



	Platinum \$0 Option 1	Platinum \$0 Option 2	Gold \$0	Gold \$1000	Gold \$1250	Gold \$2000	Silver \$0
Premium Q1 Circle - Rating Area 4							
Individual	\$1,108.77	\$1,136.37	\$1,000.17	\$959.51	\$936.36	\$961.57	\$892.58
Individual + Spouse	\$2,217.54	\$2,272.74	\$2,000.35	\$1,919.02	\$1,872.72	\$1,923.14	\$1,785.15
Individual + Child(ren)	\$1,884.91	\$1,931.83	\$1,700.30	\$1,631.17	\$1,591.81	\$1,634.67	\$1,517.38
Family	\$3,159.99	\$3,238.66	\$2,850.50	\$2,734.61	\$2,668.62	\$2,740.48	\$2,543.84
Premium Q1 Circle - Rating Area 8							
Individual	\$1,056.16	\$1,082.45	\$952.72	\$913.98	\$891.93	\$915.94	\$850.22
Individual + Spouse	\$2,112.31	\$2,164.90	\$1,905.43	\$1,827.96	\$1,783.86	\$1,831.89	\$1,700.45
Individual + Child(ren)	\$1,795.47	\$1,840.17	\$1,619.62	\$1,553.77	\$1,516.28	\$1,557.11	\$1,445.38
Family	\$3,010.05	\$3,084.99	\$2,715.24	\$2,604.85	\$2,542.00	\$2,610.44	\$2,423.14
The Basics							
Deductible (Individual / Family)	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$1,000 / \$2,000	\$1,250 / \$2,500	\$2,000 / \$4,000	\$0 / \$0
Out-of-Pocket Max (Individual / Family)	\$3,100 / \$6,200	\$2,800 / \$5,600	\$8,700 / \$17,400	\$5,500 / \$11,000	\$6,300 / \$12,600	\$6,300 / \$12,600	\$8,700 / \$17,400
Pharmacy Deductible (Individual / Family)	N/A	N/A	\$150 / \$300	\$150 / \$300	\$150 / \$300	\$150 / \$300	\$200 / \$400
HSA-Compatible?*	No	No	No	No	No	No	No
\$0 Virtual Urgent Care, available 24/7	☑	☑	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑	☑	☑
Up to \$100/year in step tracking rewards	☑	☑	☑	☑	☑	☑	☑
\$0 Preventive care	☑	☑	☑	☑	☑	☑	☑
Prices for In-Network Benefits							
Primary care / OBGYN visits	\$10	\$5	\$25	\$25	\$40	\$25	\$50
Specialist visits	\$25	\$20	\$40	\$50	\$70	\$50	\$80
Mental health office visits	\$10	\$5	\$25	\$25	\$40	\$25	\$50
Labs	\$15	\$20	\$40	\$50	\$70	\$50	\$80
Emergency room	\$500	\$250	\$650	20% after deductible	25% after deductible	\$350	\$750
Urgent care	\$75	\$25	\$75	\$75	\$90	\$75	\$90
MRIs & Advanced imaging	\$100	\$50	\$150	\$200	\$200	\$200	\$190
X-rays & Diagnostic imaging	\$50	\$20	\$50	\$100	\$100	\$100	\$90
Outpatient facility / Inpatient facility	\$100 / \$750	\$100 / \$500	\$250 / \$500 (copay applies for a maximum of 5 days per 1 stay)	\$300 after deductible / 20% after deductible	\$300 after deductible / 25% after deductible	\$300 after deductible / 20% after deductible	\$500 / \$1,500
RX Generics: Preferred (Tier 1a) / Non-preferred (Tier 1b)	\$10	\$3	\$10	\$15	\$10	\$10	\$20
RX Brand: Preferred (Tier 2) / Non-preferred (Tier 3) / Specialty (Tier 4)	\$30 / \$75 / \$75	\$10 / \$50 / \$50	\$35 after deductible / \$100 after deductible	\$50 after deductible / \$100 after deductible	\$50 after deductible / \$100 after deductible	\$50 after deductible / \$100 after deductible	\$75 after deductible / 50% after deductible

Note: Benefits may be subject to deductible. Oscar has specific rates with in-network providers. Member pays Oscar's rate with in-network providers until reaching the plan's deductible. For coinsurance, member pays coinsurance percentage of the rate until deductible and out-of-pocket max is reached. Plan pays 100% thereafter.

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
 *If you're away from home, Virtual Urgent Care is not available internationally.
 Virtual Urgent Care has a cost-share for members on HSA plans before they reach their deductible, after which the copay is \$0. Members can only access Virtual Urgent Care via phone. This applies to new groups effective 1/1/2022 and upon a group's renewal in 2022.



	Silver \$3000	Silver \$3250 HSA	Silver \$5000	Bronze \$4500	Bronze \$5400 HSA	Bronze \$7300
Premium Q1 Circle - Rating Area 4						
Individual	\$851.19	\$790.30	\$799.16	\$699.55	\$735.32	\$670.86
Individual + Spouse	\$1,702.39	\$1,580.61	\$1,598.31	\$1,399.09	\$1,470.64	\$1,341.73
Individual + Child(ren)	\$1,447.03	\$1,343.52	\$1,358.57	\$1,189.23	\$1,250.04	\$1,140.47
Family	\$2,425.91	\$2,252.37	\$2,277.59	\$1,993.71	\$2,095.66	\$1,911.96
Premium Q1 Circle - Rating Area 8						
Individual	\$810.81	\$752.81	\$761.24	\$666.35	\$700.43	\$639.03
Individual + Spouse	\$1,621.61	\$1,505.61	\$1,522.47	\$1,332.71	\$1,400.86	\$1,278.06
Individual + Child(ren)	\$1,378.37	\$1,279.77	\$1,294.10	\$1,132.80	\$1,190.73	\$1,086.35
Family	\$2,310.80	\$2,145.49	\$2,169.52	\$1,899.11	\$1,996.22	\$1,821.24
The Basics						
Deductible (Individual / Family)	\$3,000 / \$6,000	\$3,250 / \$6,500	\$5,000 / \$10,000	\$4,500 / \$9,000	\$5,400 / \$10,800	\$7,300 / \$14,600
Out-of-Pocket Max (Individual / Family)	\$8,700 / \$17,400	\$7,000 / \$14,000	\$8,700 / \$17,400	\$8,700 / \$17,400	\$7,000 / \$14,000	\$8,700 / \$17,400
Pharmacy Deductible (Individual / Family)	\$150 / \$300	N/A	N/A	N/A	N/A	N/A
HSA-Compatible?*	No	Yes	No	No	Yes	No
\$0 Virtual Urgent Care, available 24/7	<input checked="" type="checkbox"/>	<input 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"/>
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 In-Network Benefits						
Primary care / OBGYN visits	\$40	30% after deductible	\$40	50% after deductible	50% after deductible	30% after deductible
Specialist visits	\$75	30% after deductible	\$75	50% after deductible	50% after deductible	30% after deductible
Mental health office visits	\$40	30% after deductible	\$40	50% after deductible	50% after deductible	30% after deductible
Labs	\$75	30% after deductible	\$75	50% after deductible	50% after deductible	30% after deductible
Emergency room	30% after deductible	30% after deductible	50% after deductible	50% after deductible	50% after deductible	30% after deductible
Urgent care	\$85	30% after deductible	\$90	\$75	50% after deductible	30% after deductible
MRIs & Advanced imaging	\$200	30% after deductible	\$200	50% after deductible	50% after deductible	30% after deductible
X-rays & Diagnostic imaging	\$100	30% after deductible	\$100	50% after deductible	50% after deductible	30% after deductible
Outpatient facility / Inpatient facility	\$500 after deductible / 30% after deductible	30% after deductible / 30% after deductible	\$300 after deductible / 50% after deductible	50% after deductible	50% after deductible / 50% after deductible	30% after deductible / 30% after deductible
RX Generics: Preferred (Tier 1a) / Non-preferred (Tier 1b)	\$20	30% after deductible	\$10	\$20 after deductible	50% after deductible	30% after deductible
RX Brand: Preferred (Tier 2) / Non-preferred (Tier 3) / Specialty (Tier 4)	\$50 after deductible / \$100 after deductible / \$100 after deductible	30% after deductible / 30% after deductible / 30% after deductible	50% after deductible / 50% after deductible / 50% after deductible	\$75 after deductible / \$150 after deductible / \$150 after deductible	50% after deductible / 50% after deductible / 50% after deductible	30% after deductible / 30% after deductible / 30% after deductible

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