



	Platinum \$0	Gold \$1000	Silver \$1500	Silver \$2500	Silver \$2500 PPO	Bronze \$3000
The Basics						
Deductible (Individual / Family)	\$0 / \$0	\$1,000 / \$2,000	\$1,500 / \$3,000	\$2,500 / \$5,000	\$2,500 / \$5,000	\$3,000 / \$6,000
Out-of-Pocket Max (Individual / Family)	\$3,500 / \$7,000	\$6,800 / \$13,600	\$9,100 / \$18,200	\$9,100 / \$18,200	\$8,250 / \$16,500	\$9,100 / \$18,200
Pharmacy Deductible (Individual / Family)	\$250 / \$500	\$250 / \$500	N/A	\$400 / \$800	N/A	N/A
Out-of-Network Deductible (Individual / Family)	N/A	N/A	N/A	N/A	\$7,500 / \$15,000	N/A
Out-of-Network Coinsurance	N/A	N/A	N/A	N/A	50%	N/A
HSA-Compatible?	No	No	No	No	No	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	\$10	\$20	\$30	\$25	INN: 30% after deductible OON: 50% after deductible	50% after deductible
Specialist visits	\$30	\$40	\$60	\$75	INN: 30% after deductible OON: 50% after deductible	50% after deductible
Mental health office visits	\$10	\$20	\$30	\$25	INN: 30% after deductible OON: 50% after deductible	50% after deductible
Labs	\$0 (Quest) / \$10 (non-Quest)	\$0 (Quest) / \$20 (non-Quest)	\$0 (Quest) / \$50 (non-Quest)	\$0 (Quest) / 50% after deductible (non-Quest)	INN: \$0 at Quest OON: 50% after deductible	\$0 (Quest) / 50% after deductible (non-Quest)
Emergency room	\$100	\$100 after deductible	50% after deductible	50% after deductible	INN: 30% after deductible OON: 50% after deductible	50% after deductible
Urgent care	\$50	\$50	\$75	\$75	INN: 30% after deductible OON: 50% after deductible	\$50
MRIs & Advanced imaging	\$50	\$100 after deductible	\$100	50% after deductible	INN: 30% after deductible OON: 50% after deductible	50% after deductible
X-rays & Diagnostic imaging	\$30	\$40	\$150	50% after deductible	INN: 30% after deductible OON: 50% after deductible	50% after deductible
Outpatient facility / Inpatient facility	\$100 / \$300	\$250 after deductible / 30% after deductible	\$250 after deductible / \$500 per day after deductible (applies for a maximum of 5 days per 1 stay)	50% after deductible / 50% after deductible	INN: 30% after deductible OON: 50% after deductible	50% after deductible/ 50% after deductible
RX Generics: Preferred (Tier 1a) / Non-preferred (Tier 1b)	\$5 (cost share applies, up to \$150 per script)	\$10 (cost share applies, up to \$150 per script)	\$25	\$25	INN: 30% after deductible (cost share applies up to \$150 per Script) OON: 50% after deductible	\$25 (cost share applies, up to \$250 per script)
RX Brand: Preferred (Tier 2) / Non-preferred (Tier 3) / Specialty (Tier 4)	\$20 after deductible (cost share applies, up to \$150 per script) / \$75 after deductible (cost share applies, up to \$150 per script) / \$75 after deductible	\$40 after deductible (cost share applies, up to \$150 per script) / \$75 after deductible (cost share applies, up to \$150 per script) / \$75 after deductible	50% after deductible / 50% after deductible	50% after deductible / 50% after deductible	INN: 30% after deductible (cost share applies up to \$150 per Script) OON: 50% after deductible	50% after deductible (cost share applies, up to \$250 per script) / 50% after deductible (cost share applies, up to \$250 per script) / 50% after deductible (cost share applies, up to \$250 per script)

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