



# New York Q3 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 (Q3 2018)												
Individual	\$836.47	\$833.62	\$827.75	\$746.13	\$725.43	\$703.65	\$679.44	\$620.03	\$609.16	\$578.77	\$563.15	\$501.90
Couple	\$1,672.94	\$1,667.24	\$1,655.49	\$1,492.26	\$1,450.86	\$1,407.31	\$1,358.87	\$1,240.06	\$1,218.32	\$1,157.54	\$1,126.30	\$1,003.80
Individual + child(ren)	\$1,422.00	\$1,417.16	\$1,407.17	\$1,268.42	\$1,233.23	\$1,196.21	\$1,155.04	\$1,054.05	\$1,035.57	\$983.91	\$957.36	\$853.23
Family	\$2,383.94	\$2,375.82	\$2,359.08	\$2,126.47	\$2,067.47	\$2,005.41	\$1,936.39	\$1,767.08	\$1,736.11	\$1,649.49	\$1,604.98	\$1,430.42
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](http://HiOscar.com/brokers)

	Simple			Backup			
	Gold	Silver	Bronze	Gold	Silver \$3,000	Silver \$5,000	Bronze
Premium (Q3 2018)							
Individual	\$686.68	\$594.19	\$489.25	\$667.89	\$557.42	\$553.87	\$503.34
Couple	\$1,373.36	\$1,188.39	\$978.51	\$1,335.79	\$1,114.84	\$1,107.73	\$1,006.69
Individual + child(ren)	\$1,167.36	\$1,010.13	\$831.73	\$1,135.42	\$947.62	\$941.57	\$855.68
Family	\$1,957.04	\$1,693.45	\$1,394.38	\$1,903.50	\$1,588.65	\$1,578.52	\$1,434.53
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 (IV / 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	✓	✓	✓	✓	✓	✓	✓

All plans are available with out-of-area coverage for an additional cost.  
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