



	Platinum \$0 Option 2 (Dep 29)	Gold \$1000 (Dep 29)	Silver \$3000 (Dep 29)	Silver \$3250 HSA (Dep 29)	Bronze \$7300 (Dep 29)
Premium Q1 Circle - Rating Area 4					
Individual	\$1,237.40	\$1,064.48	\$952.78	\$882.95	\$762.15
Individual + Spouse	\$2,474.80	\$2,128.96	\$1,905.57	\$1,765.90	\$1,524.31
Individual + Child(ren)	\$2,103.58	\$1,809.62	\$1,619.73	\$1,501.02	\$1,295.66
Family	\$3,526.59	\$3,033.77	\$2,715.43	\$2,516.41	\$2,172.14
Premium Q1 Circle - Rating Area 8					
Individual	\$1,137.90	\$978.89	\$876.17	\$811.95	\$700.87
Individual + Spouse	\$2,275.80	\$1,957.77	\$1,752.34	\$1,623.90	\$1,401.74
Individual + Child(ren)	\$1,934.43	\$1,664.11	\$1,489.49	\$1,380.32	\$1,191.48
Family	\$3,243.02	\$2,789.83	\$2,497.08	\$2,314.06	\$1,997.47
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 / OB/GYN 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	\$50 after deductible / \$100 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