

| | Platinum \$0/\$10 | Platinum \$0/\$20 CA Standard Plan | Platinum \$250 | Platinum \$500 | Gold \$0 | Gold \$250 CA Standard Plan | Gold \$500 |
|--|-------------------|---------------------------------------|----------------|----------------|----------|--------------------------------|------------|
|--|-------------------|---------------------------------------|----------------|----------------|----------|--------------------------------|------------|

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 | \$250/ \$250 per day for 5 days | \$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 | \$20 / \$30 | \$30 / \$50 | \$35 / \$75 | \$40 / \$90 | \$40 / \$70 | \$45 after Rx deductible / \$90 after Rx 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 Rx deductible (up to \$250 per script) |

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

*** 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 |
|--|------------|-------------|------------|---------------|-----------------------------------|-------------------|---------------|
|--|------------|-------------|------------|---------------|-----------------------------------|-------------------|---------------|

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/ Output 20% after deductible | OV/ IND \$0/ Output 20% after deductible | OVD/IND \$0 / Output 30% | OVD/IND \$0 / Output 35% after deductible | \$55 | OVD/IND \$0 after deductible / Output 30% after deductible | OVD/IND \$0/ Output 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 Rx deductible / \$90 after deductible | \$45 after Rx deductible/ \$90 after deductible | \$77 after Rx deductible / \$125 after deductible | \$75 after Rx deductible / \$125 after deductible | \$80 after Rx deductible / \$110 after deductible | \$60 after deductible / \$90 after deductible | \$75 / \$125 |
| RX Specialty (Including Accredo*) (Tier 4) | 30% after Rx deductible (up to \$250 per script) | 30% after Rx deductible (up to \$250 per script) | 30% after Rx deductible (up to \$250 per script) | 20% after Rx deductible (up to \$250 per script) | 30% after Rx deductible (up to \$250 per script) | 20% after deductible (up to \$250 per script) | 30% (up to \$250 per script) |

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

*** 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.

| | Bronze \$1000 | Bronze 5750 HSA | Bronze \$6000 | Bronze \$6300 CA Standard Plan |
|--|---------------|-----------------|---------------|--------------------------------|
|--|---------------|-----------------|---------------|--------------------------------|

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 | Integrated Med/Rx deductible | \$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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/> |
| Up to \$100/year in step tracking rewards | <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"/> |

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 Rx deductible (up to \$250 per script) | 40% after deductible (up to \$250 per script) | 40% after deductible (up to \$250 per script) | 40% after Rx deductible (up to \$500 per script) |
| RX Specialty (Including Accredo*) (Tier 4) | 40% after Rx deductible (up to \$250 per script) | 40% after deductible (up to \$250 per script) | 40% after deductible (up to \$250 per script) | 40% after Rx deductible (up to \$500 per script) |

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

*** 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

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.