



	Platinum \$0 Option 2	Gold \$1000	Silver \$3000	Silver \$3250 HSA	Bronze \$7300
Premium Q1 Circle - Rating Area 4					
Individual	\$1,277.85	\$1,099.28	\$983.93	\$911.81	\$787.06
Individual + Spouse	\$2,555.70	\$2,198.55	\$1,967.86	\$1,823.63	\$1,574.14
Individual + Child(ren)	\$2,172.35	\$1,868.78	\$1,672.68	\$1,550.09	\$1,338.01
Family	\$3,641.87	\$3,132.95	\$2,804.20	\$2,598.67	\$2,243.14
Premium Q1 Circle - Rating Area 8					
Individual	\$1,175.10	\$1,010.89	\$904.81	\$838.49	\$723.78
Individual + Spouse	\$2,350.19	\$2,021.78	\$1,809.63	\$1,676.99	\$1,447.56
Individual + Child(ren)	\$1,997.66	\$1,718.51	\$1,538.18	\$1,425.44	\$1,230.42
Family	\$3,349.03	\$2,881.02	\$2,578.71	\$2,389.71	\$2,062.77
The Basics					
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"/>
Prices for In-Network Benefits					
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