



New York Q2 2018 Small Group Plans

	Classic											
	Classic Platinum \$0 \$3,000 10%	Classic Platinum \$0 \$2,000	Classic Platinum \$0 \$3,000	Classic Gold \$0	Classic Gold \$500	Classic Gold \$1,000	Classic Gold \$2,000	Classic Silver \$3,000	Classic Silver \$3,500	Classic Silver \$4,000	Classic Silver \$4,500	Classic Bronze
Premium (Q1 2018)												
Individual	\$820.07	\$817.28	\$811.52	\$731.50	\$711.20	\$689.86	\$666.11	\$607.87	\$597.22	\$567.42	\$552.11	\$492.06
Couple	\$1,640.14	\$1,634.55	\$1,623.03	\$1,463.00	\$1,422.41	\$1,379.71	\$1,332.23	\$1,215.74	\$1,194.43	\$1,134.84	\$1,104.22	\$984.12
Individual + child(ren)	\$1,394.12	\$1,389.37	\$1,379.58	\$1,243.55	\$1,209.05	\$1,172.76	\$1,132.39	\$1,033.38	\$1,015.27	\$964.61	\$938.58	\$836.50
Family	\$2,337.20	\$2,329.24	\$2,312.82	\$2,084.77	\$2,026.93	\$1,966.09	\$1,898.42	\$1,732.44	\$1,702.07	\$1,617.15	\$1,573.51	\$1,402.37
Deductible (Individual / Family)	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$500 / \$1,000	\$1,000 / \$2,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$3,500 / \$7,000	\$4,000 / \$8,000	\$4,500 / \$9,000	\$4,000 / \$8,000
Coinsurance	10%	N/A	N/A	N/A	10%	20%	20%	30%	50%	50%	50%	50%
Individual Out-of-Pocket Max (Ivl / Family)	\$3,000 / \$6,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$7,000 / \$14,000	\$7,350 / \$14,700	\$7,350 / \$14,700	\$7,350 / \$14,700	\$7,350 / \$14,700	\$7,350 / \$14,700
Prices for Benefits												
Primary Care / OBGYN	\$0	\$10	\$10	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	D&C 50%
Specialist	\$25	\$25	\$25	\$50	\$50	\$50	\$50	\$75	\$75	\$75	\$75	D&C 50%
Mental health office	\$25	\$25	\$25	\$50	\$50	\$50	\$50	\$75	\$75	\$75	\$75	D&C 50%
Physical, Occupational, and Speech Therapy	\$25	\$25	\$25	\$50	\$50	\$50	\$50	\$75	\$75	\$75	\$75	D&C 50%
Labs	\$0	\$10	\$10	\$25	\$25	\$25	\$25	\$25	\$25	\$25	D&C 50%	D&C 50%
Emergency Room	\$200	\$200	\$200	\$500	\$500	\$500	\$500	\$500	\$500	D&C 50%	D&C 50%	D&C 50%
Urgent Care	\$50	\$50	\$50	\$75	\$75	\$75	\$75	\$100	\$100	\$100	\$100	\$100
MRIs & Advanced Imaging	\$100	\$100	\$100	\$100	D&C 10%	D&C 20%	D&C 20%	D&C 30%	D&C 50%	D&C 50%	D&C 50%	D&C 50%
Xrays & Diagnostic Imaging	\$50	\$50	\$50	\$50	D&C 10%	D&C 20%	D&C 20%	D&C 30%	D&C 50%	D&C 50%	D&C 50%	D&C 50%
Inpatient Hospital & Skilled Nursing Facility	D&C 10%	\$500	\$500	\$500	D&C 10%	D&C 20%	D&C 20%	D&C 30%	D&C 50%	D&C 50%	D&C 50%	D&C 50%
Outpatient Facility	D&C 10%	\$100	\$100	\$100	D&C 10%	D&C 20%	D&C 20%	D&C 30%	D&C 50%	D&C 50%	D&C 50%	D&C 50%
Prescription Drugs	\$0 / \$30 / \$75	\$10 / \$30 / \$75	\$10 / \$30 / \$75	\$10 / \$50 / \$100	\$10 / \$50 / \$100	\$10 / \$50 / \$100	\$10 / \$50 / \$100	\$20 / \$50 / \$100	\$20 / \$50 / \$100	\$20 / \$50 / \$100	\$10 / D&C 50% / D&C 50%	After deductible: \$20 / \$50 / \$100
Free 24/7 calls with doctors	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Free Oscar Center visits	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

All plans are available with out-of-area coverage for an additional cost.
 Backup plans are not HSA-compatible.
 D&C stands for deductible and coinsurance.

All this information and more can be found on our Broker Resources Page: HiOscar.com/brokers



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	Simple			Backup			
	Gold	Silver	Bronze	Gold	Silver \$3,000	Silver \$5,000	Bronze
Premium (Q1 2018)							
Individual	\$673.22	\$582.54	\$479.66	\$654.80	\$546.49	\$543.01	\$493.47
Couple	\$1,346.43	\$1,165.09	\$959.32	\$1,309.60	\$1,092.98	\$1,086.01	\$986.95
Individual + child(ren)	\$1,144.47	\$990.32	\$815.42	\$1,113.16	\$929.04	\$923.11	\$838.90
Family	\$1,918.67	\$1,660.25	\$1,367.04	\$1,866.18	\$1,557.50	\$1,547.56	\$1,406.40
Deductible (Individual / Family)	\$4,000 / \$8,000	\$7,000 / \$14,000	\$7,350 / \$14,700	\$1,500 / \$3,000	\$3,000 / \$6,000	\$5,000 / \$10,000	\$6,500 / \$13,000
Coinsurance	N/A	N/A	N/A	20%	30%	N/A	N/A
Individual Out-of-Pocket Max (I/ Family)	\$4,000 / \$8,000	\$7,000 / \$14,000	\$7,350 / \$14,700	\$4,000 / \$8,000	\$6,500 / \$13,000	\$5,000 / \$10,000	\$6,500 / \$13,000
Prices for Benefits							
Primary Care / OBGYN	\$10	\$10	Subject to deductible	D&C 20%	D&C 30%	Subject to deductible	Subject to deductible
Specialist	\$50	\$50	Subject to deductible	D&C 20%	D&C 30%	Subject to deductible	Subject to deductible
Mental health office	\$50	\$50	Subject to deductible	D&C 20%	D&C 30%	Subject to deductible	Subject to deductible
Physical, Occupational, and Speech Therapy	\$50	\$50	Subject to deductible	D&C 20%	D&C 30%	Subject to deductible	Subject to deductible
Labs	\$25	\$25	Subject to deductible	D&C 20%	D&C 30%	Subject to deductible	Subject to deductible
Emergency Room	Subject to deductible	Subject to deductible	Subject to deductible	D&C 20%	D&C 30%	Subject to deductible	Subject to deductible
Urgent Care	\$100	\$100	\$100	D&C 20%	D&C 30%	Subject to deductible	Subject to deductible
MRIs & Advanced Imaging	Subject to deductible	Subject to deductible	Subject to deductible	D&C 20%	D&C 30%	Subject to deductible	Subject to deductible
Xrays & Diagnostic Imaging	Subject to deductible	Subject to deductible	Subject to deductible	D&C 20%	D&C 30%	Subject to deductible	Subject to deductible
Inpatient Hospital & Skilled Nursing Facility	Subject to deductible	Subject to deductible	Subject to deductible	D&C 20%	D&C 30%	Subject to deductible	Subject to deductible
Outpatient Facility	Subject to deductible	Subject to deductible	Subject to deductible	D&C 20%	D&C 30%	Subject to deductible	Subject to deductible
Prescription Drugs	\$10 / \$50 / Tier 3 subject to deductible	\$10 / Tier 2 and 3 subject to deductible	Subject to deductible	After deductible: \$10 / \$50 / \$100	After deductible: \$20 / \$50 / \$100	Subject to deductible	Subject to deductible
Free 24/7 calls with doctors	✓	✓	✓	✓	✓	✓	✓
Free Oscar Center visits	✓	✓	✓	✓	✓	✓	✓

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