



LA/OC | 2022 | Individual & Family Plans | Select Network

	Minimum Coverage Select EPO	Platinum 90 Select EPO	Gold 80 Select EPO	Silver Classic Select EPO	Silver Classic- PCP Saver Select EPO	Silver 70 Select EPO Off-Ex	Bronze Simple Select EPO
The Basics							
Deductible (Individual / Family)	\$8,700 / \$17,400	\$0 / \$0	\$0 / \$0	\$2,150 / \$4,300	\$3,500 / \$7,000	\$3,700 / \$7,400	\$7,150 / \$14,300
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	\$500 / \$1,000	N/A	\$10 / \$20	N/A
Out-of-Pocket Max (Individual / Family)	\$8,700 / \$17,400	\$4,500 / \$9,000	\$8,200 / \$16,400	\$8,550 / \$17,100	\$8,700 / \$17,400	\$8,200 / \$16,400	\$8,700 / \$17,400
\$0 Preventive care	✓	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓	✓
Up to \$100/year in step tracking rewards	✓	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No	No
Prices for Benefits							
Virtual Urgent Care	\$0 after deductible	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0 after deductible (3 pre-deductible visits) ¹	\$15	\$35	\$55	\$30	\$35	50% after deductible (1 pre-deductible visit at \$50) ¹
Specialist Office Visits	\$0 after deductible	\$30	\$65	\$55	\$75	\$70	50% after deductible
Urgent Care	\$0 after deductible (3 pre-deductible visits) ¹	\$15	\$35	\$75	\$75	\$35	\$75
Emergency Room	\$0 after deductible	\$150	\$350	35% after deductible	50% after deductible	\$400	50% after deductible
Mental Health Office Visits	\$0 after deductible (3 pre-deductible visits) ¹	\$15	\$35	\$55	\$30	\$35	50% after deductible (1 pre-deductible visit at \$50) ¹
Labs (Preferred)	\$0 after deductible	\$15	\$40	\$10	\$10	\$40	\$10 after deductible
Labs (Non-preferred)	\$0 after deductible	\$15	\$40	35% after deductible	\$50	\$40	50% after deductible
X-rays & Diagnostic Imaging	\$0 after deductible	\$30	\$75	35% after deductible	\$50	\$85	50% after deductible
MRIs & Advanced Imaging	\$0 after deductible	\$75	\$150	35% after deductible	\$300	\$325	50% after deductible
Inpatient Facility Fee	\$0 after deductible	\$250 (copay applies for a maximum of 5 days per 1 plan year)	\$600 (copay applies for a maximum of 5 days per 1 plan year)	35% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient Facility Fee	\$0 after deductible	\$100	\$300	35% after deductible	50% after deductible	20%	50% after deductible
RX Generics: Preferred (Tier 1a)	\$0 after deductible	\$5	\$15	\$17	\$15	\$15 after deductible	\$15
RX Generics: Non-preferred (Tier 1b)	\$0 after deductible	\$5	\$15	\$17	\$15	\$15 after deductible	\$15
RX Brand: Preferred (Tier 2)	\$0 after deductible	\$15	\$55	\$95	\$50	\$55 after deductible	50% after deductible (cost share applies, up to \$250 per script)
RX Brand: Non-preferred (Tier 3)	\$0 after deductible	\$25	\$80	35% after deductible (cost share applies, up to \$250 per script)	50% after deductible (cost share applies, up to \$250 per script)	\$85 after deductible	50% after deductible (cost share applies, up to \$250 per script)
RX Brand: Specialty (Tier 4)	\$0 after deductible	10% (cost share applies, up to \$250 per script)	20% (cost share applies, up to \$250 per script)	35% after deductible (cost share applies, up to \$250 per script)	50% after deductible (cost share applies, up to \$250 per script)	20% after deductible (cost share applies, up to \$250 per script)	50% after deductible (cost share applies, up to \$250 per script)

¹The first 1-3 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: 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: hioscar.com/brokers



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	Bronze 60 HDHP Select EPO	Bronze 60 Select EPO
The Basics		
Deductible (Individual / Family)	\$7,000 / \$14,000	\$6,300 / \$12,600
Pharmacy Deductible (Individual / Family)	N/A	\$500 / \$1,000
Out-of-Pocket Max (Individual / Family)	\$7,000 / \$14,000	\$8,200 / \$16,400
\$0 Preventive care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dedicated Care Team	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Up to \$100/year in step tracking rewards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HSA-Compatible?	Yes	No
Prices for Benefits		
Virtual Urgent Care	\$0 after deductible	\$0
Primary Care Office Visits	\$0 after deductible	\$65 after deductible (3 pre-deductible visits at \$65) ¹
Specialist Office Visits	\$0 after deductible	\$95 after deductible (3 pre-deductible visits at \$95) ¹
Urgent Care	\$0 after deductible	\$65 after deductible (3 pre-deductible visits at \$65) ¹
Emergency Room	\$0 after deductible	40% after deductible
Mental Health Office Visits	\$0 after deductible	\$65 after deductible (3 pre-deductible visits at \$65) ¹
Labs (Preferred)	\$0 after deductible	\$40
Labs (Non-preferred)	\$0 after deductible	\$40
X-rays & Diagnostic Imaging	\$0 after deductible	40% after deductible
MRIs & Advanced Imaging	\$0 after deductible	40% after deductible
Inpatient Facility Fee	\$0 after deductible	40% after deductible
Outpatient Facility Fee	\$0 after deductible	40% after deductible
RX Generics: Preferred (Tier 1a)	\$0 after deductible	\$18 after deductible
RX Generics: Non-preferred (Tier 1b)	\$0 after deductible	\$18 after deductible
RX Brand: Preferred (Tier 2)	\$0 after deductible	40% after deductible (cost share applies, up to \$500 per script)
RX Brand: Non-preferred (Tier 3)	\$0 after deductible	40% after deductible (cost share applies, up to \$500 per script)
RX Brand: Specialty (Tier 4)	\$0 after deductible	40% after deductible (cost share applies, up to \$500 per script)

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	Silver Classic Choice EPO	Silver 70 Choice EPO	Bronze 60 Choice EPO	Bronze 60 HDHP Choice EPO
The Basics				
Deductible (Individual / Family)	\$2,150 / \$4,300	\$3,700 / \$7,400	\$6,300 / \$12,600	\$7,000 / \$14,000
Pharmacy Deductible (Individual / Family)	\$500 / \$1,000	\$10 / \$20	\$500 / \$1,000	N/A
Out-of-Pocket Max (Individual / Family)	\$8,550 / \$17,100	\$8,200 / \$16,400	\$8,200 / \$16,400	\$7,000 / \$14,000
\$0 Preventive care	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓
Up to \$100/year in step tracking rewards	✓	✓	✓	✓
HSA-Compatible?	No	No	No	Yes
Prices for Benefits				
Virtual Urgent Care	\$0	\$0	\$0	\$0 after deductible
Primary Care Office Visits	\$55	\$35	\$65 after deductible (3 pre-deductible visits at \$65) ¹	\$0 after deductible
Specialist Office Visits	\$55	\$70	\$95 after deductible (3 pre-deductible visits at \$95) ¹	\$0 after deductible
Urgent Care	\$75	\$35	\$65 after deductible (3 pre-deductible visits at \$65) ¹	\$0 after deductible
Emergency Room	35% after deductible	\$400	40% after deductible	\$0 after deductible
Mental Health Office Visits	\$55	\$35	\$65 after deductible (3 pre-deductible visits at \$65) ¹	\$0 after deductible
Labs (Preferred)	\$10	\$40	\$40	\$0 after deductible
Labs (Non-preferred)	35% after deductible	\$40	\$40	\$0 after deductible
X-rays & Diagnostic Imaging	35% after deductible	\$85	40% after deductible	\$0 after deductible
MRIs & Advanced Imaging	35% after deductible	\$325	40% after deductible	\$0 after deductible
Inpatient Facility Fee	35% after deductible	20% after deductible	40% after deductible	\$0 after deductible
Outpatient Facility Fee	35% after deductible	20%	40% after deductible	\$0 after deductible
RX Generics: Preferred (Tier 1a)	\$17	\$15 after deductible	\$18 after deductible	\$0 after deductible
RX Generics: Non-preferred (Tier 1b)	\$17	\$15 after deductible	\$18 after deductible	\$0 after deductible
RX Brand: Preferred (Tier 2)	\$95	\$55 after deductible	40% after deductible (cost share applies, up to \$500 per script)	\$0 after deductible
RX Brand: Non-preferred (Tier 3)	35% after deductible (cost share applies, up to \$250 per script)	\$85 after deductible	40% after deductible (cost share applies, up to \$500 per script)	\$0 after deductible
RX Brand: Specialty (Tier 4)	35% after deductible (cost share applies, up to \$250 per script)	20% after deductible (cost share applies, up to \$250 per script)	40% after deductible (cost share applies, up to \$500 per script)	\$0 after deductible

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