

Cigna + Oscar 2021 California service area includes California Rating Areas 2-8, 14, 14-19.

	Distingues #0 Outi	Distinguis CO Outin						
	Platinum \$0 Option 1	Platinum \$0 Option 2	Platinum \$250	Platinum \$500	Gold \$0	Gold \$250	Gold \$750	Gold \$1200
	All Cigna +	- Oscar Plans offer members	a choice between Cigna Lo	calPlus® and Open Access F	Plus networks, allowing them t	o choose the network that fi	its into their lives and meets t	heir needs.
The Basics								
Deductible (Individual / Family)	\$0 / \$0	\$0 / \$0	\$250 / \$500	\$500 / \$1,000	\$0 / \$0	\$250 / \$500	\$750 / \$1,500	\$1,200 / \$2,400
Out-of-Pocket Max (Individual / Family)	\$4,500 / \$9,000	\$3,600 / \$7,200	\$3,900 / \$7,800	\$3,500 / \$7,000	\$7,000 / \$14,000	\$7,800 / \$15,600	\$7,550 / \$15,100	\$7,550 / \$15,100
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A	N/A	\$200 / \$400	\$300 / \$600
In-network Coinsurance	10%	10%	10% after deductible	10% after deductible	30%	20%	20% after deductible	20% after deductible
HSA-Compatible?	No	No	No	No	No	No	No	No
Virtual Urgent Care, available 24/7, \$0 copay	\checkmark	~	✓	\checkmark	\checkmark	✓	\checkmark	✓
Dedicated Care Team	~	~	✓	\checkmark	\checkmark	✓	\checkmark	~
Up to \$100/year in step tracking rewards	✓	~	✓	\checkmark	\checkmark	✓	\checkmark	✓
\$0 copay Preventive care	\checkmark	~	✓	\checkmark	\checkmark	✓	\checkmark	✓
Prices for In-Network Benefits								
Primary care / OBGYN visits	\$20	\$10	\$15	\$25	\$30	\$35	\$30	\$35
Specialist visits	\$30	\$25	\$30	\$50	\$50	\$55	\$50	\$50
Mental health office visits	\$20	\$25	\$30	\$50	\$50	\$35	\$50	\$50
Labs	\$20	0%	0%	0%	30%	\$35	20% after deductible	0%
Emergency room	\$150	\$150	\$100 after deductible	\$250	\$350	\$250 after deductible	\$100 after deductible	\$100 after deductible
Urgent care	\$20	\$25	\$25	\$50	\$50	\$35	\$50	\$50
MRIs & Advanced imaging	\$100	10%	10% after deductible	10% after deductible	30%	\$250 after deductible	20% after deductible	20% after deductible
X-rays & Diagnostic imaging	\$30	0%	0%	0%	30%	\$55	20% after deductible	0%
Outpatient facility / Inpatient facility	\$100 / \$250 (copay applies for a maximum of 5 days per 1 stay)	\$125 / 10%	\$100 after deductible / 10% after deductible	10% after deductible / 10% after deductible	\$150 / \$500 (copay applies for a maximum of 5 days per 1 stay)	\$300 after deductible / \$600 after deductible (copay applies for a maximum of 5 days per 1 stay)	\$150 after deductible / 20% after deductible	\$150 after deductible / 20% after deductible
RX Generics: Preferred / Non-preferred (Tier 1)	\$5	\$5	\$5	\$5	\$15	\$15	\$15 after deductible	\$15 after deductible
RX Brand: Preferred (Tier 2) / Non-preferred (Tier 3) / Accredo* Specialty (Tier 4)	\$20 / \$30 / 10% (cost share applies, up to \$250 per script)	\$30 / \$50 / 10% (cost share applies, up to \$250 per script)	\$30 / \$50 / 10% (cost share applies, up to \$250 per script)	\$35 / \$75 / 10% (cost share applies, up to \$250 per script)	\$40 / \$80 / 25% (cost share applies, up to \$250 per script)	\$40 / \$70 / 20% (cost share applies, up to \$250 per script)	\$30 after deductible / \$50 after deductible / 25% (cost share applies, up to \$250 per script)	\$30 after deductible / \$50 after deductible / 25% (cost share applies, up to \$250 per script)

 $[\]star$ "Accredo" refers to Accredo Health Group, Inc. "Accredo" is a trademark of Express Scripts Strategic Development, Inc.

Note: Infertility benefits can be added to any plan listed above. There is a lifetime benefit limit of \$5,000 on all covered services (medical and prescription drug benefits) used to treat infertility. Please refer to the Evidence of Coverage for a more detailed description of the benefit.

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. Benefits administered by Oscar Health Administrators. 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.



Cigna + Oscar 2021 California service area includes California Rating Areas 2-8, 14, 14-19.

	Silver \$1700	Silver \$2000	Silver \$2250 Option	Silver \$2250 Option	Bronze \$5500 HSA	Bronze \$6500 HSA	Bronze \$6000	Bronze \$6300
	All Cigna -	+ Oscar Plans offer member	s a choice between Cigna Loc	alPlus® and Open Access P	lus networks, allowing them t	to choose the network that fi	ts into their lives and meets	their needs.
The Basics								
Deductible (Individual / Family)	\$1,700 / \$3,400	\$2,000 / \$4,000	\$2,250 / \$4,500	\$2,250 / \$4,500	\$5,500 / \$11,000	\$6,500 / \$13,000	\$6,000 / \$12,000	\$6,300 / \$12,600
Out-of-Pocket Max (Individual / Family)	\$8,550 / \$17,100	\$7,800 / \$15,600	\$8,200 / \$16,400	\$8,550 / \$17,100	\$7,000 / \$14,000	\$7,000 / \$14,000	\$8,550 / \$17,100	\$8,200 / \$16,400
Pharmacy Deductible (Individual / Family)	\$300 / \$600	\$200 / \$400	\$300 / \$600	\$300 / \$600	N/A	N/A	N/A	\$500 / \$1,000
In-Network Coinsurance	35% after deductible	20% after deductible	30% after deductible	30% after deductible	40% after deductible	40% after deductible	50% after deductible	40% after deductible
HSA-Compatible?	No	No	No	No	Yes	Yes	No	No
Virtual Urgent Care, available 24/7, \$0 copay		\checkmark		$\overline{\checkmark}$		\checkmark	\checkmark	\checkmark
Dedicated Care Team	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
Up to \$100/year in step tracking rewards	\checkmark	\checkmark	$\overline{\mathbf{v}}$	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
\$0 copay Preventive care	~	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	~
Prices for In-Network Benefits								
Primary care / OBGYN visits	\$55	\$45	\$55	\$45	40% after deductible	40% after deductible	\$70	\$65 after deductible (3 pre-deductible visits at \$65)
Specialist visits	\$80	\$90	\$90	\$90	40% after deductible	40% after deductible	50% after deductible	\$95 after deductible (3 pre-deductible visits at \$95)
Mental health office visits	\$80	\$45	\$55	\$90	40% after deductible	40% after deductible	50% after deductible	\$65
Labs	35% after deductible	20% after deductible	\$55	30% after deductible	40% after deductible	40% after deductible	50% after deductible	\$40
Emergency room	\$350 after deductible	\$600 after deductible	30% after deductible	\$425 after deductible	\$650 after deductible	40% after deductible	50% after deductible	40% after deductible
Urgent care	\$80	\$90	\$55	\$90	40% after deductible	40% after deductible	50% after deductible	\$65 after deductible (3 pre-deductible visits at \$65)
MRIs & Advanced imaging	35% after deductible	20% after deductible	\$300 after deductible	30% after deductible	40% after deductible	40% after deductible	50% after deductible	40% after deductible
X-rays & Diagnostic imaging	35% after deductible	20% after deductible	\$90	30% after deductible	40% after deductible	40% after deductible	50% after deductible	40% after deductible
Outpatient facility / Inpatient facility	\$150 after deductible / 35% after deductible	\$350 after deductible / 20% after deductible	30% after deductible / 30% after deductible	30% after deductible / 30% after deductible	\$500 after deductible / 40% after deductible	40% after deductible / 40% after deductible	50% after deductible / 50% after deductible	40% after deductible / 40% after deductible
RX Generics: Preferred / Non-preferred (Tier 1)	\$20 after deductible	\$25 after deductible	\$17	\$20 after deductible	40% after deductible (cost share applies, up to \$250 per script)	40% after deductible (cost share applies, up to \$250 per script)	50% after deductible (cost share applies, up to \$250 per script)	\$18 after deductible
RX Brand: Preferred (Tier 2) / Non-preferred (Tier 3) / Accredo* Specialty (Tier 4)	\$50 after deductible / \$80 after deductible / 25% (cost share applies, up to \$250 per script)	\$50 after deductible / \$100 after deductible / 25% (cost share applies, up to \$250 per script)	\$80 after deductible / \$110 after deductible / 30% after deductible (cost share applies, up to \$250 per script)	\$50 after deductible / \$100 after deductible / 25% (cost share applies, up to \$250 per script)	40% after deductible (cost share applies, up to \$250 per script)	40% after deductible (cost share applies, up to \$250 per script)	50% after deductible (cost share applies, up to \$250 per script)	40% after deductible (cost share applies, up to \$500 per script)

 $[\]star$ "Accredo" refers to Accredo Health Group, Inc. "Accredo" is a trademark of Express Scripts Strategic Development, Inc.

Note: Infertility benefits can be added to any plan listed above. There is a lifetime benefit limit of \$5,000 on all covered services (medical and prescription drug benefits) used to treat infertility. Please refer to the Evidence of Coverage for a more detailed description of the benefit.

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. Benefits administered by Oscar Health Administrators. 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.