



# California 2019 | Individual & Family Plans | Available On & Off-Exchange

Ready to sign up? Talk with your broker to get a quote.

	Classic					Saver
	Minimum Coverage EPO	Bronze 60 EPO	Silver 70 EPO	Gold 80 EPO	Platinum 90 EPO	Bronze 60 HSA HDHP EPO
The Basics						
Deductible (Individual / Family)	\$7,900 / \$15,800	\$6,300 / \$12,600	\$2,500 / \$5,000	\$0 / \$0	\$0 / \$0	\$6,000 / \$12,000
Out-of-pocket max (Individual / Family)	\$7,900 / \$15,800	\$7,550 / \$15,100	\$7,550 / \$15,100	\$7,200 / \$14,400	\$3,350 / \$6,700	\$6,650 / \$13,300
RX drug deductible	N/A	\$500 / \$1,000	\$200 / \$400	N/A	N/A	N/A
HSA-compatible?	No	No	No	No	No	Yes
24/7 Doctor on Call (telemedicine visits)	Free	Free	Free	Free	Free	Free
Up to \$100/year in step tracking rewards	✓	✓	✓	✓	✓	✓
Free preventive care	✓	✓	✓	✓	✓	✓
Dedicated Concierge	✓	✓	✓	✓	✓	✓
Prices before you meet your deductible						
Primary care / OB-GYN visits	First 3 at \$0 <sup>3</sup>	First 3 at \$75 <sup>3</sup>	\$40	\$30	\$15	Negotiated rate <sup>1</sup>
Specialist visits	Negotiated rate <sup>1</sup>	First 3 at \$105 <sup>3</sup>	\$80	\$55	\$30	Negotiated rate <sup>1</sup>
Mental health office visits	First 3 at \$0 <sup>3</sup>	First 3 at \$75 <sup>3</sup>	\$40	\$30	\$15	Negotiated rate <sup>1</sup>
Urgent care	First 3 at \$0 <sup>3</sup>	First 3 at \$75 <sup>3</sup>	\$40	\$30	\$15	Negotiated rate <sup>1</sup>
Labs	Negotiated rate <sup>1</sup>	\$40	\$35	\$35	\$15	Negotiated rate <sup>1</sup>
X-rays & Diagnostic Imaging	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$75	\$55	\$30	Negotiated rate <sup>1</sup>
MRIs & Advanced Imaging	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$300	\$275	\$75	Negotiated rate <sup>1</sup>
Emergency room	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$350	\$325	\$150	Negotiated rate <sup>1</sup>
Outpatient facility / Inpatient facility	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	20% <sup>2</sup> / Negotiated rate <sup>1</sup>	\$300 / \$600 per day up to 5 days per admission	\$100 / \$250 per day up to 5 days per admission	Negotiated rate <sup>1</sup>
Prescription drugs: Retail (Tier 1 / 2 / 3 )	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$15 / \$50 / \$75	\$5 / \$15 / \$25	Negotiated rate <sup>1</sup>
Prices after you meet your deductible						
Primary care / OB-GYN visits	\$0 <sup>4</sup>	\$75	\$40	\$30	\$15	40% <sup>2</sup>
Specialist visits	\$0 <sup>4</sup>	\$105	\$80	\$55	\$30	40% <sup>2</sup>
Mental health office visits	\$0 <sup>4</sup>	\$75	\$40	\$30	\$15	40% <sup>2</sup>
Urgent care	\$0 <sup>4</sup>	\$75	\$40	\$30	\$15	40% <sup>2</sup>
Labs	\$0 <sup>4</sup>	\$40	\$35	\$35	\$15	40% <sup>2</sup>
X-rays & Diagnostic Imaging	\$0 <sup>4</sup>	Negotiated rate <sup>1</sup>	\$75	\$55	\$30	40% <sup>2</sup>
MRIs & Advanced Imaging	\$0 <sup>4</sup>	Negotiated rate <sup>1</sup>	\$300	\$275	\$75	40% <sup>2</sup>
Emergency room	\$0 <sup>4</sup>	Negotiated rate <sup>1</sup>	\$350	\$325	\$150	40% <sup>2</sup>
Outpatient facility / Inpatient facility	\$0 <sup>4</sup>	Negotiated rate <sup>1</sup>	20% <sup>2</sup>	\$300 / \$600 per day up to 5 days per admission	\$100 / \$250 per day up to 5 days per admission	40% <sup>2</sup>
Prescription drugs: Retail (Tier 1 / 2 / 3 )	\$0 <sup>4</sup>	Negotiated rate <sup>1</sup> up to \$500 per script	\$15 / \$55 / \$80	\$15 / \$50 / \$75	\$5 / \$15 / \$25	40% <sup>2</sup> up to \$500 per script

<sup>1</sup> Negotiated rate: We've negotiated lower rates with in-network providers. Member pays Oscar's preferred rate with in-network providers until reaching the plan's deductible.

<sup>2</sup> Member pays coinsurance percentage (of negotiated discount rate) until deductible and out-of-pocket max is reached. Plan pays 100% thereafter.

<sup>3</sup> The first 3 non-preventative visits across these categories are subject to the copay, pre-deductible. Subsequent visits are charged at 100% of negotiated rate until member meets the plan's deductible.

<sup>4</sup> Deductible equals out-of-pocket max, so once a members hits the deductible/out-of-pocket max, Oscar pays for 100% of all covered care in-network.



# California 2019 | Individual & Family Silver Cost Share Reduction (CSR) Plans | Avail. On-Exchange Only

With the variant Silver level plan designs below, qualifying on-exchange Oscar members can receive lower cost shares than on our standard Silver plans.

	Classic		
	Silver 73 EPO (CSR 250)	Silver 87 EPO (CSR 200)	Silver 94 EPO (CSR 150)
The Basics			
Deductible (Individual / Family)	\$2,200 / \$4,400	\$650 / \$1,300	\$75 / \$150
Out-of-pocket max (Individual / Family)	\$6,300 / \$12,600	\$2,600 / \$5,200	\$1,000 / \$2,000
RX drug deductible	\$175 / \$350	\$50 / \$100	N/A
HSA-compatible?	No	No	No
24/7 Doctor-on-Call (telemedicine visits)	Free	Free	Free
Up to \$100/year in step tracking rewards	✓	✓	✓
Free preventive care	✓	✓	✓
Dedicated Concierge	✓	✓	✓
Prices before you meet your deductible			
Primary care / OB-GYN visits	\$35	\$15	\$5
Specialist visits	\$75	\$25	\$8
Mental health office visits	\$35	\$15	\$5
Urgent care	\$35	\$15	\$5
Labs	\$35	\$15	\$8
X-rays & Diagnostic imaging	\$75	\$30	\$8
MRIs & Advanced imaging	\$300	\$100	\$50
Emergency room	\$350	\$100	\$50
Outpatient facility / Inpatient facility	20% <sup>2</sup> / Negotiated rate <sup>1</sup>	15% <sup>2</sup> / Negotiated rate <sup>1</sup>	10% <sup>2</sup> / Negotiated rate <sup>1</sup>
Prescription drugs: Retail (Tier 1 / 2 / 3 )	Negotiated rate <sup>1</sup>	\$5 / Negotiated rate <sup>1</sup> (Tier 2 & 3)	\$3 / \$10 / \$15
Prices after you meet your deductible			
Primary care / OB-GYN visits	\$35	\$15	\$5
Specialist visits	\$75	\$25	\$8
Mental health office visits	\$35	\$15	\$5
Urgent care	\$35	\$15	\$5
Labs	\$35	\$15	\$8
X-rays & Diagnostic imaging	\$75	\$30	\$8
MRIs & Advanced imaging	\$300	\$100	\$50
Emergency room	\$350	\$100	\$50
Outpatient facility / Inpatient facility	20% <sup>2</sup>	15% <sup>2</sup>	10% <sup>2</sup>
Prescription drugs: Retail (Tier 1 / 2 / 3 )	\$15 / \$50 / \$75	\$5 / \$20 / \$35	\$3 / \$10 / \$15

<sup>1</sup> Negotiated rate: We've negotiated lower rates with in-network providers. Member pays Oscar's preferred rate with in-network providers until reaching the plan's deductible (or RX drug deductible, when applicable).

<sup>2</sup> Member pays coinsurance percentage (of negotiated rate) until deductible and out-of-pocket max is reached. Plan pays 100% thereafter.