

	Platinum \$0	Gold \$0	Gold \$750	Gold \$1,500	Gold \$2,000	Gold \$5,000
Premium (Q2 Circle)						
Individual	\$822.82	\$734.02	\$690.11	\$691.46	\$668.32	\$694.30
Individual + Spouse	\$1,645.65	\$1,468.05	\$1,380.22	\$1,382.91	\$1,336.64	\$1,388.60
Individual + Child(ren)	\$1,398.80	\$1,247.84	\$1,173.18	\$1,175.47	\$1,136.14	\$1,180.31
Family	\$2,345.05	\$2,091.97	\$1,966.81	\$1,970.65	\$1,904.71	\$1,978.76
Premium (Q2 Circle Plus)						
Individual	\$915.58	\$819.18	\$769.90	\$771.88	\$746.37	\$774.90
Individual + Spouse	\$1,831.16	\$1,638.37	\$1,539.80	\$1,543.76	\$1,492.74	\$1,549.80
Individual + Child(ren)	\$1,556.48	\$1,392.61	\$1,308.83	\$1,312.20	\$1,268.83	\$1,317.33
Family	\$2,609.40	\$2,334.67	\$2,194.22	\$2,199.86	\$2,127.15	\$2,208.46
The Basics						
Deductible (Individual / Family)	\$0 / \$0	\$0 / \$0	\$750 / \$1,500	\$1,500 / \$3,000	\$2,000 / \$4,000	\$5,000 / \$10,000
Out-of-Pocket Max (Individual / Family)	\$2,000 / \$4,000	\$5,000 / \$10,000	\$7,500 / \$15,000	\$5,000 / \$10,000	\$7,000 / \$14,000	\$5,000 / \$10,000
RX Drug Deductible	N/A	N/A	\$100 / \$200	\$100 / \$200	\$150 / \$300	N/A
HSA compatible?	No	No	No	No	No	No
24/7 Doctor-on-Call	Free	Free	Free	Free	Free	Free
Up to \$240/year in step tracking rewards	✓	✓	✓	✓	✓	✓
Free preventive care	✓	✓	✓	✓	✓	✓
Dedicated Concierge	✓	✓	✓	✓	✓	✓
Prices for Benefits						
Primary Care / OBGYN visits	\$10	\$25	\$25	\$25	\$25	\$10
Oscar Center	Free	Free	Free	Free	Free	Free
Specialist visits	\$25	\$50	\$50	\$50	\$50	\$30
Mental health office visits	\$25	\$25	\$25	\$25	\$25	\$10
Labs	\$15	\$50	\$50	\$50	\$50	\$30
Emergency Room	\$500	\$750	20% after ded	20% after ded	\$250	\$0 after ded
Urgent Care	\$75	\$75	\$75	\$75	\$75	\$75
MRIs & Advanced Imaging	\$100	\$125	20% after ded	20% after ded	20% after ded	\$0 after ded
Xrays & Diagnostic Imaging	\$50	\$50	20% after ded	20% after ded	20% after ded	\$0 after ded
Outpatient Facility / Inpatient Facility	\$100 / \$500	\$150 / \$500 (5 day max)	20% after ded	20% after ded	20% after ded	\$0 after ded
Prescription drugs (Tier 1 / 2 / 3)	\$10 / \$30 / \$75	\$10 / \$25 / \$100	\$15 / \$50 after ded / \$100 after ded	\$15 / \$50 after ded / \$100 after ded	\$10 / \$50 after ded / \$100 after ded	\$10 / \$50 / 0% after ded

¹ This is a contracted rate and is subject to change. Once the deductible is met, Doctor-on-Call services will be covered in full

	Silver \$0	Silver \$2,700	Silver \$3,500	Silver \$4,500	Silver \$7,900	Bronze \$4,000	Bronze \$7,900	Silver \$3,000 HSA	Bronze \$6,650 HSA
Premium (Q2 Circle)									
Individual	\$633.81	\$611.00	\$604.18	\$567.18	\$619.95	\$494.48	\$470.64	\$575.54	\$495.46
Individual + Spouse	\$1267.62	\$1222.00	\$1208.36	\$1134.36	\$1239.90	\$988.97	\$941.28	\$1151.09	\$990.91
Individual + Child(ren)	\$1077.48	\$1038.70	\$1027.11	\$964.20	\$1053.91	\$840.62	\$800.08	\$978.43	\$842.28
Family	\$1806.37	\$1741.35	\$1721.91	\$1616.46	\$1766.85	\$1409.28	\$1341.32	\$1640.30	\$1412.05
Premium (Q2 Circle Plus)									
Individual	\$711.26	\$683.91	\$676.71	\$641.59	\$693.90	\$559.63	\$536.06	\$648.58	\$562.43
Individual + Spouse	\$1422.52	\$1367.81	\$1353.43	\$1283.19	\$1387.79	\$1119.27	\$1072.13	\$1297.15	\$1124.86
Individual + Child(ren)	\$1209.14	\$1162.64	\$1150.41	\$1090.71	\$1179.62	\$951.38	\$911.31	\$1102.58	\$956.13
Family	\$2027.09	\$1949.13	\$1928.63	\$1828.54	\$1977.61	\$1594.96	\$1527.79	\$1848.45	\$1602.92
The Basics									
Deductible (Individual / Family)	\$0 / \$0	\$2,700 / \$5,400	\$3,500 / \$7,000	\$4,500 / \$9,000	\$7,900 / \$15,800	\$4,000 / \$8,000	\$7,900 / \$15,800	\$3,000 / \$6,000	\$6,650 / \$13,300
Out-of-Pocket Max (Individual / Family)	\$7,900 / \$15,800	\$7,900 / \$15,800	\$7,900 / \$15,800	\$7,000 / \$14,000	\$7,900 / \$15,800	\$7,900 / \$15,800	\$7,900 / \$15,800	\$5,000 / \$10,000	\$6,650 / \$13,300
RX Drug Deductible	\$100 / \$200	N/A	\$200 / \$400	N/A	N/A	N/A	N/A	N/A	N/A
HSA compatible?	No	No	No	No	No	No	No	Yes	Yes
24/7 Doctor-on-Call	Free	Free	Free	Free	Free	Free	Free	\$15 ¹	\$15 ¹
Up to \$240/year in step tracking rewards	✓	✓	✓	✓	✓	✓	✓	✓	✓
Free preventive care	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dedicated Concierge	✓	✓	✓	✓	✓	✓	✓	✓	✓
Prices for Benefits									
Primary Care / OBGYN visits	\$50	\$40	\$25	\$25	\$10	50% after ded	\$0 after ded	20% after ded	\$0 after ded
Oscar Center	Free	Free	Free	Free	Free	Free	Free	\$0 after ded	\$0 after ded
Specialist visits	\$75	\$70	\$75	\$75	\$50	50% after ded	\$0 after ded	20% after ded	\$0 after ded
Mental health office visits	\$50	\$40	\$25	\$25	\$10	50% after ded	\$0 after ded	20% after ded	\$0 after ded
Labs	\$75	\$70	\$75	\$75	\$50	50% after ded	\$0 after ded	20% after ded	\$0 after ded
Emergency Room	\$650	30% after ded	30% after ded	50% after ded	\$0 after ded	50% after ded	\$0 after ded	20% after ded	\$0 after ded
Urgent Care	\$75	\$75	\$75	\$75	\$75	\$75	\$75	20% after ded	\$0 after ded
MRIs & Advanced Imaging	\$150	30% after ded	30% after ded	50% after ded	\$0 after ded	50% after ded	\$0 after ded	20% after ded	\$0 after ded
Xrays & Diagnostic Imaging	\$75	30% after ded	30% after ded	50% after ded	\$0 after ded	50% after ded	\$0 after ded	20% after ded	\$0 after ded
Outpatient Facility / Inpatient Facility	\$500 / \$1,000	30% after ded	30% after ded	50% after ded	\$0 after ded	50% after ded	\$0 after ded	20% after ded	\$0 after ded
Prescription drugs (Tier 1 / 2 / 3)	\$20 / \$50 / 50% after ded	\$20 / \$50 / \$100	\$25 / \$50 after ded / \$100 after ded	\$10 / 50% after ded / 50% after ded	\$20 / \$75 / \$0 after ded	\$20 after ded/ \$50 after ded / \$100 after ded	\$0 after ded	20% after ded	\$0 after ded

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