



	Platinum \$0 Option 2	Gold \$1000	Silver \$3000	Silver \$3250 HSA	Bronze \$7300
<b>Premium Q1 Circle - Rating Area 4</b>					
Individual	\$1,233.70	\$1,061.30	\$949.93	\$880.31	\$759.87
Individual + Spouse	\$2,467.40	\$2,122.59	\$1,899.87	\$1,760.62	\$1,519.75
Individual + Child(ren)	\$2,097.29	\$1,804.21	\$1,614.89	\$1,496.53	\$1,291.78
Family	\$3,516.04	\$3,024.70	\$2,707.31	\$2,508.88	\$2,165.64
<b>Premium Q1 Circle - Rating Area 8</b>					
Individual	\$1,134.50	\$975.96	\$873.55	\$809.52	\$698.77
Individual + Spouse	\$2,268.99	\$1,951.92	\$1,747.10	\$1,619.05	\$1,397.54
Individual + Child(ren)	\$1,928.64	\$1,659.13	\$1,485.03	\$1,376.19	\$1,187.91
Family	\$3,233.32	\$2,781.48	\$2,489.61	\$2,307.14	\$1,991.50
<b>The Basics</b>					
Deductible (Individual / Family)	\$0 / \$0	\$1,000 / \$2,000	\$3,000 / \$6,000	\$3,250 / \$6,500	\$7,300 / \$14,600
Out-of-Pocket Max (Individual / Family)	\$2,800 / \$5,600	\$5,500 / \$11,000	\$8,700 / \$17,400	\$6,700 / \$13,400	\$8,700 / \$17,400
Pharmacy Deductible (Individual / Family)	N/A	\$150 / \$300	\$150 / \$300	N/A	N/A
HSA-Compatible?	No	No	No	Yes	No
\$0 Virtual Urgent Care, available 24/7	<input checked="" 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"/>
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"/>
\$0 Preventive care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Prices for In-Network Benefits</b>					
Primary care / OBGYN visits	\$5	\$25	\$40	30% after deductible	30% after deductible
Specialist visits	\$20	\$50	\$75	30% after deductible	30% after deductible
Mental health office visits	\$5	\$25	\$40	30% after deductible	30% after deductible
Labs	\$20	\$50	\$75	30% after deductible	30% after deductible
Emergency room	\$250	20% after deductible	30% after deductible	30% after deductible	30% after deductible
Urgent care	\$25	\$75	\$85	30% after deductible	30% after deductible
MRIs & Advanced imaging	\$50	\$200	\$200	30% after deductible	30% after deductible
X-rays & Diagnostic imaging	\$20	\$100	\$100	30% after deductible	30% after deductible
Outpatient facility / Inpatient facility	\$100 / \$500	\$300 after deductible / 20% after deductible	\$500 after deductible / 30% after deductible	30% after deductible / 30% after deductible	30% after deductible / 30% after deductible
RX   Generics: Preferred (Tier 1a) / Non-preferred (Tier 1b)	\$3	\$15	\$20	30% after deductible	30% after deductible
RX   Brand: Preferred (Tier 2) / Non-preferred (Tier 3) / Speciality (Tier 4)	\$10 / \$50 / \$50	\$50 after deductible / \$100 after deductible / \$100 after deductible	\$50 after deductible / \$100 after deductible / \$100 after deductible	30% after deductible / 30% after deductible / 30% after deductible	30% after deductible / 30% after deductible / 30% 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](http://www.hioscar.com/brokers)