

	Platinum \$0	Platinum \$1200	Gold \$0	Gold \$750	Gold \$1300	Gold \$2000	Gold \$2500 HSA	Gold \$2675
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	\$1,300 / \$2,600	\$2,000 / \$4,000	\$2,500 self-only / \$2,800 IND in family/ \$5,600 family	\$2,675 / \$5,350
Out-of-Pocket Max (Individual / Family)	\$2,750 / \$5,500	\$4,500 / \$9,000	\$8,700 / \$17,400	\$7,500 / \$15,000	\$7,000 / \$14,000	\$7,500 / \$15,000	\$2,500 / \$5,600	\$7,250 / \$14,500
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$4,000 / \$8,000	\$8,000 / \$16,000	\$10,000/ \$20,000	\$14,000 / \$28,000	\$13,500 / \$27,000	\$14,000 / \$28,000	\$18,000 / \$36,000	\$21,000 / \$42,000
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A	N/A	Integrated Med/Rx deductible	N/A
Out-of-Network Deductible (Individual / Family)	\$1,000 / \$2,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$4,500 / \$9,000	\$4,000 / \$8,000	\$6,000 / \$6,000	\$7,000 / \$14,000
In-Network Coinsurance	20%	0%	30%	25%	25%	20%	0%	0%
Out-of-Network Coinsurance	50%	50%	50%	50%	50%	50%	50%	50%
HSA-Compatible?	No	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	\$15	\$30	\$30	\$25	\$35	\$15	\$0 after deductible	\$40
Specialist office visits	\$50	\$60	\$60	\$75	\$75	\$75	\$0 after deductible	\$80
Mental health office visits	\$15	\$30	\$30	\$25	\$35	\$15	\$0 after deductible	\$40
Labs	20%	0%	30%	25% after deductible	25% after deductible	20% after deductible	\$0 after deductible	\$0 after deductible
Emergency room	\$300	\$500	\$500	\$500 after deductible	\$400 after deductible	20% after deductible	\$0 after deductible	0% after deductible
Urgent care	\$60	\$50	\$75	\$75	\$75	\$50	\$0 after deductible	\$50
MRIs & Advanced imaging	\$150	0% after deductible	\$250	25% after deductible	25% after deductible	20% after deductible	\$0 after deductible	\$0 after deductible
X-rays & Diagnostic imaging	20%	0%	30%	25% after deductible	25% after deductible	20% after deductible	\$0 after deductible	0% after deductible
Outpatient facility / Inpatient facility	\$150/ \$500 per admit	\$0 after deductible/ \$0 after deductible	30%/ 30%	25% after deductible/ 25% after deductible	25% after deductible/ 25% after deductible	20% after deductible/ 20% after deductible	0% after deductible/ 0% after deductible	\$0 after deductible/ \$0 after deductible
RX Generics: Preferred (Tier 1a) / Non-preferred (Tier 1b)	\$0 / \$15	\$3/ \$15	\$0 / \$15	\$0/ \$15	\$0/ \$15	\$3/ \$15	0% after deductible/ 0% after deductible	\$0 / \$15
RX Brand: Preferred (Tier 2) / Non-preferred (Tier 3)	\$65 / \$150	\$50 / \$90	\$65 / \$150	\$65 / \$150	\$65 / \$150	\$50 / \$90	0% after deductible/ 0% after deductible	\$65 / \$150
RX Specialty (Including Accredo*) (Tier 4)	\$250	\$250	\$250	\$250	\$250	\$250	0% after deductible	\$250
<p>* "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</p> <p>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.</p>								

	Gold \$3000 HSA	Gold \$3250	Silver \$0	Silver \$1600	Silver \$3500	Silver \$3750	Silver \$3750 HSA	Silver \$4000
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)	\$3,000 / \$6,000	\$3,250 / \$6,500	\$0 / \$0	\$1,600 / \$3,200	\$3,500 / \$7,000	\$3,750 / \$7,500	\$3,750/ \$7,500	\$4,000 / \$8,000
Out-of-Pocket Max (Individual / Family)	\$4,250 / \$8,500	\$7,000 / \$14,000	\$8,700 / \$17,400	\$8,700 / \$17,400	\$8,550 / \$17,100	\$8,700 / \$17,400	\$7,000/ \$14,000	\$8,550 / \$17,100
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$21,000 / \$42,000	\$21,000 / \$42,000	\$15,000 / \$30,000	\$16,000 / \$32,000	\$16,000 / \$32,000	\$20,000 / \$40,000	\$15,000/ \$30,000	\$16,000 / \$32,000
Pharmacy Deductible (Individual / Family)	Integrated Med/Rx deductible	N/A	\$1,000 / \$2,000	N/A	N/A	N/A	Integrated Med/Rx deductible	N/A
Out-of-Network Deductible (Individual / Family)	\$7,000 / \$14,000	\$7,000 / \$14,000	\$3,000 / \$6,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$9,000 / \$18,000	\$7,500/ \$15,000	\$8,000 / \$16,000
In-Network Coinsurance	20%	20%	30%	30%	30%	30%	0%	15%
Out-of-Network Coinsurance	50%	50%	50%	50%	50%	50%	50%	50%
HSA-Compatible?	Yes	No	No	No	No	No	Yes	No
\$0 copay telemedicine, available 24/7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dedicated Care Team	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Up to \$100/year in step tracking rewards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
\$0 Preventive care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prices for Benefits								
Primary care office visits	20% after deductible	\$20	\$60	\$50	\$40	\$50	\$50 after deductible	\$25
Specialist visits office visits	20% after deductible	\$60	\$90	\$90	\$40 after deductible	\$70	\$50 after deductible	\$75
Mental health office visits	20% after deductible	\$20	\$60	\$50	\$40	\$50	\$50 after deductible	\$25
Labs	20% after deductible	20% after deductible	30%	30% after deductible	30% after deductible	30% after deductible	0% after deductible	15% after deductible
Emergency room	20% after deductible	\$500 after deductible	\$750	\$750 after deductible	30% after deductible	\$500 after deductible	\$350 after deductible	\$300 after deductible
Urgent care	20% after deductible	\$75	\$75	\$75	\$50	\$75	\$50 after deductible	\$50
MRIs & Advanced imaging	20% after deductible	20% after deductible	\$300	30% after deductible	30% after deductible	30% after deductible	0% after deductible	\$550 after deductible
X-rays & Diagnostic imaging	20% after deductible	20% after deductible	30%	30% after deductible	30% after deductible	30% after deductible	0% after deductible	15% after deductible
Outpatient facility / Inpatient facility	20% after deductible/ 20% after deductible	20% after deductible/ 20% after deductible	\$500/ \$1500 per day up to 3 days	\$500 after deductible/ 30% after deductible	30% after deductible/ 30% after deductible	\$250 after deductible / 30% after deductible	0% after deductible/ 0% after deductible	\$550 after deductible/ \$750 per day up to 3 days after deductible
RX Generics: Preferred (Tier 1a) / Non-preferred (Tier 1b)	20% after deductible/ 20% after deductible	\$0/ \$15	\$0 / \$25	\$0/ \$25	\$3/ \$15	\$0/ \$15	\$3 after deductible/ \$15 after deductible	\$3 / \$15
RX Brand: Preferred (Tier 2) / Non-preferred (Tier 3)	20% after deductible / 20% after deductible	\$65 / \$150	40% after deductible / 40% after deductible	\$65 / \$150	\$50 / \$90	\$65 / \$150	\$50 after deductible// \$90 after deductible/	\$50 / \$90
RX Specialty (Including Accredo*) (Tier 4)	20% after deductible	\$250	40% up to \$500 after deductible	\$250	\$250	\$250	\$250 after deductible	\$250
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	Silver \$5000 HSA	Silver \$5500	Silver \$7500	Bronze \$6000 HSA	Bronze \$7000 HSA	Bronze \$8550
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)	\$5,000/ \$10,000	\$5,500 / \$11,000	\$7,500 / \$15,000	\$6,000 / \$12,000	\$7,000/ \$14,000	\$8,550 / \$17,100
Out-of-Pocket Max (Individual / Family)	\$5,000/ \$10,000	\$8,700 / \$17,400	\$8,700 / \$17,400	\$7,000 / \$14,000	\$7,000/ \$14,000	\$8,700 / \$17,400
Out-of-Network Out-of-Pocket Max (Individual / Family)	\$35,000/ \$70,000	\$22,000 / \$44,000	\$15,000 / \$30,000	\$15,000 / \$30,000	\$35,000/ \$70,000	\$25,000 / \$50,000
Pharmacy Deductible (Individual / Family)	Integrated Med/Rx deductible	N/A	N/A	Integrated Med/Rx deductible	Integrated Med/Rx deductible	Integrated Med/Rx deductible
Out-of-Network Deductible (Individual / Family)	\$15,000/ \$30,000	\$11,000 / \$22,000	\$10,000 / \$20,000	\$10,000 / \$20,000	\$15,000/ \$30,000	\$15,000 / \$30,000
In-Network Coinsurance	0%	15%	0%	20%	0%	0%
Out-of-Network Coinsurance	50%	50%	50%	50%	50%	50%
HSA-Compatible?	Yes	No	No	Yes	Yes	No
\$0 copay telemedicine, available 24/7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dedicated Care Team	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Up to \$100/year in step tracking rewards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
\$0 Preventive care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prices for Benefits						
Primary care office visits	0% after deductible	\$25	\$40	\$55 after deductible	0% after deductible	\$25
Specialist office visits	0% after deductible	\$65	\$80	\$80 after deductible	0% after deductible	0% after deductible
Mental health office visits	0% after deductible	\$25	\$40	\$55 after deductible	0% after deductible	0% after deductible
Labs	0% after deductible	15% after deductible	\$0 after deductible	20% after deductible	0% after deductible	0% after deductible
Emergency room	0% after deductible	15% after deductible	\$500 after deductible	\$450 after deductible	0% after deductible	0% after deductible
Urgent care	0% after deductible	\$75	\$50	\$50 after deductible	0% after deductible	\$100
MRIs & Advanced imaging	0% after deductible	15% after deductible	\$0 after deductible	20% after deductible	0% after deductible	0% after deductible
X-rays & Diagnostic imaging	0% after deductible	15% after deductible	\$0 after deductible	20% after deductible	0% after deductible	0% after deductible
Outpatient facility / Inpatient facility	0% after deductible/ 0% after deductible	15% after deductible/ 15% after deductible	\$0 after deductible/ \$0 after deductible	20% after deductible/ 20% after deductible	0% after deductible/ 0% after deductible	0% after deductible/ 0% after deductible
RX Generics: Preferred (Tier 1a) / Non-preferred (Tier 1b)	0% after deductible/ 0% after deductible	\$0 / \$15	\$3 / \$15	\$3 after deductible / \$15 after deductible	0% after deductible/ 0% after deductible	\$0/ \$45
RX Brand: Preferred (Tier 2) / Non-preferred (Tier 3)	0% after deductible/ 0% after deductible	\$65 / \$150	\$50 / \$90	\$50 after deductible / \$90 after deductible	0% after deductible/ 0% after deductible	0% after deductible/ 0% after deductible
RX Specialty (Including Accredo*) (Tier 4)	0% after deductible	\$250	\$250	\$250 after deductible	0% after deductible	0% after deductible
<small>* "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</small>				<small>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.</small>		