



# San Francisco 2020 | Individual & Family Plans | Available On & Off-Exchange

|                                                   | Secure<br>Minimum Coverage EPO | Bronze<br>60 EPO             | Silver<br>70 EPO                   | Gold<br>80 EPO                                                            | Platinum<br>90 EPO                                                        |
|---------------------------------------------------|--------------------------------|------------------------------|------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <b>The Basics</b>                                 |                                |                              |                                    |                                                                           |                                                                           |
| Deductible (Individual / Family)                  | \$8,150 / \$16,300             | \$6,300 / \$12,600           | \$4,000 / \$8,000                  | \$0 / \$0                                                                 | \$0 / \$0                                                                 |
| Pharmacy Deductible (Ind/Fam)                     | N/A                            | \$500 / \$1,000              | \$300 / \$600                      | N/A                                                                       | N/A                                                                       |
| Out-of-pocket Max (Ind/Fam)                       | \$8,150 / \$16,300             | \$7,800 / \$15,600           | \$7,800 / \$15,600                 | \$7,800 / \$15,600                                                        | \$4,500 / \$9,000                                                         |
| Free preventive care                              | ✓                              | ✓                            | ✓                                  | ✓                                                                         | ✓                                                                         |
| Up to \$100/year in Step Tracking rewards         | ✓                              | ✓                            | ✓                                  | ✓                                                                         | ✓                                                                         |
| <b>Prices before you meet your deductible</b>     |                                |                              |                                    |                                                                           |                                                                           |
| Doctor on Call (Telemedicine Visits)              | Free                           | Free                         | Free                               | Free                                                                      | Free                                                                      |
| Primary Care Office Visits                        | First 3 at \$0 <sup>2</sup>    | First 3 at \$65 <sup>2</sup> | \$40                               | \$30                                                                      | \$15                                                                      |
| Specialist Office Visits                          | Negotiated rate <sup>1</sup>   | First 3 at \$95 <sup>2</sup> | \$80                               | \$65                                                                      | \$30                                                                      |
| Urgent Care                                       | First 3 at \$0 <sup>2</sup>    | First 3 at \$65 <sup>2</sup> | \$40                               | \$30                                                                      | \$15                                                                      |
| Emergency Room                                    | Negotiated rate <sup>1</sup>   | Negotiated rate <sup>1</sup> | \$400                              | \$350                                                                     | \$150                                                                     |
| Mental Health Office Visits                       | First 3 at \$0 <sup>2</sup>    | \$65                         | \$40                               | \$30                                                                      | \$15                                                                      |
| Labs                                              | Negotiated rate <sup>1</sup>   | \$40                         | \$40                               | \$40                                                                      | \$15                                                                      |
| X-rays & Diagnostic Imaging                       | Negotiated rate <sup>1</sup>   | Negotiated rate <sup>1</sup> | \$85                               | \$75                                                                      | \$30                                                                      |
| MRIs & Advanced Imaging                           | Negotiated rate <sup>1</sup>   | Negotiated rate <sup>1</sup> | \$325                              | \$275                                                                     | \$75                                                                      |
| Inpatient Facility Fee / Outpatient Facility Fee  | Negotiated rate <sup>1</sup>   | Negotiated rate <sup>1</sup> | Negotiated rate <sup>1</sup> / 20% | IP \$600 (per day up to 5 days), SNF \$300 (per day up to 5 days) / \$300 | IP \$250 (per day up to 5 days), SNF \$150 (per day up to 5 days) / \$100 |
| RX   Generics                                     | Negotiated rate <sup>1</sup>   | Negotiated rate <sup>1</sup> | Negotiated rate <sup>1</sup>       | \$15                                                                      | \$5                                                                       |
| RX   Brand: Preferred / Non-preferred / Specialty | Negotiated rate <sup>1</sup>   | Negotiated rate <sup>1</sup> | Negotiated rate <sup>1</sup>       | \$55 / \$80 / 20% (up to \$250 per Rx)                                    | \$15 / \$25 / 10% (up to \$250 per Rx)                                    |
| <b>Prices after you meet your deductible</b>      |                                |                              |                                    |                                                                           |                                                                           |
| Doctor on Call (Telemedicine Visits)              | Free                           | Free                         | Free                               | Free                                                                      | Free                                                                      |
| Primary Care Office Visits                        | Free                           | \$65                         | \$40                               | \$30                                                                      | \$15                                                                      |
| Specialist Office Visits                          | Free                           | \$95                         | \$80                               | \$65                                                                      | \$30                                                                      |
| Urgent Care                                       | Free                           | \$65                         | \$40                               | \$30                                                                      | \$15                                                                      |
| Emergency Room                                    | Free                           | 40%                          | \$400                              | \$350                                                                     | \$150                                                                     |
| Mental Health Office Visits                       | Free                           | \$65                         | \$40                               | \$30                                                                      | \$15                                                                      |
| Labs                                              | Free                           | \$40                         | \$40                               | \$40                                                                      | \$15                                                                      |
| X-rays & Diagnostic Imaging                       | Free                           | 40%                          | \$85                               | \$75                                                                      | \$30                                                                      |
| MRIs & Advanced Imaging                           | Free                           | 40%                          | \$325                              | \$275                                                                     | \$75                                                                      |
| Inpatient Facility Fee / Outpatient Facility Fee  | Free                           | 40%                          | 20%                                | IP \$600 (per day up to 5 days), SNF \$300 (per day up to 5 days) / \$300 | IP \$250 (per day up to 5 days), SNF \$150 (per day up to 5 days) / \$100 |
| RX   Generics                                     | Free                           | \$18                         | \$16                               | \$15                                                                      | \$5                                                                       |
| RX   Brand: Preferred / Non-preferred / Specialty | Free                           | 40%                          | \$60 / \$90 / 20% (up to \$250 RX) | \$55 / \$80 / 20% (up to \$250 per Rx)                                    | \$15 / \$25 / 10% (up to \$250 per Rx)                                    |

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

<sup>2</sup> The first 2-3 non-preventive 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.

Note: For coinsurance, member pays coinsurance percentage (of negotiated rate) until deductible and out-of-pocket max is reached. Plan pays 100% thereafter.



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

|                                                   | Silver (CSR)                       |                                    |                                    |
|---------------------------------------------------|------------------------------------|------------------------------------|------------------------------------|
|                                                   | 73 EPO                             | 87 EPO                             | 94 EPO                             |
| <b>The Basics</b>                                 |                                    |                                    |                                    |
| Deductible (Individual / Family)                  | \$3,700 / \$7,400                  | \$1,400 / \$2,800                  | \$75 / \$150                       |
| Pharmacy Deductible (Ind/Fam)                     | \$275 / \$550                      | \$100 / \$200                      | N/A                                |
| Out-of-pocket Max (Ind/Fam)                       | \$6,500 / \$13,000                 | \$2,700 / \$5,400                  | \$1,000 / \$2,000                  |
| Free preventive care                              | ✓                                  | ✓                                  | ✓                                  |
| Up to \$100/year in Step Tracking rewards         | ✓                                  | ✓                                  | ✓                                  |
| <b>Prices before you meet your deductible</b>     |                                    |                                    |                                    |
| Doctor on Call (Telemedicine Visits)              | Free                               | Free                               | Free                               |
| Primary Care Office Visits                        | \$35                               | \$15                               | \$5                                |
| Specialist Office Visits                          | \$75                               | \$25                               | \$8                                |
| Urgent Care                                       | \$35                               | \$15                               | \$5                                |
| Emergency Room                                    | \$400                              | \$150                              | \$50                               |
| Mental Health Office Visits                       | \$35                               | \$15                               | \$5                                |
| Labs                                              | \$40                               | \$20                               | \$8                                |
| X-rays & Diagnostic Imaging                       | \$85                               | \$40                               | \$8                                |
| MRIs & Advanced Imaging                           | \$325                              | \$100                              | \$50                               |
| Inpatient Facility Fee / Outpatient Facility Fee  | Negotiated rate <sup>1</sup> / 20% | Negotiated rate <sup>1</sup> / 15% | Negotiated rate <sup>1</sup> / 10% |
| RX   Generics                                     | Negotiated rate <sup>1</sup>       | \$5                                | \$3                                |
| RX   Brand: Preferred / Non-preferred / Specialty | Negotiated rate <sup>1</sup>       | Negotiated rate <sup>1</sup>       | \$10 / \$15 / 10% (up to \$150 RX) |
| <b>Prices after you meet your deductible</b>      |                                    |                                    |                                    |
| Doctor on Call (Telemedicine Visits)              | Free                               | Free                               | Free                               |
| Primary Care Office Visits                        | \$35                               | \$15                               | \$5                                |
| Specialist Office Visits                          | \$75                               | \$25                               | \$8                                |
| Urgent Care                                       | \$35                               | \$15                               | \$5                                |
| Emergency Room                                    | \$400                              | \$150                              | \$50                               |
| Mental Health Office Visits                       | \$35                               | \$15                               | \$5                                |
| Labs                                              | \$40                               | \$20                               | \$8                                |
| X-rays & Diagnostic Imaging                       | \$85                               | \$40                               | \$8                                |
| MRIs & Advanced Imaging                           | \$325                              | \$100                              | \$50                               |
| Inpatient Facility Fee / Outpatient Facility Fee  | 20%                                | 15%                                | 10%                                |
| RX   Generics                                     | \$16                               | \$5                                | \$3                                |
| RX   Brand: Preferred / Non-preferred / Specialty | \$55 / \$85 / 20% (up to \$250 RX) | \$25 / \$45 / 15% (up to \$150 RX) | \$10 / \$15 / 10% (up to \$150 RX) |

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

<sup>2</sup> The first 2-3 non-preventive 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.

**Note:** For coinsurance, member pays coinsurance percentage (of negotiated rate) until deductible and out-of-pocket max is reached. Plan pays 100% thereafter.



# San Francisco 2020 | Individual & Family Plans | Off-Exchange Only Plans

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

|                                                   | Bronze                       | Silver                                                                    |                                                            |                                                       | Gold                                                  |
|---------------------------------------------------|------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|
|                                                   | Simple                       | 70 EPO Off-Exchange                                                       | Classic EPO                                                | Simple EPO                                            | Simple EPO                                            |
| <b>The Basics</b>                                 |                              |                                                                           |                                                            |                                                       |                                                       |
| Deductible (Individual / Family)                  | \$8,150 / \$16,300           | \$4,000 / \$8,000                                                         | \$1,950 / \$3,900                                          | \$8,150 / \$16,300                                    | \$5,000 / \$10,000                                    |
| Pharmacy Deductible (Ind/Fam)                     | N/A                          | \$300 / \$600                                                             | N/A                                                        | N/A                                                   | N/A                                                   |
| Out-of-pocket Max (Ind/Fam)                       | \$8,150 / \$16,300           | \$7,800 / \$15,600                                                        | \$8,150 / \$16,300                                         | \$8,150 / \$16,300                                    | \$5,000 / \$10,000                                    |
| Free preventive care                              | ✓                            | ✓                                                                         | ✓                                                          | ✓                                                     | ✓                                                     |
| Up to \$100/year in Step Tracking rewards         | ✓                            | ✓                                                                         | ✓                                                          | ✓                                                     | ✓                                                     |
| <b>Prices before you meet your deductible</b>     |                              |                                                                           |                                                            |                                                       |                                                       |
| Doctor on Call (Telemedicine Visits)              | Free                         | Free                                                                      | Free                                                       | Free                                                  | Free                                                  |
| Primary Care Office Visits                        | First 2 at \$50 <sup>2</sup> | \$40                                                                      | \$40                                                       | \$30                                                  | \$10                                                  |
| Specialist Office Visits                          | Negotiated rate <sup>1</sup> | \$80                                                                      | \$80                                                       | \$50                                                  | \$30                                                  |
| Urgent Care                                       | \$75                         | \$40                                                                      | \$100                                                      | \$75                                                  | \$75                                                  |
| Emergency Room                                    | Negotiated rate <sup>1</sup> | \$400                                                                     | Negotiated rate <sup>1</sup>                               | Negotiated rate <sup>1</sup>                          | Negotiated rate <sup>1</sup>                          |
| Mental Health Office Visits                       | First 2 at \$50 <sup>2</sup> | \$40                                                                      | Free                                                       | \$30                                                  | \$10                                                  |
| Labs                                              | Negotiated rate <sup>1</sup> | \$40                                                                      | Negotiated rate <sup>1</sup>                               | \$50                                                  | \$30                                                  |
| X-rays & Diagnostic Imaging                       | Negotiated rate <sup>1</sup> | \$85                                                                      | Negotiated rate <sup>1</sup>                               | \$50                                                  | \$30                                                  |
| MRIs & Advanced Imaging                           | Negotiated rate <sup>1</sup> | \$325                                                                     | Negotiated rate <sup>1</sup>                               | \$300                                                 | \$200                                                 |
| Inpatient Facility Fee / Outpatient Facility Fee  | Negotiated rate <sup>1</sup> | Negotiated rate <sup>1</sup> / 20%                                        | Negotiated rate <sup>1</sup>                               | Negotiated rate <sup>1</sup>                          | Negotiated rate <sup>1</sup>                          |
| RX   Generics                                     | Negotiated rate <sup>1</sup> | Negotiated rate <sup>1</sup>                                              | \$20                                                       | \$15                                                  | \$10                                                  |
| RX   Brand: Preferred / Non-preferred / Specialty | Negotiated rate <sup>1</sup> | Negotiated rate / Negotiated rate <sup>1</sup> / 20% (up to \$250 per RX) | Negotiated rate <sup>1</sup>                               | \$50 / Negotiated rate / Negotiated rate <sup>1</sup> | \$50 / Negotiated rate / Negotiated rate <sup>1</sup> |
| <b>Prices after you meet your deductible</b>      |                              |                                                                           |                                                            |                                                       |                                                       |
| Doctor on Call (Telemedicine Visits)              | Free                         | Free                                                                      | Free                                                       | Free                                                  | Free                                                  |
| Primary Care Office Visits                        | Free                         | \$40                                                                      | \$40                                                       | Free                                                  | Free                                                  |
| Specialist Office Visits                          | Free                         | \$80                                                                      | \$80                                                       | Free                                                  | Free                                                  |
| Urgent Care                                       | Free                         | \$40                                                                      | \$100                                                      | Free                                                  | Free                                                  |
| Emergency Room                                    | Free                         | \$400                                                                     | 35%                                                        | Free                                                  | Free                                                  |
| Mental Health Office Visits                       | Free                         | \$40                                                                      | Free                                                       | Free                                                  | Free                                                  |
| Labs                                              | Free                         | \$40                                                                      | 35%                                                        | Free                                                  | Free                                                  |
| X-rays & Diagnostic Imaging                       | Free                         | \$85                                                                      | 35%                                                        | Free                                                  | Free                                                  |
| MRIs & Advanced Imaging                           | Free                         | \$325                                                                     | 35%                                                        | Free                                                  | Free                                                  |
| Inpatient Facility Fee / Outpatient Facility Fee  | Free                         | 20%                                                                       | 35%                                                        | Free                                                  | Free                                                  |
| RX   Generics                                     | Free                         | \$16                                                                      | \$20                                                       | Free                                                  | Free                                                  |
| RX   Brand: Preferred / Non-preferred / Specialty | Free                         | \$60 / \$90 / 20% (up to \$250 per RX)                                    | \$80 / 35% (up to \$250 per RX) / 35% (up to \$250 per RX) | Free                                                  | Free                                                  |

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

<sup>2</sup> The first 2-3 non-preventive 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.

**Note:** For coinsurance, member pays coinsurance percentage (of negotiated 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: [hioscar.com/brokers](https://hioscar.com/brokers)