



Choose Cigna + Oscar. Here's why.

Cigna + Oscar Plan Brochure
2021 Small Group Health Insurance



Cigna + Oscar coverage is insured by Cigna Health and Life Insurance Company.

Introducing Cigna + Oscar

Delivering small group health insurance as dedicated and unique as your business. Together, our partnership makes for healthy employees and a healthy bottom line.

Insurance that cares about you businesses.

Affordable care that works for employees.

Care Teams that know your team.



Health plans that save money

Choose between two networks, LocalPlus® and Open Access Plus, and save on health insurance that fits their team's lives and needs.



Prescriptions done right

Save on prescriptions with Express Scripts® and refill them right from their phones.



Nationwide network

With Cigna Open Access Plus, access a nationwide network of doctors, hospitals, and specialists that can be seen without referrals.



Personalized Care Team

A team that knows your team by name, and is always there to answer questions and help them manage their care.



24/7 Virtual Urgent Care

Access hundreds of doctors on call, available anytime for \$0 copay via the Oscar app.¹

¹ Feature and network availability may vary by location and plan type and is subject to change.



Employee care navigation

Dedicated support to help employees find the right doctors and care in their area, plus the tools to search for care.



Easy administration

Simple tools and dedicated support to manage employees' benefits.



Healthy minds and bodies

Step-tracking rewards up to \$100 per year and access to Cigna's behavioral health network for mental health resources.

Health insurance plan basics

Before you can make smart decisions about which plans to offer, it's important to understand a few basic elements. These can impact value and costs for you and your employees.



Cost components

Insurance plans are built around a few different types of costs that directly impact health care spending for your business and employees.

Premium

A premium is the monthly payment required to have an active health plan. This amount is often paid by both an employee and employer through payroll deductions.

Copay

A fixed dollar amount an employee will spend on covered service each time they seek a service—such as a visit to an urgent care center or filling a prescription.

Deductible

A deductible is the amount an employee will spend on some covered services before their plan starts paying for care.

Out-of-pocket max

An out-of-pocket max is the maximum amount an employee will pay for health care during the year. After they meet this amount, their plan will pay for all covered medical expenses.

Out-of-pocket

Out-of-pocket expenses include any money an employee pays toward covered health care.

Understand how your plan works

Our offerings*



Bronze plan

Low premium, high deductible

60% of covered health costs paid by insurer, 40% paid by employee.



Silver plan

Moderate premium, moderate deductible

70% of covered health costs paid by insurer, 30% paid by employee.



Gold plan

Higher premium, lower deductible

80% of covered health costs paid by insurer, 20% paid by employee.



Platinum plan

Highest premium, lowest deductible

90% of covered health costs paid by insurer, 10% paid by employee.

What is a Health Savings Account (HSA) plan?

An HSA is a savings account an employee sets up to pay for health care expenses with pre-tax contributions. HSAs can only be used with specific HSA-compatible insurance plans that usually have high annual deductibles and lower monthly premiums. These types of plans can help you save on premium contributions while providing health coverage for your employees. Think of it like a retirement account, but for medical expenses.

Because an HSA works alongside an insurance plan, you'll need to purchase an HSA-eligible plan to use one. You can contribute pre- or post-tax to your HSA, up to \$3,550 (\$7,200 for a family plan) in 2020. You can use that money to pay for qualified medical expenses throughout the year. Note that if you take money out for non-qualified medical expenses before you turn 65, you'll pay a tax penalty.

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Know your network

Cigna + Oscar offers a choice between two physician networks, so employers can choose the one that best fits the needs of their team. Unlike individuals who can shop for the insurance plans that work best for them, employees rely on their employers to make this decision for them

Why dual network options? Both networks offer access to quality health systems within our markets, so employers enjoy peace of mind knowing that their work families are covered.

The Cigna LocalPlus® network provides a locally designed network of doctors, specialists, and hospitals that offer cost-effective medical care without sacrificing the quality employees expect. This network was designed with affordability and access in mind.

The Cigna Open Access Plus network is broader, offering a discounted national network with 970,000 health care professionals and 17,000 facilities in the Open Access Plus network.* This network offers more coverage than our LocalPlus® network.



Visit hioscar.com/search to find in-network providers and prescription drugs.

*Cigna's internal Central Provider File (CPF) as of March, 2019. Subject to change.

2021 Group eligibility requirements

We're excited to work with awesome companies like yours. Here are some small group insurance requirements you should know before you apply.

Group eligibility requirements

A group is eligible for small group coverage if it meets the "small employer" criteria, as defined by the Tennessee and federal Patient Protection and Affordable Care Act (ACA), and meets the following requirements:

- 1 The group employed between two (2) and fifty (50) full-time equivalent (FTE) employees (the majority of whom were employed within Tennessee) for at least 50% of its working days during the preceding calendar quarter (or the preceding calendar year).**
 - The total group size is the number of full-time employees plus the number of FTE part-time employees. Employees are considered part-time if they work, on average, less than 30 hours per week. To calculate a group's FTEs from part-time employees, add up the part-time hours worked during the month. Divide the total by 120 and round down to the nearest whole number.
 - For example, if you have four part time employees who each work 20 hours per week, there are 320 part-time hours worked per month. Divided by 120, these four part time employees count as two FTEs. This total may include employees who are not eligible to participate in a plan given the number of hours they work each week.
- 2 The employer maintains business licensure and/or appropriate state filings allowing the company to actively conduct business in the state of Tennessee.**
- 3 The employer has at least 50% of enrolled eligible individuals living in the state of Tennessee.**

Participation

25% of total eligible employees must enroll after valid waivers

- Add up enrolling employees
- Divide by total FTE, minus valid waivers
- Result must be greater than or equal to 25%

Contribution

Employer must contribute at least 50% of the employee premium

Enrollment checklist

Don't worry: our Cigna + Oscar Enrollment Guides, or your broker, can walk you through the requirements step-by-step.

Employers may select up to three Cigna + Oscar benefit plans for their employees. There are no restrictions on the combination of plan options.

To apply for coverage for a group, Cigna + Oscar requires the following:

Tennessee Business Enrollment Form

This can be completed online in the Cigna + Oscar enrollment portal.

If a group is enrolling two (2) members or fewer, you must also include proof of ownership, such as a Statement of Information, Articles of Incorporation, or current / active business license.

Tennessee Employee Enrollment application(s)

One (1) application should be completed for each enrolling employee or COBRA / Tennessee State Continuation recipient.

These applications can be completed entirely online by employees, or completed on paper and then entered in the portal by the authorized Broker or GA. Paper enrollment forms alone will not be accepted by Cigna + Oscar.

Employee Waiver form(s) and applicable waiver documentation

One (1) form is needed for each employee waiving or refusing coverage, including COBRA / Tennessee State Continuation employees. Waivers may be completed online in the Cigna + Oscar enrollment portal.

TDLWDWR

(Tennessee Dept of Labor and Workforce Development Wage Report) is required for groups for all enrolling groups, unless there are seven (7) or more eligible enrolling employees.

Documents submitted must match the list of enrolling employees.

ACH Authorization Form

It is optional but highly encouraged to expedite member ID card delivery. ACH payments can be set up for automatic deduction on the first of every month or can be uploaded solely for an automatic first payment.

If the group wishes to pay the first premium via check, they must wait for approval and the first bill generation and delivery. The first premium signed check will then have to be mailed in along with the bill stub to the following address:

Oscar Insurance Company
PO Box 744987
Atlanta, GA 30374-4987

Payroll verification through appropriate tax documentation based on group type (required for all groups).

Ready to sign up?

Cigna + Oscar is devoted to providing health insurance that's helpful and easy to understand.

For more information or if you have any questions, talk to your broker or call us anytime at **855-672-2784**.



Cigna + Oscar coverage is insured by Cigna Health and Life Insurance Company.