



Los Angeles/Orange County 2020 | Individual & Family Plans | Available On & Off-Exchange

	Secure Minimum Coverage EPO	Bronze 60 EPO	Silver 70 EPO	Gold 80 EPO	Platinum 90 EPO
The Basics					
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	✓	✓	✓	✓	✓
Prices before you meet your deductible					
Doctor on Call (Telemedicine Visits)	Free	Free	Free	Free	Free
Primary Care Office Visits	First 3 at \$0 ²	First 3 at \$65 ²	\$40	\$30	\$15
Specialist Office Visits	Negotiated rate ¹	First 3 at \$95 ²	\$80	\$65	\$30
Urgent Care	First 3 at \$0 ²	First 3 at \$65 ²	\$40	\$30	\$15
Emergency Room	Negotiated rate ¹	Negotiated rate ¹	\$400	\$350	\$150
Mental Health Office Visits	First 3 at \$0 ²	\$65	\$40	\$30	\$15
Labs	Negotiated rate ¹	\$40	\$40	\$40	\$15
X-rays & Diagnostic Imaging	Negotiated rate ¹	Negotiated rate ¹	\$85	\$75	\$30
MRIs & Advanced Imaging	Negotiated rate ¹	Negotiated rate ¹	\$325	\$275	\$75
Inpatient Facility Fee / Outpatient Facility Fee	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate ¹ / 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 ¹	Negotiated rate ¹	Negotiated rate ¹	\$15	\$5
RX Brand: Preferred / Non-preferred / Specialty	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate ¹	\$55 / \$80 / 20% (up to \$250 per Rx)	\$15 / \$25 / 10% (up to \$250 per Rx)
Prices after you meet your deductible					
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)

¹ 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.

² 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
The Basics			
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	✓	✓	✓
Prices before you meet your deductible			
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 ¹ / 20%	Negotiated rate ¹ / 15%	Negotiated rate ¹ / 10%
RX Generics	Negotiated rate ¹	\$5	\$3
RX Brand: Preferred / Non-preferred / Specialty	Negotiated rate ¹	Negotiated rate ¹	\$10 / \$15 / 10% (up to \$150 RX)
Prices after you meet your deductible			
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)

¹ 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.

² 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.



Los Angeles/Orange County 2020 | Individual & Family Plans | Off-Exchange Only Plans

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

	Bronze		Silver				Gold
	Simple	60 Circle EPO	70 EPO Off-Exchange	70 Circle EPO	Classic EPO / Classic Circle EPO	Simple EPO	Simple EPO
The Basics							
Deductible (Individual / Family)	\$8,150 / \$16,300	\$6,300 / \$12,600	\$4,000 / \$8,000	\$4,000 / \$8,000	\$1,950 / \$3,900	\$8,150 / \$16,300	\$5,000 / \$10,000
Pharmacy Deductible (Ind/Fam)	N/A	\$500 / \$1,000	\$300 / \$600	\$300 / \$600	N/A	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	\$8,150 / \$16,300	\$8,150 / \$16,300	\$5,000 / \$10,000
Free preventive care	✓	✓	✓	✓	✓	✓	✓
Up to \$100/year in Step Tracking rewards	✓	✓	✓	✓	✓	✓	✓
Prices before you meet your deductible							
Doctor on Call (Telemedicine Visits)	Free	Free	Free	Free	Free	Free	Free
Primary Care Office Visits	First 2 at \$50 ²	First 3 at \$65 ²	\$40	\$40	\$40	\$30	\$10
Specialist Office Visits	Negotiated rate ¹	First 3 at \$95 ²	\$80	\$80	\$80	\$50	\$30
Urgent Care	\$75	First 3 at \$65 ²	\$40	\$40	\$100	\$75	\$75
Emergency Room	Negotiated rate ¹	Negotiated rate ¹	\$400	\$400	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate ¹
Mental Health Office Visits	First 2 at \$50 ²	\$65	\$40	\$40	Free	\$30	\$10
Labs	Negotiated rate ¹	\$40	\$40	\$40	Negotiated rate ¹	\$50	\$30
X-rays & Diagnostic Imaging	Negotiated rate ¹	Negotiated rate ¹	\$85	\$85	Negotiated rate ¹	\$50	\$30
MRIs & Advanced Imaging	Negotiated rate ¹	Negotiated rate ¹	\$325	\$325	Negotiated rate ¹	\$300	\$200
Inpatient Facility Fee / Outpatient Facility Fee	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate ¹ / 20%	Negotiated rate ¹ / 20%	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate ¹
RX Generics	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate ¹	\$20	\$15	\$10
RX Brand: Preferred / Non-preferred / Specialty	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate / Negotiated rate ¹ / 20% (up to \$250 per RX)	Negotiated rate / Negotiated rate ¹ / 20% (up to \$250 per RX)	Negotiated rate ¹	\$50 / Negotiated rate / Negotiated rate ¹	\$50 / Negotiated rate / Negotiated rate ¹
Prices after you meet your deductible							
Doctor on Call (Telemedicine Visits)	Free	Free	Free	Free	Free	Free	Free
Primary Care Office Visits	Free	\$65	\$40	\$40	\$40	Free	Free
Specialist Office Visits	Free	\$95	\$80	\$80	\$80	Free	Free
Urgent Care	Free	\$65	\$40	\$40	\$100	Free	Free
Emergency Room	Free	40%	\$400	\$400	35%	Free	Free
Mental Health Office Visits	Free	\$65	\$40	\$40	Free	Free	Free
Labs	Free	\$40	\$40	\$40	35%	Free	Free
X-rays & Diagnostic Imaging	Free	40%	\$85	\$85	35%	Free	Free
MRIs & Advanced Imaging	Free	40%	\$325	\$325	35%	Free	Free
Inpatient Facility Fee / Outpatient Facility Fee	Free	40%	20%	20%	35%	Free	Free
RX Generics	Free	\$18	\$16	\$16	\$20	Free	Free
RX Brand: Preferred / Non-preferred / Specialty	Free	40%	\$60 / \$90 / 20% (up to \$250 per RX)	\$60 / \$90 / 20% (up to \$250 per RX)	\$80 / 35% (up to \$250 per RX) / 35% (up to \$250 per RX)	Free	Free

¹ 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.

² 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