



	Platinum \$0 Option 2	Gold \$1000	Silver \$3000	Silver \$3250 HSA	Bronze \$7300
Premium Q1 Circle - Rating Area 4					
Individual	\$1,415.65	\$1,243.01	\$1,127.75	\$1,033.76	904.54
Individual + Spouse	\$2,831.30	\$2,486.01	\$2,255.50	\$2,067.54	1809.08
Individual + Child(ren)	\$2,406.61	\$2,113.11	\$1,721.88	\$1,757.41	1537.72
Family	\$4,034.60	\$3,542.56	\$3,214.08	\$2,946.23	2577.93
Premium Q1 Circle - Rating Area 8					
Individual	\$1,271.44	\$1,116.38	\$1,012.87	\$928.46	812.39
Individual + Spouse	\$2,542.89	\$2,232.76	\$2,025.74	\$1,856.93	1624.79
Individual + Child(ren)	\$2,161.45	\$1,897.85	\$2,025.74	\$1,578.39	1381.07
Family	\$3,623.61	\$3,181.69	\$2,886.68	\$2,646.11	2315.33
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)	\$2,900 / \$5,800	\$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	☒	☒	☒	☐	☒
Dedicated Care Team	☒	☒	☒	☒	☒
Up to \$100/year in step tracking rewards	☒	☒	☒	☒	☒
\$0 Preventive care	☒	☒	☒	☒	☒
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) / Specialty (Tier 4)	\$10 / \$50 / \$50	\$50 after deductible / \$100 after deductible / \$100 after deductible	\$50/ \$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