	40% after deductible	\$80	\$65 after deductible (3 pre-deductible visits at \$65)
Labs	30% after deductible	OVD/IND \$0 after deductible/ Outpat 40% after deductible	OVD/IND \$0/ Outpat 40% after deductible	\$40
Emergency room	\$1000 after deductible	40% after deductible	40% after deductible	40% after deductible
Urgent care	\$150	40% after deductible	40% after deductible	\$65 after deductible (3 pre-deductible visits at \$65)
MRIs & Advanced imaging	\$1,500	40% after deductible	40% after deductible	40% after deductible
X-rays & Diagnostic imaging	30% after deductible	40% after deductible	40% after deductible	40% after deductible
Outpatient facility / Inpatient facility	\$1,000 after deductible / \$2,000 per day for 3 days after deductible	40% after deductible	40% after deductible/ 40% after deductible	40% after deductible / 40% after deductible
RX Generics: (Tier 1)	\$35	40% after deductible (up to \$250 per script)	\$35	\$18 after deductible
RX Brand: Preferred (Tier 2) / Non-preferred (Tier 3)	40% after deductible (up to \$250 per script)	40% after deductible (up to \$250 per script)	40% after deductible (up to \$250 per script)	40% after deductible (up to \$500 per script)
RX Specialty (Including Accredo*) (Tier 4)	40% after deductible (up to \$250 per script)	40% after deductible (up to \$250 per script)	40% after deductible (up to \$250 per script)	40% after deductible (up to \$500 per script)

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*** Cigna LocalPlus plans have in network only benefits

**** Deductible waived for the first 3 combined visits for primary care (non-preventative), specialist, mental health outpatient visits and urgent care; thereafter the deductible applies
Plans with Infertility are available.

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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